

RECEIVED BY
Form 9-331
Dec. 1973
JUN 01 1984
O. C. B.
ARTESIA, OFFICE

NM OIL CONS. COMM. ON
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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
GRSJ PETROLEUM
3. ADDRESS OF OPERATOR
P.O. Box 6, LOCO HILLS, NEW MEXICO 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' From S line and 660' From E.
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 <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 checked="" 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) | |

5. LEASE LC 029415 B
LC-057800 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Taylor Unit
8. FARM OR LEASE NAME
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Shugart (T.S.R.Q.G.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
12, 17S, 31E NMPM
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.)*

Well was off when purchased Shut in or T.A.
The gas line was hooked up and a gas engine set and started testing well.
We flushed well with 65 barrels fresh water and started pumping to test.
This well is making approximately 3 barrels of oil per day.
We would like an allowable of 3 barrels per day.

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

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

SIGNED Andrea W. Shank TITLE Co-Owner DATE 5/23/84
Co-Owner

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

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

MAY 30 1984

[Signature]

NEW MEXICO

*See Instructions on Reverse Side