Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐   gas well ☒   other

2. NAME OF OPERATOR
Bradley H. Keyes + M.H. Keyes TH

3. ADDRESS OF OPERATOR
Box 842

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 6252 1190/S 1190/E
AT TOP PROD. INTERVAL: 1878-1892
AT TOTAL DEPTH: 2005

5. LEASE
Federal NM-020496

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Yockey

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
West Kutz PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 20 T 27N R 11W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.
30-045-06350

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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

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

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.)*

It is intended to isolate a possible casing leak in this well bore by setting a retainer above the perforations on a string of 1½ tubing. The well will be swabbed in and re-evaluated for possible formation damage.

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

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

SIGNED Bradley H. Keyes   TITLE Owner   DATE August 11, 1983

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC