

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill 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  
James L. Ludwick

3. ADDRESS OF OPERATOR  
Box 70, Farmington, New Mexico 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2310' FSL 330' FWL Sec. 18  
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:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☒

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

**RECEIVED**

OCT 16 1986

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

5. LEASE  
N00-C-14-20-5533

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Indian 18

9. WELL NO.  
4

10. FIELD OR WILDCAT NAME  
Papers Wash Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
L-18-t19N-R5W

12. COUNTY OR PARISH  
McKinley

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6708 GR

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.)\*

Set 9 sack (10 CuFt) plug from 670' to 570'. Set 5 sack (5.9 CuFt) plug across surface casing shoe.

Erected marker, cleaned and levelled location.

Will reseed according to stipulations by Bureau of Land Management at proper time.

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

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED AR Kaufman TITLE Agent

DATE

October

**APPROVED**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

NMOCC