

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210
Drawer DD

5. LEASE
NM-0107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jones Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Lusk Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T19S, R31E

12. COUNTY OR PARISH
Eddy

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3559' DF

RECEIVED

JAN 14 1983

O. C. D.
ARTESIA, OFFICE

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

RECEIVED

JAN 10 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Convert to SWD			

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.)*

1. TIH with Baker "Lok-Set" Packer and 2 3/8" internally plastic coated N-80 8rd EUE tubing. Set packer at 11,042' with 15,000 psi compression.
2. Completely fill casing annulus with 2% KCL and oxygen scavenger and corrosion inhibitor.
3. Install injection lines and make well ready for injection.

Subsurface Safety Valve: Manu. and Type

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

SIGNED J. P. M. Only TITLE Div. Prod. Engr. DATE January 5, 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY J. P. M. Only
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

JAN 13 1983

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side