To Appropriate District Office
DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
811 South First, Artesia NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

FEB 2002
RECEIVED
OCD-ARTESIA

WELL API NO. 30-015-01306

5. Indicate Type of Lease STATE ☑ FEE ☐

6. State Oil & Gas Lease No. E-6566

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" (FORM C-101) FOR SUCH PROPOSALS

7. Lease Name or Unit Agreement Name: ASU "A"

1. Type of Well: Oil Well ☐ Gas Well ☑ Other

2. Name of Operator: Kersey & Company

8. Well No. 1

3. Address of Operator: P.O. Box 1248 Fredericksburg Tx 78624

9. Pool name or Wildcat: Vandagriff Keyes Queen

4. Well Location

Unit letter M : 660 feet from the South line and 660 feet from the West line

Section 2 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☑	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPLETION ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: ☐	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Well was completed with 2 7/8" casing, we plan to pump 50 sacks of cement to fill from bottom to top, Set dry hole marker - Monitor cmt. for 30 min - make sure cmt. does not fall - No Ready-Mix clean well location and reseed to natural vegetation.

This procedure was originally approved 2-21-02

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kenneth R Wade TITLE Manager DATE 02-08-02

Type or print name Kenneth R Wade Telephone No. 997-7519 830

(This space for State use)

APPROVED BY [signature] TITLE Field Rep II DATE MAR 1 2002

Conditions of approval, if any: