

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back (or different removal). Use Form 9-331-C for such proposals.)

1. OR ☐ well ☒ gas well ☒ other

2. NAME OF OPERATOR

JEM Resources, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 770 Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

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:

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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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.)*

4-26-93 Set CIBP @ 7300' with 10 sxs cement on top

4-28-93 Cut casing @ 4375

4-28-93 Spot 50 sxs @ 4425' - 4300' tagged

4-29-93 Spot 55 sxs @ 1120' 1038' tagged

4-19-93 Spot 20 sxs @ 60' - surface

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

Circulated with 9.5 mud
Installed dry hole marker

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

TITLE

DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Post ID-2
8-20-93
P4A