

RECEIVED BY

AUG 28 1985

UNITED STATES OF AMERICA, NM 88210

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE

LC-058709(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Taylor Unit

8. FARM OR LEASE NAME

Taylor

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Shugart (Y.S.R.Q.G.)

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

12-18S-31S NMPM

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 ☐

2. NAME OF OPERATOR

G R S J Petroleum

3. ADDRESS OF OPERATOR

Box 6, Loco Hills, New Mexico 88255

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980'FSL & 1980'FWL Unit K

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 OF:

TEST WATER SHUT-OFF ☐☐FRACTURE TREAT ☐☐SHOOT OR ACIDIZE ☐☐REPAIR WELL ☐☒PULL OR ALTER CASING ☐☐MULTIPLE COMPLETE ☐☐CHANGE ZONES ☐☐ABANDON* ☐☐(other) ☐

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

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.)*

This well has been temporarily shut in from the time that we purchased it until last month when we cleaned out and put to pumping.

We have tested this well from the first of August until the 19th and it is making from 2 to three barrels per day.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

Ft.

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

SIGNED _____

TITLE Co-Owner

DATE 8/20/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 26 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

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