Form Approved. Budget Bureau No. 42-R1424

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UNITED STATES Drawer DD DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

UNITED STATES Artesia, THE SUPER	5. LEASE LC 029353A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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	7. UNIT AGREEMENT NAI	~~ ~
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME	JUN 27 1984
1. oil gas other	McFadden Federal 9. WELL NO.	O. C. D. ARTESIA, OFFICE
2. NAME OF OPERATOR Jack Plemons	5Y 10. FIELD OR WILDCAT NA	
3. ADDRESS OF OPERATOR P.O. Box 385, Artesia, New Mexico 88210	Shugart - \(- 5 P \ 0 - 5	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-19S-31E	
AT SURFACE: 990'/N line, 360'/E line	12. COUNTY OR PARISH	13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Eddy 14. API NO.	New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. AFI NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 2671'	
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: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: HE PORT OF: SUBSEQUENT REPORT OF: ABANDON TO THE PORT OF: SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: CONTACT OF THE PORT OF T	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	lirectionally drilled, give subsu	ive pertinent dates, urface locations and
We proposed to set a removable bridge plug a	nd test at various i	intervals.
3460-3465. If we do not get good results we	will	
mana darm hala na fallanna		

Jack Plemons 3. ADDRESS OF OPERATOR P.O. Box 385, Artesia, New Mexico 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space AT SURFACE: 990'/N line, 360'/E line AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOT 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) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly including estimated date of starting any proposed work. If well measured and true vertical depths for all markers and zones pe We proposed to set a removable bridge plu 3460-3465. If we do not get good results move down hole as follows: 3668-3702 3800-3804 3838-3844 3858-3861 Subsurface Safety Valve: Manu. and Type ___ Set @ . . . 18. I hereby certify that the foregoing is true and correct Agent DATE June 20, 1984 TITLE ___ (This space for Federal or State office use) APPROVED BY VI Jul 1/22 CONDITIONS OF APPROVAL, IF ANY: