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AUG 28 1985

O. C. D.
ARTESIA, OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL & GAS COMMISSION

Drawer DD
ANTERIOR NM 88210Form Approved.
Budget Bureau No. 42-R1424

c/sf

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 ☐

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: 1980FNL & 1980FWL Unit Letter F

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) ☐ Re-Instate Abandoned WIW ☒

5. LEASE

LC-058709(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Taylor Unit

8. FARM OR LEASE NAME

Taylor Unit

9. WELL NO.

15

10. FIELD OR WILDCAT NAME

Shugart(Y.SR.O.G.)

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

S13, T18S, R.31E, N.M.P.M.

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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.)*

We did reenter this abandoned water injection well, cleaned out hole and ran a down hole pump.

We have been testing since March 1st . We have pulled this well 5 times from debris getting into pump.

Finally it settled down and this well is making approximately 3 barrels per day.

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

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

SIGNED

Sam Madkin

TITLE Co-Owner

DATE

8/20/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

TITLE

DATE

AUG 26 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO