

DEPARTMENT OF ENERGY AND MINES  
GEOLOGICAL SURVEY

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 ☒ gas ☐ other ☐  
2. NAME OF OPERATOR  
Kenai Oil & Gas Inc.  
3. ADDRESS OF OPERATOR  
- 1675 Larimer St. Ste. 500 Denver, CO  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2030' FSL & 460' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

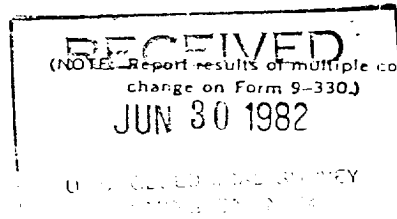
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Well Status ☐

SUBSEQUENT REPORT OF:

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5. NAME  
NM-14095  
6. IF IN AN ALLOTMENT  
None  
7. UNIT AGREEMENT NAME  
None  
8. FARM OR LEASE NAME  
Federal - 35  
9. WELL NO.  
#43  
10. FIELD OR WILDCAT NAME  
Lybrook Gallup Ext.  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
I Sec. 35, T24N, R8W  
12. COUNTY OR PARISH  
San Juan  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6877' GL 6891' KB



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 135 jts. 5½", 14# K-55 csg. @ 5662' TD on 8/4/81 and cement in 2 stages as follows:

1st stage-550 sxs. 50/50 Pozmix w/2% gel.

2nd stage-thru DV tool at 2036'. 375 sxs. 65/35 Pozmix 6% gel and 100 sxs. 65/35 Pozmix, 2% gel, 10% salt

5683 TD reached July 31, 1981.

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

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

SIGNED [Signature] TITLE Mgr. Production DATE June 25, 1982

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

NMOCC

BY [Signature]