

Form 9-331 DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed LC 029389 C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER Injection Well

OCT 18 1985

2. NAME OF OPERATOR
Herman J. Ledbetter

O. C. D.

3. ADDRESS OF OPERATOR
P. O. Box 5879, Abilene, Texas 79608

ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

330 FSL & 1980 FWL

7. UNIT AGREEMENT NAME

Penasco Shugart QSU

8. FARM OR LEASE NAME

Tract 1

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Shugart Y.S.R.Q.G.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

9-18S-31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3684 G. L.

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to check well for casing leak by use of a packer and Retrievable plug.
Isolate any possible leak and squeeze with cement.



18. I hereby certify that the foregoing is true and correct

SIGNED

Herman J. Ledbetter

TITLE

Operator

DATE 8-27-85

(This space for Federal or State office use)

APPROVED BY

Don Ward

TITLE

SPECIAL AGENT

DATE

10-17-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side