

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
Kersey & Company
3. ADDRESS OF OPERATOR
P.O. Box 316 Artesia NM 88211
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: } *1650' from North line*
AT TOP PROD. INTERVAL: }
AT TOTAL DEPTH: } *1650' from East line*
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* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) *Return well to Active Status*

5. LEASE
LC 012897
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal KD
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Vandagriff Keyes
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 3 - T17S - R28E
12. COUNTY OR PARISH
Eddy
13. STATE
N.M.
14. API NO.
300 150 130 90051
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

This gas well has been shut-in because of not having a market for the high Nitrogen gas. We will reactivate the well as an oil well.

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

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

SIGNED *Joe G. Lara* TITLE *Prod. Supt.* DATE *10-1-93*

(This space for Federal or State office use)

APPROVED BY *(ORIG. SCD.) JOE G. LARA* TITLE *Production Engr.* DATE *11/5/93*

CONDITIONS OF APPROVAL, IF ANY: