

45F

NEW OIL COM. COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
88210

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

1. oil ☐ gas ☐ other ☒ Injection
2. NAME OF OPERATOR
KERSEY & COMPANY
3. ADDRESS OF OPERATOR
P. O. Box 316, Artesia, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 2310 FNL - 330' FEL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) Change plans

5. LEASE
LC-028456
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Red Lake Premier Sand Unit
8. FARM OR LEASE NAME
Tract 13
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Red Lake Queen GBR, SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T17S, R28E
12. COUNTY OR PARISH
EDDY
13. STATE
N. MEX.
14. API NO.
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.)*

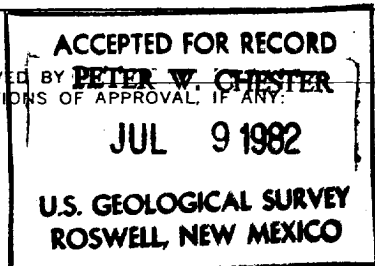
We are starting work to test this well with tubing, rods, and pump, to see if it is productive before proceeding with plugging back and testing casing.

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

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

SIGNED Harold L. Kersey TITLE Operator DATE July 6, 1982

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side