

CKF

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 ☐  
well 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: 2310' FNL & 990' FEL 3-19S-31E

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 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) ☐

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5. LEASE

LC 029353(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McFadden Federal

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Shugart, Y SR Q GB

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

Sec. 3, 19S, 31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

3605' GL

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

RECEIVED BY

FEB 05 1986

O. C. D.

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 location and measured and true vertical depths for all markers and zones pertinent to this work.)\*

On 12-23-85

We ran 691.14' 8 5/8", 24 lb. casing. Cemented with 450 sacks. Cmt Circ.

After waiting 24 hrs. tested 600 lbs. for 30 minutes. Test O.K.

Drilling continued.

ACCEPTED FOR RECORD

JAN 31 1986

Subsurface Safety Valve: Manu. and Type CARLSBAD, NEW MEXICO Set @        Ft.

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

SIGNED

TITLE

Agent

DATE

1-21-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: