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Submit 3 copies to Appropriate District Office District 1	State of New Mexico Energy, Minerals and Natural Resources			Form (Revised March 2	
1625 N. French Dr., Hobbs, NM 88240	2		WELL API NO.		
District II	OIL CONSERVA		30-02	25-35748	
811 South First, Artesia, NM 87210	1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, N	IVI 0/303	6. State Oil & Gas	FEE	
District IV					
1220 S. St. Francis Dr., Santa Fe, NM 87505	CES AND REPORTS ON V	VELLS	7. Lease Name or	D-6364	
(DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. USE "APPLICATIO	TO DRILL OR TO DEEPEN OR	PLUG BACK TO A		-	
PROPOSALS.) 1. Type of Well: Oil Well Gas W	ell X Other		North L	usk 32 State	
2. Name of Operator			8. Well No.		
KUKUI Operating Company			1		
3. Address of Operator	······································	203 W. Wall Street, Suite 810		9. Pool name or Wildcat	
	Midland, TX 79701			k Strawn	
4. Well Location					
Unit Letter <u>L</u>	1980 feet from the	South line and	660 feet from	the West line	
Section 32	Township	18S Range 32E	NMPM	County Lea	
		ther DR, RKB, RT, GR, etc. 3691' GR		County Lie	
11. Check Appro	opriate Box to Indicate Nati		her Data		
NOTICE OF INT			BSEQUENT REPO	ORT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK			
TEMPORARILY ABANDON	CHANGE PLANS		ING OPNS. PLU		
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER		Г	
12. Describe proposed or completed op of starting any proposed work). SEI	erations. (Clearly state all pe E RULE 1103. For Multiple	rtinent details, and give pert	inent dates, including ore diagram of propos	estimated date ed completion	
or recompiliation.					
		ORATIONS IN STRAV			
	Load tubing w/2% KCL				
8/01/02 GIH w/5-1/2" retriev	able bridge plug (wireline	set) & set plug @ 11,610	•		
8/02/02 GIH w/5-1/2" produc perforate 11,486 - 11,	tion packer & set packer 500', 11,458 - 11,476', 11	@ 11,356'. Test packer, to ,446 - 11,452', 11,438 - 11	ıbing & wellhead. M ,442', 11,396-11,410	IIRU WL unit an D'.	
	20% HCL diverted w/150			Å,	
8/06 - 10/02 Swab/Flow test well t	o tank. Placed well on pro	oduction 8/10/02.			
I hereby certify that the information abo	ove is true and complete to	the best of my knowledge a	nd belief.		
SIGNATUREK	FO.	TITLE Western Distric		DATE 08/2	
	K. Strider		Telephone	e No. 915-687-6	
(This space for State use)			······································		
APPROVED BY			_		
Conditions of approval, if any:		ITLE ORIGINAL	SIGNED BY	_ PAUG 2 8	
· · · · · · · · · · · · · · · · · · ·		PAUL I PETROLEU	KAUTZ M ENGINEER		

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