

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other ☒ Injection
2. NAME OF OPERATOR
GRSJ Petroleum ✓
3. ADDRESS OF OPERATOR
P.O. Box 6, Loco Hills, NM 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660FSL, 1980 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Place back on Injection

5. LEASE
LC-058709A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Taylor Unit
8. FARM OR LEASE NAME
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
Sugart Y-SR-Q-Gb
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12 T-18S R-31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3750 GL

DEC 02 '88

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

O. C. D.
ARTESIA, OFFICE

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.)*

10-5-88 Drilled out plug at 3300'.
10-7-88 Went in hole with 2-3/8" tubing and packer set at 3520'.
10-8-88 Pumped packer fluid down backside. Pressure test to 500# held 30 min.
10-9-88 Placed well back on active injection, approximately 40 BWPD at 0# pressure.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Geologist DATE 11-8-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NOV 30 1988

SJS

CARLSBAD, NEW MEXICO