

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons. FORM APPROVED
N.M. Div-Dist. 2 Budget Bureau No. 1004-0135
1301 W. Grand Avenue Expires: March 31, 1991
Artesia, NM 88210 and Serial No. 012897

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator Kersey + Donohue	3. Address and Telephone No. P.O. Box 1248 Fredericksburg TX 78624	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990 FSL/990 FEL Sec 3 - T17S. - R28E	5. Well Name and No. K.B. Federal #1	6. API Well No. 30-015-01310	7. Field and Pool, or Exploratory Area Vinagriss-Keggs Over.	8. County or Parish, State Eddy, NM
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12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

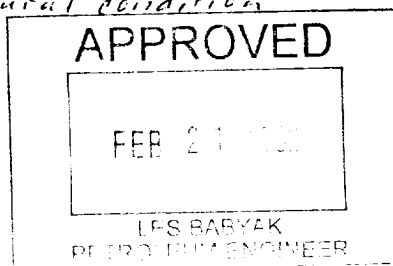
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Well was completed with 1604' 2 7/8 casing
Plan to pump cement from bottom to top (50 sacks)
Set dry hole marker
clean location of debris
Return location to its natural condition

SEE ATTACHED FOR
CONDITIONS OF APPROVAL



RECEIVED
2002 FEB 20 PM 9 03
BUREAU OF LAND MGMT.
CARLSBAD FIELD OFFICE

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

Signed Samuel R. Wade Title Manager Date 02-11-92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of: _____

Accepted for record

Title 18 U.S.C. Sec
or representations:

only

FEB 22 2002

to make to any department or agency of the United States any false, fictitious or fraudulent statements

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