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Form 9-331 Artesia, NM 88210

DEC 11 1984

O. C. D.

ARTESIA, OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029387 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shugart "D"

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Shugart (Y, SR, Q, G)

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

Sec. 20, T-18-S, R-31-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Unknown

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

REPAIRING WELL

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☐
☐

SHOOTING OR ACIDIZING

ALTERING CASING

(Other) Locate & Repaired Csg Leak xx

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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. RU Dresser to run csg inspection log. MIRUCU. POH w/tbg. TIH w/2 7/8" tbg & RBP. Set RBP @ 3000'. TOH w/tbg.
2. TIH w/tbg & pkr. Located leak in csg @ 2154' & between 2044' & 2079'.
3. Had csg collar leak @ 1830' & 1860'. Test csg to 1000# from 2200-3000' - OK. Test csg surf to 1917' w/500# - OK. Hole in csg @ 2154'. Est flwg 685 BWP. SI @ 1150#.
4. RD Workover rig. Est rate into csg leak 2 1/2 BPM/1700#.
5. RBP @ 3000'. Pkr @ 1979'. Workover unsuccessful.

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

SIGNED

John Stark

TITLE

Operations Engineer

DATE

12/5/84

(This space for Federal or State office use)

APPROVED BY

Carlson

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Carlson

*See Instructions on Reverse Side

