

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR The Maurice L. Brown Company	8. FARM OR LEASE NAME KGS 686 Ltd.
3. ADDRESS OF OPERATOR Suite 200/Sutton Place Bldg. Wichita, Kansas 67202	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface UL "M". 660' from South line and 660' from West line.	10. FIELD AND POOL, OR WILDCAT Vada Penn
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-9-S, R-36-E
15. ELEVATION (Show whether DE, RT, GR, etc.) 4100' RT, 4091.4 GR	12. COUNTY OR PARISH Lea
	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) Re-entry

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Progress report

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(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.) *

5-31-80

Ran N-CL survey. Loggers depth was 9723'. Ran rotary shoe. Made 4' progress to 9727'. Pulled out of hole with rotary shoe.

6-2-80 through 6-4-80

Installed producing equipment. Put on pump and started production testing at 6:00 P.M. 6-4-80.

6-5-80 to 6-8-80

Pumping back water 10 ft.

6-10-80

Treated well with 15% HCl on 15' and 15' Halliburton MCA acid and shut in overnight.

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

SIGNED

Wm. D. Beck

TITLE

District Engineer

DATE

6-11-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side