

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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. NM 0127782	
2. NAME OF OPERATOR KERN COUNTY LAND CO		6. IF INDIAN ALLOTTEE OR TRIBE NAME 10 45 AM '66	
3. ADDRESS OF OPERATOR 418 FIRST STATE BANK, MIDLAND, TEXAS		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 FEDERAL 24	
14. PERMIT NO.		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4323.3 GR		10. FIELD AND POOL, OR WILDCAT CHAVEZ SAN ANTONIO	
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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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: 10:00 AM, 8-10-66

CEMENTED 9" 17# CASING AT 1825' WITH 375 SX INCOR CEMENT. PLUG DOWN 6:30 PM, 8-11-66. CEMENT DID NOT CIRCULATE. PUT 25 SX CEMENT AT TOP. WOC 18 HRS. TESTED CASING TO 1000 PSI FOR 30 MINUTES - HELD O.K.

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

SIGNED C. J. Eaton

TITLE DISTRICT ENGINEER

DATE 8-16-66

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

*See Instructions on Reverse Side

AUG 19 1966

J. L. GORDON
ACTING DISTRICT ENGINEER