

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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

GRSJ PETROLEUM

3. ADDRESS OF OPERATOR

P.O. BOX 6, Loco Hills, N.M. 88255

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

AT SURFACE: 660 FNL + 1980 FEL

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) ☐

5. LEASE

LC 047800 (a)

6. IF INDIAN, ALLOTTEE OR

TRIBE NAME

7. UNIT AGREEMENT NAME

Taylor Unit

8. FARM OR LEASE NAME

9. WELL NO.

11

10. FIELD OR WILDCAT NAME

Shugart (N.S.R.O.G.)

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

S13, T.18S., R.31E N.M.P.M.

12. COUNTY OR PARISH

13. STATE

Eddy

N.Mex.

14. API NO.

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

(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 was abandoned when purchased.

Pulled rods and pump and replaced pump and reran rods.

Cleaned out flow line and flushed with 75 bbls hot water.

Rehook up flow line. and put well to pumping.

We Tested well from 8-28-84 when put back to pumping until 9/9/84 and

this well is pumping approximately 20 barrels per day.

~~We would like an allowable of 20 barrels per day.~~

regulated by
W. M. C. D.

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

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

SIGNED [Signature] TITLE Co-Owner DATE 9-11-84

ACCEPTED FOR RECORD (space for Federal or State office use)

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

SEP 13 1984

[Signature]

NEW MEXICO

*See Instructions on Reverse Side

45F

RECEIVED BY

SEP 14 1984

O. C. D.

ARTESIA, OFFICE