

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 ☐ gas ☐ well ☐ other ☒ Injection
2. NAME OF OPERATOR
Kersey & Company
3. ADDRESS OF OPERATOR
P.O. Box 316, Artesia, NM 88211-0316
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310/N 2310/W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|-----------------------------------------------|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (other) <input type="checkbox"/> | |

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.)*

1. 30 sacks cement plug in well at 1750'
2. 25 sacks cement plug 1000-800'
3. Casing perforated at 750'
4. Cement plug back to 500'
5. 10 sacks plug at surface
6. Marker

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

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

SIGNED Harold Kersey TITLE Co-Owner DATE 11-19-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
LC-048479(A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
RLPSU Flood
8. FARM OR LEASE NAME
RLPSU - Tract 2
9. WELL NO.
1 (~~Dolm~~ ~~Reid~~)
10. FIELD OR WILDCAT NAME
Red Lake-A-G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Unit F
2310' FNL, 2310' FWL Sec. 20-17-28
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

ACCEPTED FOR RECORD

NOV 27 1987

SJS

RECEIVED

NOV 20 1 23 PM '87
CARRIED TO PROCEEDINGS
AREA

RECEIVED

Post 4D-2
12-11-87
p417