

Form 9-331
(July 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>DRY</i>		5. LEASE DESIGNATION AND SERIAL NO. <i>1-89-768-58</i>	
2. NAME OF OPERATOR <i>STEPHEN KINNEY</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>1. MASS</i>	
3. ADDRESS OF OPERATOR <i>207 N. OCEAN BLVD</i>		7. UNIT AGREEMENT NAME <i>W.C.E.</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1651N 26251W</i>		8. FARM OR LEASE NAME <i>FEEL PUMPART</i>	
14. PERMIT NO.		9. WELL NO. <i># 7</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>5121 G.L.</i>		10. FIELD AND POOL, OR WILDCAT <i>W.C.</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>30-28N-16W</i>	
		12. COUNTY OR PARISH <i>GRAND ISLAND</i>	
		13. STATE <i>LA</i>	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

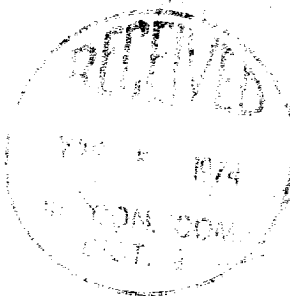
ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)*

WORK 4 1/2" CSG. LOOSE @ 742' (situated)
Spot 25 SRS 834' - 709'
Pull & lay down CSG.
Spot 10 SRS plug 0-125'
EXPECT 16th MARKER 6/30/73



FEB 27 1974

U.S. GEOLOGICAL SURVEY

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

SIGNATURE

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

