Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-017752

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR
Kerr County Land Company

8. FARM OR LEASE NAME
Fed. "A" 27

3. ADDRESS OF OPERATOR
414 First State Bank Bldg. Midland, Texas

9. WELL NO.
3

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

10. FIELD AND POOL, OR WILDCAT
Chaveroo-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

660' FNL & 660' FEL Sec 27 (Unit A NE/4, NE/4)

27-T7S-R32E N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4502.2 GR

12. COUNTY OR PARISH
Roosevelt

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)				(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.)*

Spud: 1:45 P.M. 6-18-66

Ran 61 Jts 7" 20# Casing Cemented at 1854' with 275 sx Incor Pozz 6% Gel and 100 sx Incor Neat + 2% CaCl2. Plug down 5:15 P.M. 6-19-66. Cement Circulated to Surface

Casing Tested to 1500 PSI for 30 minutes

Ok E.C.

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

SIGNED Harold R. Stennett TITLE District Accountant DATE 6-24-66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 29 1966

J. L. GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side