

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 ☒ well gas ☐ well other ☐
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

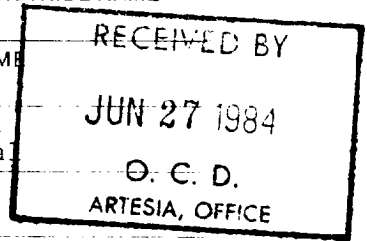
REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>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

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.)*

9-1-83 We drilled from 2646' to 3950'

9-6-83 Ran 3950' 4½" 10.5 lb. casing, cemented with 250 sacks.

5. 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 - V-S-E-D-S
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)
2646' N 3615 GL



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

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

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

SIGNED _____ TITLE Agent DATE 6-20-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL

JUN 22 1984

Artesia

NEW MEXICO

*See Instructions on Reverse Side