	Form 9-331 Dec. 1973		Form Approved. Budget Bureau No. 42–R1424	
		ED STATES	5. LEASE	
	DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY		LC-034075	
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
	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.)		7. UNIT AGREEMENT NAME	
			S. TARM OR LEASE NAME	
	1. oil 🖾 gas well 🖾 well 🗆 c	other	C. J. Saunders Jadan 4	
	2. NAME OF OPERATOR	」は同じ	191 8 /15	
	Texaco, Inc. 3. ADDRESS OF OPERATOR		Eunice-Montment Grayburg San Andres	
	P. O. Box 728, Hobbs, NM 88240 JAN 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)		E-TOOT	
	4. LOCATION OF WELL (REPO	RT LOCATION CLEARLY. See space 17		
	below.) AT SURFACE:	660' FSL & 1980 CFEES	Sec. 18, T-19-S, R-37-E	
	AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	(Unit Letter '0')	Lea New Mexico	
			14. API NO.	
	REPORT, OR OTHER DATA	TO INDICATE NATURE OF NOTICE,	······································	
	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3710' (DF)	
	TEST WATER SHUT OFF			
	FRACTURE TREAT			
	REPAIR WELL		(NOTE: Report results of multiple completion or zone	
	PULL OR ALTER CASING		change on Form 9-330.)	
	CHANGE ZONES			
	ABANDON*	\square production & Treat		
	(other <u>) To: Reduce Water production</u> & Treat			
	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.)*			
3	Rig up. Pull rods & pump. Install BOP. Pull tubing.			
2.	Log well. Set retainer		termined by log.	
3.		mp 10,000 gals. Injectrol 'G' & follow w/50 sx. class 'H' cement containing		
л	2% CaCl.			
4. 5.				
	3-stages using 500# rock salt between stages. Install production equipment. Test & return to production.			
6.				
	Subsurface Safety Valve: Manu. a	nd Type	Set @ Ft.	
	18. I hereby certify that the foreg	18. I hereby certify that the foregoing is true and correct		
	SIGNED			
	(This space for Federal or State office use)			
	APPROVED BY CONDITIONS OF APPROVAL, IF ANY	TITLE		
			1 JAN 19,1981	
		*See Instructions on Reverse		
		See motions on neverse	DISTRICT SUPERVISOR	
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