

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT 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 0108997-A
2. NAME OF OPERATOR Keen County Land Co	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 412 First State Bank Bldg 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 23
10. FIELD AND POOL, OR WILDCAT CHAVEZ-SAN ANTONIO	9. WELL NO. 4
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 23-TTS-R336 NAMA	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:

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 8 3/4" HOLE TO 1850'± CEMENT 7" CASING TO SURFACE W/300SX
INCOR CEMENT PLUS 8% GEL. TAIL IN WITH 100SX NEAT TREATED
WITH 2% CaCl₂. TEST CASING TO 1000PSI

DRILL 6 1/4" HOLE TO 4400'± T.D. Run Logs. Cement 4 1/2" CASING
AT 4400'± WITH 180SX INCOR PLUS 8% GEL SATURATED SALT CEMENT
TAIL IN WITH 100SX INCOR SATURATED CEMENT

PERFORATE & STIMULATE FOR COMMERCIAL PRODUCTION

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

SIGNED

Lionel K. Kassar

TITLE

District Accountant

DATE

6/29/66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

APPROVED

JUN 30 1966

A. R. BROWN
DISTRICT ENGINEER