

(May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate (Other instructions on reverse side)

Form No. 100 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 [X] GAS WELL [] OTHER []
2. NAME OF OPERATOR: KEON COUNTY LAND CO.
3. ADDRESS OF OPERATOR: 118 FIRST STATE BANK, MIDLAND TEXAS
4. LOCATION OF WELL: 660 F.W.L. # 1980' F.W.L. SEC. 24 - UNIT C N414 NW14
14. PERMIT NO.: TO BE FURNISHED LATER
15. ELEVATIONS: TO BE FURNISHED LATER
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: FEDERAL 24
9. WELL NO.: 6
10. FIELD AND POOL, OR WILDCAT: CHANDLER SAN ANTONIO
11. SEC., T., R., M., OR BLK. AND SURVEY OR ACQA: 24-75-33E-N1471A
12. COUNTY OR PARISH: ROSSCOAT
13. STATE: N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [], FRACTURE TREAT [], SHOOT OR ACIDIZE [], REPAIR WELL [], (Other) []
PULL OR ALTER CASING [], MULTIPLE COMPLETE [], ABANDON* [], CHANGE PLANS []
SUBSEQUENT REPORT OF: WATER SHUT-OFF [X], FRACTURE TREATMENT [], SHOOTING OR ACIDIZING [], (Other) []
REPAIRING WELL [], ALTERING CASING [], ABANDONMENT* []
(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.)*

REACHED 4340' TD ON 10-16-66. RAN 4 1/2" CASING TO 4300' AND CEMENTED W/ 350 SX INCON. PLUG DOWN 1:30 PM, 10-16-66. TESTED CASING TO 2000 PSI FOR 20 MINUTES - HELD OKAY ON 10-16-66.

18. I hereby certify that the foregoing is true and correct
SIGNED: [Signature] TITLE: PRODUCTION SECRETARY DATE: 10-18-66

APPROVED BY: _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side