

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-B4424.

5. LEASE DESIGNATION AND SERIAL NO.  
**14-20-0603-589**

**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.)

6. INDIAN, ALLOTTEE OR TRIBE NAME  
**Wilson Davore**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Davore**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**Wildcat**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 8, T18N, R12W**

12. COUNTY OR PARISH  
**McKinley**

13. STATE  
**New Mex.**

1. OIL WELL  GAS WELL  OTHER  **Dry hole**

2. NAME OF OPERATOR  
**George R. Jones and W. M. Peaches**

3. ADDRESS OF OPERATOR  
**1620 Wichita Plaza Bldg., Wichita, Kansas 67202**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
**2227 feet from South line, 716 feet from West line**

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**6636 Ground; 6644 Rotary Bushing**

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)\*

**TD 2450: Hole size 7 7/8"; Surface casing 8 5/8" at 34' with 15 sacks**  
Proposed plan to plug as follows:  
30 sacks cement plug 2350 - 2450  
35 sacks cement plug 1575 - 1700  
30 sacks cement plug 250 - 350  
5 sacks cement plug 0 - 10

Intervening space between plugs filled with heavy mud.  
Erect iron marker, 4"; 4' high with description  
Fill pits and clean up location  
Verbal approval obtained January 7, 1968



RECEIVED

JAN 19 1968

U. S. GEOLOGICAL SURVEY

DATE **JAN 18 '68**

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

SIGNED *W. M. Peaches*

TITLE

(This space for Federal or State office use)

APPROVED BY