

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.)

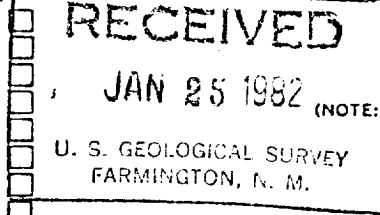
1. oil ☒ well gas ☐ well other
2. NAME OF OPERATOR  
Kenai Oil and Gas
3. ADDRESS OF OPERATOR  
717 17th Street, Suite 2000, Denver, CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1830 FSL, 940' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER ACTION

REQUEST FOR APPROVAL

TEST WATER SHUT OFF  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
PULL OR ALTER CASING  
MULTIPLE COMPLETE  
CHANGE ZONES  
ABANDON\*

(other) Spud and set sfc. csg.

SUBSEQUENT REPORT OF



5. LEASE  
NM 18463
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Federal
9. WELL NO.  
3-43
10. FIELD OR WILDCAT NAME  
Lybrook-Gallup Ext.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T23N-R8W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7018'

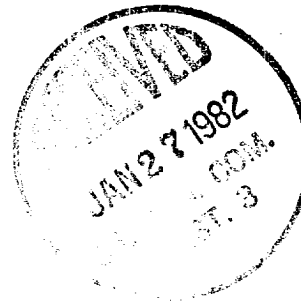
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

SPUD well at 3:15 p.m. on 1-22-82.

Set 6 jts. 8 5/8", 24#, K-55 casing @273' KB with 200 sx. of Class "B" cement.

Circ. 10 Bbls. of cement to surface.



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

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

SIGNED [Signature] TITLE Mgr. of Operations DATE 1-22-82

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

RECEIVED FOR RECORD

JAN 25 1982

NMOCC

FARMINGTON DISTRICT  
BY sm