

N. M. OIL CONS. COMMISSION  
UNIT STATES P. O. BOX 1980  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-9407-A
2. NAME OF OPERATOR Kelt Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1493, Roswell, NM 88202	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NW/4 SE/4 Sec. 6 T9S-R30E, NMPM	8. FARM OR LEASE NAME Peterson Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4089' KB	10. FIELD AND POOL, OR WILDCAT Cato-San Andres
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 6 T9S-R30E, NMPM
	12. COUNTY OR PARISH Chaves Co.
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Well Production Test <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) \*

A production well test was performed on the Peterson Federal #1 starting in the a.m. on August 17th and ending on August 18th, 1989; witnessed by P.E.T.-L. Bray. The results were: Pmpd 0 BO + 109 BW Gas TSTM in 24 hrs.

Kelt Oil & Gas, Inc. believes this well test was not representative of the well's potential to produce in paying quantities. Though the well was pumped several days prior to the well test, it is now obvious that many more barrels of water need to be produced to completely produce-back ~~all~~ <sup>formation</sup> water to allow oil to enter the wellbore.

We request an additional well test(s) which will better represent the well's ability to produce.

18. I hereby certify that the foregoing is true and correct  
SIGNED Mark A. Leger TITLE Petroleum Engineer DATE 8-24-89

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

APPROVED FOR 2 MONTH PERIOD  
ENDING OCT 31 1989  
\*See Instructions on Reverse Side

APPROVED  
PETER W. CHESTER  
DATE

AUG 31 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA