

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 ☒ gas ☐ other ☐  
well well

2. NAME OF OPERATOR  
Kenai Oil and Gas Inc.

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

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

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Well Status ☒

SUBSEQUENT REPORT OF:

☐  
☐  
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☒

RECEIVED

AUG 5 1981

U.S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

5. LEASE  
NM-14095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
None

7. UNIT AGREEMENT NAME  
None

8. FARM OR LEASE NAME  
FEDERAL - 35

9. WELL NO.  
#43

10. FIELD OR WILDCAT NAME  
Lybrook Gallup Ext.

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

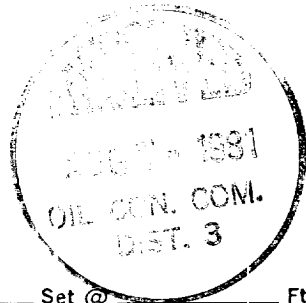
12. COUNTY OR PARISH 13. STATE  
San Juan New Mexico

14. API NO.

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

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.)\*

At midnight 7/31/81, at total depth 5662'. Kenai Drilling of N.M., Rig #31 is on location getting ready for logging.



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

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

SIGNED George B. Judd Manager - Drilling TITLE and Production DATE 8/3/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

BY SMN