| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME RLPSU Flood |
| (Do not use this form for proposals to drill or to deepen or plus back to a different reservoir. Use Form 9–331–C for such proposals RECEIVED BY | 8. FARM OR LEASE NAME |
| 1. oil gas other njection 4.000 | RLPSU Tract 13 |
| 2. NAME OF OPERATOR | 9. WELL NO. Stephens 2 |
| Kersey & Company | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 316 Actes in AMESIA OFFICE | Red Lake Q-G-SA |
| 710, 710, 710 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-175-28E |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | AREA Sec. 20-1/3-26E |
| AT SURFACE: 2310FN and 330 FEL | 12. COUNTY OR PARISH 13. STATE |
| AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | Eddy NM |
| | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15 CITHATIONS (OLION DE VOD. 110 III |
| | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 30)1 |
| TEST WATER SHUT-OFF | |
| SHOOT OR ACIDIZE | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone |
| PULL OR ALTER CASING | change on Form 9–330.) |
| CHANGE ZONES | |
| ABANDON* | • |
| (other) | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent. 1. Cement plug TD to 1452' tagged 2. Cement plug 1000'-843' tagged 3. Cement plug 508'-surface inside & of the perforate 6 5/8'' @ 1160 - 550' | irectionally drilled, give subsurface locations and to this work.)* |
| | |
| · | |
| • . | |
| | Post ID- |
| | 9-5-86 |
| | er e Pka |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft." |
| 18. I hereby certify that the foregoing is true and correct | |
| SIGNED TO CO-OWNER | DATE 3-7-86 |
| (This spacedor federal or State offi | |
| APPROVED BY Mark Lacla TITLE CAPIBBAG BLO | DATE 6-12-86 |
| CONDITIONS OF APPROVAL. IF ANY: | • |

YQ 30 MED 3

:*** *