

Form 1-1961
(Rev. 1-1-59)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STANDARD COMPLICATED
WELL LOGS, DIRECTIONS OR RE-
VERSE LOGS

Form approved by
Bureau Order No. 48-71424

5. LEASE DESIGNATION AND SERIAL NO.

1A-33-34-35-36

6. IF INDIAN, ALGONQUIN OR OTHER NAME

None

7. UNIT ABBREVIATION NAME

8. NAME OF FIELD WELL

Spring

9. WELL NO.

5

10. FIELD AND POOL OR WILDCAT

Wildcat

11. SEC. T. R. S. OR OTHER SURVEY OR MAP

Sec. 11, T. 10N, R. 10E, S. 10E

12. COUNTY OR PARISH OR STATE

Ind. State, Ind. State

SUNDAY NOTICES AND
(Do not use this form for well logs to fill in the
USE APPLICATION FOR PERMIT TO DRILL

1. NAME OF OPERATOR

John A. Decker

2. ADDRESS OF OPERATOR

Box 66, Frankfort, Ind. 46061

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

1043' 2nd 2043' 3rd 14, 1967, Ind.

14. PERMIT NO.

15. EXEMPTION NO. (If any, give date, act, etc.)

Check Appropriate Box to Indicate Nature of Action, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TEST

SHUT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER Casing

MULTIPLE COMPLETION

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TEST

SHUT OR ACIDIZING

(Omit)

REPAIRING WELL

ABANDONING CASING

ABANDONMENT

(Note: Report results of multiple completion on well
completion or abandonment report only.)

17. DESCRIBE THE WORK OR COMPLETION OPERATIONS. (Qualitative and quantitative data, including estimated date of starting any
project work. If well is directionally drilled, give substantial intervals and measured and true vertical depths for all main legs and holes perti-
nent to this work.)

Plugged well as follows:

Used cable tool rig and cemented down cement plug from 940' to 999'.

Used cable tool rig and cemented down cement plug from 383' to 400'.

Used cable tool rig and cemented down cement plug from 25' to surface.

Erect survey hole marker and clear up location.

RECEIVED

JUN 23 1967

U. S. GEOLOGICAL SURVEY

18. I hereby certify that the above log is true and correct.

SIGNED

DATE

(This space for Federal or State Use)

APPROVED BY

OFFICIAL

DATE

CONDITIONS OF APPROVAL, IF ANY: