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 [X] gas well [ ] other

2. NAME OF OPERATOR
Konai Oil & Gas Inc.

3. ADDRESS OF OPERATOR
717 17th St. Suite 2000 Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 460' FEL, 2030' FSL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE

6.

7.

8. FARM OR LEASE NAME
Federal

9. WELL NO.
35-43

10. FIELD OR WILDCAT NAME
Lybrock-Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35 T24N-R8W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6877' GL, 6891' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]		[ ]
FRACTURE TREAT	[ ]		[ ]
SHOOT OR ACIDIZE	[ ]		[ ]
REPAIR WELL	[ ]		[ ]
PULL OR ALTER CASING	[ ]		[ ]
MULTIPLE COMPLETE	[ ]		[ ]
CHANGE ZONES	[ ]		[ ]
ABANDON*	[ ]		[ ]
(other) Additional Testing			X

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
MAR 15 1982
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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.)*

Completion work began 12-30-81 with initial testing indicating high water cut. Subsequently located and squeezed casing leak between 3277-3292'. Following repair, water cut declining. Artificial lift equipment has been installed and is awaiting connection. Well will require a 30 day pump test to evaluate and establish potential.

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

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

SIGNED _____ TITLE Mgr. of Production DATE March 11, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
MAR 16 1982
FARMINGTON DISTRICT
BY _____

NMOCC