## UNITFD STATES DEPARTMENT THE INTERIOR **GEOLOGICAL SURVEY**

	With the state of
	5. LEASE  5. LEASE  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Sterent	7. UNIT AGREEMENT NAME  Red Lake Psemicr Sand Unit  8. FARM OR LEASE NAME  Williams TR. 14  9. WELL NO.  # Z
	10 FIFED OR WILDCAT NAME Red Lake Queen Gray borg
ce 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR  AREA Z3 Df N. 330f EW  'SCC. 21-T175 RZSE Eddy Cuty Win  12. COUNTY OR PARISH 13. STATE
E TICE,	Eddy NM  14. API NO.
IIVE,	15. ELEVATIONS (SHOW DF, KDB, AND WD)

SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different	Red Lake Premier Sand Unit
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEAGE NAME
1 all	Williams TR. 14
1. oil gas other	9. WELL NO. # Z
- f-	# 2
2. NAME OF OPERATOR  Kersey & Company	10. FIFLD OR WILDCAT NAME
The second secon	Red Lake Queen Grayburs
3. ADDRESS OF OPERATOR	the state of the s
P.O. Box 316, Artesia, NM 88211-0316	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23 OF N. 330 FW
4. LOCATION OF WELL (REPORT LOCATION CLEANLY). See space 17	
below.)	'Sec. 21-TITS RZEE Eddy Cut
At 3011 ACE: / 4 AA to 1 9 1009	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL.	Eddy NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE MATARICE NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	,
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON* X	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	ditectionally dimed, give substitute locations and
1. Spot 325' coment plug betwee	en 1700-2023
•	
2, Perforate Casing at 600,	
3, Pump cement through per	eforation Leouing 200 in pipe
4. Surface plug and Marker-	50' of coment at Surface
, a , t e [r ]	
	0 O
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
	•
18. Thereby certify that the foregoing is true and correct	Mar In Inni
SIGNED Hawld Kersey TITLE CO-Owner	DATE 140161 14, 1991
A A A A A A A A A A A A A A A A A A A	DATE MOV. 14, 1991
(This space for rederal of State of	2000 000