

C/SF

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
Jack Plemons

3. ADDRESS OF OPERATOR
P.O. Box 385, Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990'/N line, 360'/ E line
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

10. LEASE

LC 029353A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
McFadden Federal

9. WELL NO.
5Y

10. FIELD OR WILDCAT NAME
Shugart - Y-51 0-0

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3-19S-31E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

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

~~2633'~~ 2636' 15' 5" *gk*

(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.)*

On 2-6-83 we ran 2633' 7" casing.
Cemented to top.

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

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

SIGNED *W. J. King* TITLE Agent DATE 6-20-84

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

APPROVED BY *gwd* TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 22 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side