

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**  
(Do not use this form for proposals to drill or to deepen or plug a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
KERN County Land Company

3. ADDRESS OF OPERATOR  
418 FIRST STATE BANK BLDG MIDLAND, TEXAS

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

5. LEASE DESIGNATION AND SERIAL NO.  
NM 0108997-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
FEDERAL 23

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
CHAUVERON-SAN ANDRES

11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA  
23 T1S-R33E NMPM

12. COUNTY OR PARISH  
ROOSEVELT

13. STATE  
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4365.2 GR.

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 COMPLETION <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"/>                   | (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 1:00PM 7-2-66

CEMENTED 7" 20# CASING AT 1825' WITH 275 SX INCOR CEMENT  
W/ 8% GEL AND 100 SX INCOR W/ 2% CaCl<sub>2</sub>. PLUG DOWN  
7-4-66 5:50 AM. CEMENT CIRCULATED TO SURFACE.  
TESTED TO 1000 PSI - HELD OK

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

SIGNED Donald K. Karsach TITLE District Accountant DATE 7-6-66

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side

JUL 8 1966

J. L. GORDON  
ACTING DISTRICT ENGINEER