

U.S. G.S. FORM 1000  
July 1959

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUMMARY OF OPERATIONS  
(Other instructions on reverse side)

1. LEASE DESIGNATION AND SERIAL NO.  
2. IF INDIAN, ALLOTTEE OR TRUST NAME

SUMMARY NOTICES AND RECOMMENDATIONS

(Do not use this form for proposals to change the location or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

|                       |                                                |                                                                                                                                  |                                |                                                 |                      |
|-----------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------|----------------------|
| 1. WELL NO.           | 2. NAME OF OPERATOR                            | 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface | 4. FIELD AND POOL, OR WILDCAT  | 5. COUNTY OR PARISH                             | 6. STATE             |
| 7. UNIT ACREMENT NAME | 8. FARM OR RANCH NAME                          | 9. WELL NO.                                                                                                                      | 10. FIELD AND POOL, OR WILDCAT | 11. SECTION, TOWNSHIP, RANGE AND SURVEY OR AREA | 12. COUNTY OR PARISH |
| 13. PERMIT NO.        | 14. ELEVATIONS (Show whether DT, RT, CR, etc.) | 15. FIELD AND POOL, OR WILDCAT                                                                                                   | 16. COUNTY OR PARISH           | 17. STATE                                       | 18. DATE             |

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"/> | WATER SHUT-OFF                                                                                         | <input checked="" type="checkbox"/> |
| FRACTURE TREAT          | <input type="checkbox"/> | FRACTURE TREATMENT                                                                                     | <input type="checkbox"/>            |
| SHEET OR ACIDIZE        | <input type="checkbox"/> | SHEETING OR ACIDIZING                                                                                  | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other)                                                                                                | <input type="checkbox"/>            |
| (Other)                 | <input type="checkbox"/> | (Note: Report results of multiple completion or Well Completion or Recombination Report and Log form.) | <input type="checkbox"/>            |

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.)

6-9-66 10:30 AM 6-9-66  
6-11-66 Cemented 2175 7" 20' at 1525' with 275 lb  
plus 3% gel and 100 lb test + 2% CaCl<sub>2</sub>.  
Plus down 200 ft. Cement did not circulate  
Packed 100 lb around test  
Tested 200 lb to 1000 psi for 30 minutes  
Note OK

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

SIGNED J. L. Gordon TITLE District Engineer DATE 6-27-66

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 27 1966

J. L. GORDON  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side