

UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Kern County LAND	8. FARM OR LEASE NAME FLORIAN 21
3. ADDRESS OF OPERATOR 418 FIRST STATE BANK 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 CHOCOLATE SAND 125
14. PERMIT NO. 660 FSL ? 1960 FSL SEE 21 UNIT 9.50/156/11 31-75-33A 11.14	11. SEC. T. R. M. OR BLM. AND SURVEY OR AREA
15. ELEVATIONS (Show whether DT, RT, GS, etc.) TO REPERFORATED 4750	12. COUNTY OR PARISH ROOSEVELT 11.14

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

DRILL 3 3/4" HOLE TO 1350'±. CEMENT CASING TO SURFACE W/300 SX INCOOL CEMENT + 3% GEL. TAIL IN W/100 SX NEAT + 2% GEL 2. TEST CASING TO 1000 PSI.

DRILL 6 1/4" HOLE TO 4400'± TO. RUN LOGS. CEMENT 4 1/2" CASING AT 4400'± W/100 SX SALT SATURATED + 3% GEL AND 100 SX INCOOL NEAT + 10% SALT. PERFORATE & STIMULATE FOR COMMERCIAL PRODUCTION.

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

SIGNED

Ray A. Brown

TITLE

Asst. Secretary

DATE

10-6-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

