Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND RE~~PORTS 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.)

RECEIVED DEC 3 1 1981 OIL CON. COM. DIST. 3

1. oil well ☑ gas well ☐ other

2. NAME OF OPERATOR
Kenai Oil & Gas Inc.

3. ADDRESS OF OPERATOR
2000 Energy Center One 717 17th Denver, Co

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2040' FSL & 340' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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

5. LEASE
IM 23049

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
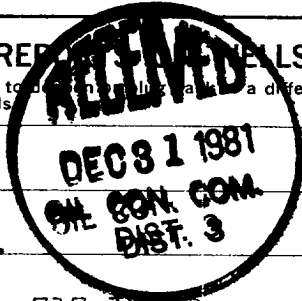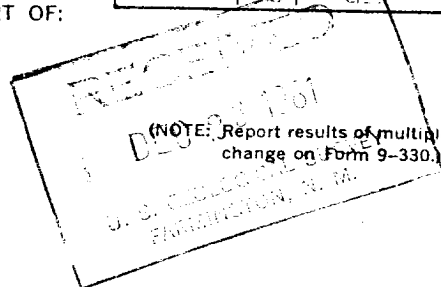West Lybrook Unit

8. FARM OR LEASE NAME
Federal-6

9. WELL NO.
43

10. FIELD OR WILDCAT NAME
Lybrook-Gallup Prt.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6 T23N-R7W

12. COUNTY OR PARISH Rio Arriba
13. STATE N. M.

14. API NO.
NA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7097' GL

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)		

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

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.)*

2-14-81 Perforated 10 holes in the Lower Gallup from 5532' to 5695' with one hole per zone. Acidized perfs with 1000 gals. 15%
2-16-81 Hcl acid. Fractured treated Lower Gallup with 29000 gals. gelled fluid and propped fracture with 44000# 20/40 sand and 12000# 10/20 sand.
2-21-81 Swabbed well to flow.
2-23-81 Flow tested well. Lower Gallup flowed on a 3 hour test 6 bbl. of oil and 32 mcf gas with 1/4 bbl. water. Flow was through a 3/8" choke. FTP 50 psi.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED _____ TITLE District Engr. DATE 12-29-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DEC 30 1981
FARMINGTON DISTRICT
BY _____

*See Instructions on Reverse Side

NMOCC