

Artesia, NM 88210

c/sf

UNITED STATES
DEPARTMENT OF THE INTERIOR
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.)

RECEIVED BY
JUN 30 1986
Injection D.
ARTESIA, OFFICE

1. oil well gas well other Injection D.

2. NAME OF OPERATOR
Kersey & Company

3. ADDRESS OF OPERATOR
P.O. Box 316, Artesia, NM 88211-0316

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 2310' FNL & 2310' FWL

5. LEASE LC-048479A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
RLPSU Flood

8. FARM OR LEASE NAME
RLPSU - Tract 2

9. WELL NO.
1 (Depth Retd)

10. FIELD OR WILDCAT NAME
Red Lake Q-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
20-17S-28E

12. COUNTY OR PARISH | 13. STATE
Eddy | N.M.

14. API NO.

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

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON* (other) T.A	<input type="checkbox"/>	<input type="checkbox"/>

(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.)*

Request to place well in Temporarily abandoned status for an indefinite period of time.
The well was tested September 12, 1985 at 300 psi with no bleed off.

APPROVED FOR 12 MONTH PERIOD
ENDING 6/26/87

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

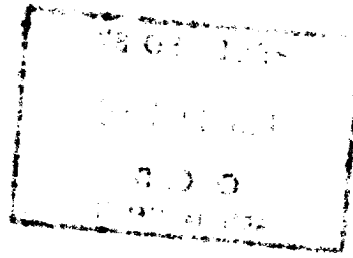
18. I hereby certify that the foregoing is true and correct

SIGNED Narvel Kersey TITLE Operator DATE June 3, 1986

(This space for Federal or State office use)
APPROVED BY Charles S. Dutton TITLE _____ DATE 6-26-87
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side



19 01 1972

10 10 1972

19 01 1972