

U. S. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR (Other instructi
verse side) CATE*
on re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 067348

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Y. D.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Turkey Track Q. G.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 28 - 18 - 29

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mex.

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒

Injection

2. NAME OF OPERATOR

Kersey & Company & E. A. Hanson

3. ADDRESS OF OPERATOR

P. O. Box 316, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

Unit F

1980' from North Line - 1980' from West Line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3456

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Convert to Injection

X

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Hole cleaned out to T. D. of 2026'.

Cement lined tubing ran to 1910' with Tension Packer.

Tension Packer set at 1910'.

Injecting into perforations at 1985 - 2000'.

Injection began April 15, 1969.

RECEIVED

MAY 6 1969

**D. C. C.
ARTESIA, OFFICE**

RECEIVED

APR 21 1969

**U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO**

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

SIGNED

Harold Kersey

TITLE

Owner

DATE

4/18/69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

APPROVED

MAY - 5 1969

H. L. BECKMAN

ACTING DISTRICT ENGINEER

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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SURVEY OR AREA

Sec. 28, T18S, R29E.

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mex.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection
2. NAME OF OPERATOR
KERSEY & COMPANY & E. A. HANSON ✓
3. ADDRESS OF OPERATOR
P. O. Box 316, Artesia, New Mexico 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Unit F
1980' from North Line - 1980' from West Line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3456

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

To convert to Injection

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

x

SUBSEQUENT REPORT OF :

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Plan to clean out to T. D. of 2026', and run cement lined tubing to

1910' with tension Packer to be set at approx. 1910'.

Injection will be into perforations @ 1985 - 2000'

RECEIVED

MAY 6 1969

D. C. C.
ARTESIA OFFICE

RECEIVED

MAY - 5 1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Harold Kurey

TITLE

Owner

DATE

(This space for Federal or State office use)

APPROVED BY

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DATE

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MAY - 5 1969

R. L. BECKMAN

ACTING DISTRICT ENGINEER

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