

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
WELL PERMIT IN TERRITORY OF NEW MEXICO
(Other Instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-065729

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	7. UNIT AGREEMENT NAME Red Lake Premier Sand Unit
2. NAME OF OPERATOR KERSEY & COMPANY	8. FARM OR LEASE NAME Tract 13
3. ADDRESS OF OPERATOR P. O. Box 316, Artesia, New Mexico 88210	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' from North Line, 1980' from East Line	10. FIELD AND POOL, OR WILDCAT Red Lake Queen GBR SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T17S, R28E.	12. COUNTY OR PARISH EDDY
	13. STATE NEW MEXICO

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

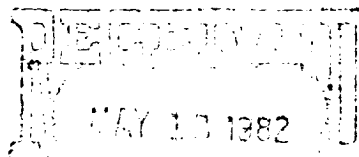
ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

We are starting work to test this well with tubing, rods, and pump, to see if it is productive before proceeding with plugging back and testing casing.



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

SIGNED

Lance Kersey

TITLE

Operator

DATE

May 10, 1982

(This space for Federal Approval)

APPROVED BY
(Orig. Sgd.) PETER W. CHESTERAPPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 21 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side