

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>NM-8904</b></p>
<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR <b>C. C. Kennedy</b></p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR <b>4949 San Pedro N. E., Suite #47, Albuquerque, NM 87109</b></p>		<p>8. FARM OR LEASE NAME <b>Beard</b></p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>990' FNL &amp; 1650' FEL</b></p>		<p>9. WELL NO. <b>1</b></p>
<p>14. PERMIT NO.</p>		<p>10. FIELD AND POOL, OR WILDCAT <b>Wildcat</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6707 GR</b></p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 5, T22N, R8W</b></p>
<p>12. COUNTY OR PARISH <b>San Juan</b></p>		<p>13. STATE <b>New Mexico</b></p>

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 checked="" 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) <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.)\*

Drill 6½" hole to 1702 feet. Total depth at 5:00 p.m. 11-15-76. Cored interval 1340 to 1480 and 1520 to 1560 feet. Ran open hole logs, Dual Induction, Laterolog and FDC-CNL. Ran 42 joints 9.5# 4½" OD casing and set at 1687 feet. Cemented with 100 sacks 65-35 Poz mix plus 12% gel and 150 sacks class "B" plus 2% CaCl₂. Plug down at 2:30 p.m. 11-16-76.

Wait on cement. Wait on completion unit.

NOV 18 1976

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

SIGNED William T. Jones TITLE Agent DATE 11-17-76

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: