

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 43-B1424

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. WELL  GAS WELL  OTHER  (Attempted Drilling)

2. NAME OF OPERATOR  
M. L. RISING

3. ADDRESS OF OPERATOR  
P. O. BOX 811, LAFAYETTE, LOUISIANA 70502

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
N. 1/4 Sec. 36, T. 12N., R. 10E., S. 12E.

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether at top, bottom, etc.)  
\_\_\_\_\_

LEASE DESIGNATION AND SERIAL NO.  
0957290-4

IF INDIAN ALLOTTEE OR TRIBE NAME  
\_\_\_\_\_

UNIT ASSIGNMENT NAME  
\_\_\_\_\_

FARM OR LEASE NAME  
Yates-Gibson

WELL NO.  
1

FIELD AND POOL, OR WILDCAT  
Jenks

SEC., T., R., S., OR B.L. AND  
SUBMIT OF AREA  
26-18-10-10

COUNTY OR PARISH  
Franklin

STATE  
Louisiana

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT (IF):	
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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

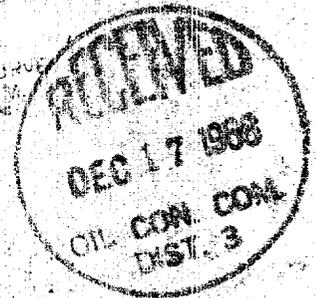
(Other) \_\_\_\_\_

\*Note: Report results of multiple completion on Well Completion or Recombination 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.)\*

On May 24, 1978, an attempt was made to penetrate this oil well. Try hole marker was removed and 4 1/2" casing was runned to 220' where pipe was apparently collapsed. Casing was drilled with drilling mud and dry hole marker was abandoned into place.

RECEIVED  
DEC 10 1988



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

SIGNED \_\_\_\_\_ TITLE OWNER DATE Dec 5, 1978

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

REMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 43 R124  
LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

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. LEASE DESIGNATION AND SERIAL NO. **002204**

2. NAME OF OPERATOR **Yankee**

3. NAME OF LEASE **Yankee**

4. WELL NO. **1**

5. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 11 below.)  
**1000 ft. deep**

6. COUNTY OF LEASE AND STATE **13. STATE**

7. UNIT AGREEMENT NAME

8. NAME OF OPERATOR **Yankee**

9. ADDRESS OF OPERATOR **Yankee**

10. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 11 below.)  
**1000 ft. deep**

11. COUNTY OF LEASE AND STATE **13. STATE**

12. ELEVATIONS (Show whether in ft. or m.)

13. PERMIT NO.

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

SUBSEQUENT REPORT ON:		NOTICE OF INTENTION TO:	
<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>	TEST WATER SHUT-OFF
<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>	FRACTURE TREAT
<input checked="" type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>	SHOOT OR ACIDIZE
<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	CHANGE PLAN
<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	MULTIPLE COMPLETE
<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDON

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log Form.)  
(Other: 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 and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and corner points next to this work.)

On May 24, 1963, an attempt was made to recover this oil well. The hole was  
was removed and the casing was removed to 200' where pipe was removed by collapse  
Casing was cut off with a cutter and the hole was reworked into pipe.

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

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY: