

C/SF

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. See space 17 below.)  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 990 FNL & 1650' FEL

RECEIVED BY  
JUN 30 1986  
O. C. D.  
ARTESIA, OFFICE

5. LEASE  
LC-046479A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
RLPSU Flood
8. FARM OR LEASE NAME  
RLPSU - Tract 2
9. WELL NO.  
2 (Delhi Reid)
10. FIELD OR WILDCAT NAME  
Red Lake Q-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
20-17S-28E
12. COUNTY OR PARISH | 13. STATE  
Eddy | N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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* TA              | <input type="checkbox"/> | <input type="checkbox"/> |
| (other)                  |                          |                          |

(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.)\*

Request to place well in Temporarily abandoned status for an indefinite period of time.  
The well was tested September 12, 1985 at 300 psi with no bleed off.

APPROVED FOR <sup>12</sup> MONTH PERIOD  
ENDING 6/26/87

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Harold Kersey TITLE Operator DATE June 3, 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 6/26/86  
CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side

1912  
JAN 10  
1912

1912  
JAN 10  
1912