

Form approved.  
Budget Bureau No. 42-R1424.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

I-89-IND-58

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NAVARO

7. UNIT AGREEMENT NAME

NOVE

8. FARM OR LEASE NAME

RED IMPACT

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

W.C.

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

30-29N-16W

12. COUNTY OR PARISH

SAV. SUR. L.M.

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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☒ DRY

NAME OF OPERATOR

SEPTEN KINNEY

ADDRESS OF OPERATOR

207 N. ORCHARD

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

3301N 2475W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CM, etc.)

5114 G.L.

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 COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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 perti-  
nent to this work.)

spot 25 SRS 791' - 666'

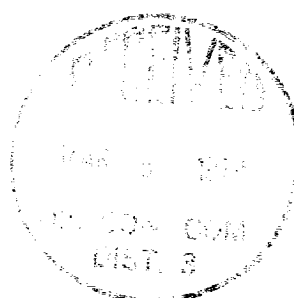
cut 4 1/2" CSG. @ 350'

spot 20 SRS 400' - 300'

pull CSG.

spot 10 SRS 0 - 125'

ERRECT MARKER 6/30/73



FEB 27 1974

U. S. GEOLOGICAL SURVEY

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:

\*See Instructions on Reverse Side

