

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM 0117529
2. NAME OF OPERATOR Kearney County Land Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 21
14. PERMIT NO. 660 FSL & 1980 FEL SEC 21 UNIT 0, SW 1/4 SE 1/4	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Cherokee S. in Anderson
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ALGA
	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 ☒	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(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: 2:30 PM, 10-13-66.

RAN 7" CASING TO 1310 AND CEMENTED W/ 375 SK.

PLUG DOWN 2:30 PM, 10-14-66. CEMENT CIRCULATED.

WOC 18 HRS. TESTED CASING TO 1000 PSI FOR

30 MINUTGS - HELD OKAY ON 10-15-66.

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

SIGNED Gray A. Harsany TITLE PRODUCTION SECRETARY DATE 10-13-66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side