UNITED STATES

5. LEASE
N.M. 13987
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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DEPARTMENT OF THE INTERIOR	N.M. 13987
GEOLOGICAL · SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
eservoir, Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	Cobb-Federal
well well other	9. WELL NO.
2. NAME OF OPERATOR	#2
Kenai Oil & Gas, Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	La liste in De CH
1001 Petroleum Bldg. Midland, Tx 79701	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA DOG DOGE
below.)	Sec. 22, T18S, R27E
AT SURFACE: 2290' FNL and 330' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Eddy New Mexico
	_ 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	3468' KB
TEST WATER SHUT-OFF	/ED
SHOOT OR ACIDIZE \square JUL 2 \geqslant 1	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	Change on Form 9-330.)
二	EXIOU
CHANGE ZONES U U TOUR THE STATE OF THE STATE	
(other) Production Casing	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stational including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
7-18-80	
Ran 53 jts. (2378') 10.5 #/ft. J-55 ST&C Halliburton: Cemented with 150 sacks Ha	casing and set @ 2278' lliburton light containing
8 lb salt/sk	O cooks alace "H" containing
1/4 lb./sk of Flocele; tailed in with 47	U Sauks Class II Containing
5 lb salt/sk	,
10 lb of #3 sand/sk. and $5/10$ of 1% CFR2 Plug down 3:30 PM $7-17-80-6$ irc 25 sacks.	WOT 24 Hr
Ping down 3.30 Pm 1-11-50-5110 20 Sacks.	100 21 MI.
	- · -
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
SIGNED VISTORI GO THE Regional Dr	r_{1g} . pate $7-22-80$

Supervisor (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL IF ANY: