

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on the
reverse side)

Form approved
Bureau Form No. 42-2001
6. LEASE DESIGNATION AND SERIAL NO.

SUNDAY NOTICES AND REPORTS ON WELLS

(Do not use this form for re-entries to Gulf or to G. or G. or plug back to a different reservoir.
Use "APPLICATION FOR PERMITS" for such projects.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
C. J. ...

3. ADDRESS OF OPERATOR
1810 ...

4. LOCATION OF WELL (Report location of well and, in necessary, with any State requirements.*
See also space 17 below.)
At surface
2250 ...

7. UNIT ACQUISITION FARM

8. FIELD OR LEASE NAME

9. WELL NO.
277

10. FIELD AND FOOT, OR WILDCAT

11. SEC. 24, 25, 26, OR PROB. AND SURVEY OR ZONE

12. COUNTY OR PARISH 13. STATE

14. PERMIT NO. 15. EXPIRATION (State whether 24, 36, or 60)

16. Check Appropriate Box To Indicate Nature of Plugging, Repair, or Other Work

NOTICE OF INJECTION 50:		SUSSEQUENT REPORT 50:	
TEMP. WATER SHUT-OFF <input type="checkbox"/>	PULL OR LATER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	MULTIPLE COMPLET <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERN. CASING <input type="checkbox"/>
SHUT-OFF ACIDIZ <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHUT-OFF ACIDIZ <input type="checkbox"/>	ABANDONING* <input type="checkbox"/>
STOPPED WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recapture sheet.)

17. PLUGGING, REPAIRS, OR COMPLETION 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 location and measured and true vertical depths for all intervals and zones pertinent to this work.)*

June 26, 1968 - Date of first injection
(to be filled in by operator)



RECEIVED
AUG 27 1968

U. S. GEOLOGICAL SU

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

SIGNED [Signature] TITLE [Title] DATE [Date]

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side