

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved, C.C.
Budget Bureau No. 45-11001
577035 DESIGNATION AND SERIAL NO.

MM 815-11-66

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 GAS WELL OTHER

2. NAME OF OPERATOR
WILSON COUNTY LAND CO

3. ADDRESS OF OPERATOR
413 FIRST STATE BANK MIDLAND, TEXAS

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
660' FWL ± 1980' FSL. Sec 31 Unit L N 1/4 SW 1/4

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
FEDERAL 21

9. WELL NO.
4

10. FIELD AND POOL, OR WILDCAT
Camargo San Antonio

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
21 T 7 S R 23 E, 200A

12. COUNTY OR PARISH
ROSS

13. STATE
TX

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
To Be Forwarded Later

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 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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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 3 3/4" HOLE TO 1350' ±. CEMENT CASING TO SURFACE W/300 SX INCOR CEMENT PLUS 8% CEL. TAIL IN W/100 SX INCOR NEAT TREATED W/2% CaCl₂. TEST CASING TO 1000 PSI.

DRILL 6 1/4" HOLE TO 4400' ± TD. RUN LOGS. CEMENT 4 1/2" CASING AT 4400' ± W/180 SX INCOR PLUS 8% CEL SATURATED SALT CEMENT. TAIL IN W/100 SX INCOR 10% SLY CEMENT.

PERFORATE AND STIMULATE FOR COMMERCIAL PRODUCTION.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE PRODUCTION SECRETARY DATE 8-17-66

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
AUG 18 1966
A. R. BROWN
DISTRICT ENGINEER