

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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.)

1. oil ☒ well ☐ gas well ☐ other

2. NAME OF OPERATOR

Konai Oil and Gas Inc.

3. ADDRESS OF OPERATOR

717 17th St., Ste 2000, Denver, Colorado

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

AT SURFACE: 510'FNL, 1920'FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: NE/4, NW/4

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

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) setting production csg.

5. LEASE

NM-40025

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dome Federal

9. WELL NO.

24-21

10. FIELD OR WILDCAT NAME

West Lybrook

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 24, T23N-R8W

12. COUNTY OR PARISH

San Juan

13. STATE  
New Mexico

14. API NO.

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

6912' CR

(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.)\*

Set 4½", 9.5#, J-55 casing @5402' KB with 320 sxs 50-50 pozmix, 2% gel, 10% salt, with .3% Halad-9. Ran DV tool @4193', cemented 2nd stage with 700 sxs 65-35 pozmix, 2% gel, 10% salt, .3% Halad-9 and 450 sxs. 50-50 pozmix with 2% gel, 10% salt, .3 Halad-9.

Circulated cement to surface.



Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Mgr. of Operations DATE December 8, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY.

\*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD  
JAN 4 1982  
ADMINISTRATIVE DISTRICT