

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-5002.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>N M 612775</b>
2. NAME OF OPERATOR <b>KERN COUNTY LAND CO.</b>	6. APPLICANT, ALLOTTEE OR TRIG NAME <b>APR 23 10 45 AM '66</b>
3. ADDRESS OF OPERATOR <b>410 FIRST STATE BANK, MIDLAND, TEXAS</b>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	8. FARM OR LEASE NAME <b>FEDERAL 24</b>
14. PERMIT NO. <b>1980' FSL &amp; 1980' FWL, SEC. 24, UNIT K NE 1/4 SW 1/4</b>	9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4324.0 GR</b>	10. FIELD AND POOL, OR WILDCAT <b>CHAYTADO SAN ANTONIO</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>24 T75 R23E N20W</b>
	12. COUNTY OR PARISH   13. STATE <b>ROOSEVELT   N.M.</b>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) \*

SPUD 1:30 PM. 8-10-66  
CEMENTED 7" 17# CASING AT 1816' WITH 350 SX  
INCO 2 CEMENT, PLUG DOWN 1:00 AM, 8-12-66.  
CEMENT CIRCULATED. WOC 18 HRS. TESTED  
CASING TO 1000 PSI FOR 30 MINUTES, OKAY.

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

SIGNED C. F. Eaton TITLE DISTRICT ENGINEER DATE 8-18-66

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

APPROVED

AUG 19 1966

J. L. GORDON  
ACTING DISTRICT ENGINEER