

Form approved.  
Budget Bureau No. 42-R1424

1

**2. NAME OF OPERATOR**

### 3. ADDRESS OF OPERATOR

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

14. PERMIT NO.

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

**16.**

**NOTICE OF INTENTION TO:**

### TEST WATER SHUT-OFF

## FRACTURE TREAT

## SHOOT OR ACIDIZE

REPAIR WELL

(Other) Run  $4\frac{1}{2}$ " innerstring

**PULL OR ALTER CASING**

**MULTIPLE COMPLETE**

**ABANDON\***

## CHANGE PLANS

### WATER SHUT-OFF

## FRACTURE TREATMENT

### SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REF

### ALTERING CASING

**ABANDONMENT\***

100

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.) \*

To effect more efficient injected water distribution, we propose the following work.

1. Clean out to T.D. of 3442'.
2. Run 4½" OD 8R 9.5# casing to T.D. and cement w/200 sx of Class "C" cement containing 5# salt/sack.
3. Perforate Jackson w/one 0.42" jet @ 3321, 3327, 3331, 3335, 3339, 3346, 3349, 3353, 3355, 3359, 3370, 3373, 3379, 3385, 3387, 3396, 3402, 3406, 3417, 3426 and 3432' (21 holes, GR-log).
4. Treat w/3000 gallons 15% HCl acid and ball sealers.
5. Run tension packer on 2" tubing and set at 3250'.  
Resume water injection.

Work will start about 1/1/70.

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

**SIGNED**

TITLE Dist. Drlg. Supervisor

DATE 12-9-69

(This space for Federal or State office use)

**TITLE**

DATE

APPROVED BY  
CONDITIONS OF AF

12 196

13 L. BEEKMA

**\*See Instructions on Reverse Side**