

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

PERMIT IN TRIPLICATE\*  
Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-11424.

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"/>                        | JUL 20 1966                                    | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 010 B997-A                  |
| 2. NAME OF OPERATOR<br>KERN COUNTY LAND COMPANY   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                  |
| 3. ADDRESS OF OPERATOR<br>418 FIRST STATE BANK BLDG MIDLAND, TEXAS  |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface |  | 8. FARM OR LEASE NAME<br>FEDERAL 23                                   |
|   |  | 9. WELL NO.<br>3  |
|   |  | 10. FIELD AND POOL, OR WILDCAT<br>CHAVEROO-SAN ANDRES                 |
|   |  | 11. SEC., T., R., M., Q. BLK. AND SURVEY OR AREA<br>23 T7S R33E N44PM |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE<br>ROOSEVELT NM                        |

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 12:00 NOON 7-13-66  
7-18-66 CEMENTED 7" 20" CASING AT 1825' W/275 SX INCLOR  
PLUS 8% GEL AND 100 SX INCLOR + 2% CACI PLUS DOWN  
9:45 PM 7-14-66 CEMENT CIRCULATED.  
TESTED CASING TO 1000 PSI FOR 30 MINUTES- HELD O.K.

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

SIGNED Donald K. Karamash TITLE DISTRICT ACCOUNTANT DATE 7-18-66

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 21 1966

J. L. GORDON  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side