

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 ☒ Injection
2. NAME OF OPERATOR
Kersey & Company
3. ADDRESS OF OPERATOR
P.O. Box 316, Artesia, NM 88211-0316
4. LOCATION OF WELL (REPORT LOCATION CLEARLY below.)
AT SURFACE:
AT TOP PROD. INTERVAL: 1650' N
AT TOTAL DEPTH: 1980' E
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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| (other) | | |

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.)*

1. Spot 100' plug 1850-1950
2. Perforate 5 1/2" casing 1000
3. Spot 100' plug in and out of 5 1/2" casing
4. Perforate 5 1/2" @ 500'
5. 100' plug in and out of 5 1/2" (TAG)
6. Surface plug and marker -> 50' surface plug
7. NOTE: 5 1/2" casing cemented with 150 sacks
8. Run minimum of 9.0 ppg salt gel between all plugs.

JUL 22 10 57 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

RECEIVED

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

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

SIGNED Harold Kersey TITLE Co-Owner DATE 7-17-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8-11-87
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State