Form 9-331. Dec. 1973

R. M. OIL CONS. COMMISSION P. O. BOX 1980

Form Approved. Budget Bureau No. 42-R1424

UNITED STATESHORBS, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

5.	LEASE	
	LC-052300	

S.	JE IND!AN.	ALLOTTEE OR TRIBE	NAME

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS
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(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	X]	gas well	other			
2.			OPERAT				
3.			OF OPE x 72	or H obbs, l	4M	88240	

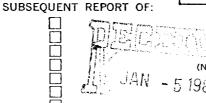
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

1980' FNL & 660' FWL AT SURFACE: AT TOP PROD. INTERVAL: Unit Letter E AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

UNIT AGREEMENT NAME 8. FARM OR LEASE NAME G.E. Jordan Fed.NCT-1 9. WELL NO. 15 10. FIELD OR WILDCAT NAME Paduca Delaware 11. SEC., T., R., M., OR BLK. AND SURVEY OR Sec.28,T-25S,R-32E 12. COUNTY OR PARISH 13. STATE Lea New Mexico 14. API NO. Regular 15. ELEVATIONS (SHOW DF, KDB, AND WD)

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)



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

3390' (DF)

U.S. CEÓLOGICAL SURVEY

- 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 a CIBP @ 4550'. Spot 35' (3 sx) cement plug on top. 1.
- 2. Load hole with mud.
- Cut $4\frac{1}{2}$ " casing at 1320' (Top of salt) and pull. 3.
- 4. Spot 100' (35 sx) cement across casing stub.
- Spot 100' (35 sx) cement plug from 900'-1000'. 5.
- 6. Spot 100' (35 sx) cement plug across 7 5/8" casing shoe.

Spot 20' (5 sx) cement plug at surface. Install marker and clean location.
Subsurface Safety Valve: Manu, and Type

Set @ _____ Ft.

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

TITLE Asst. Dist. Mgmate 1-4-82

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

DATE

APPROVED AS AMENDED

SEE ATTACHED FOR CONDITIONS OF APPROVAL

*See Instructions on Reverse Side

DISTRICT SUPERVISOR