

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

COPY TO O. C. C.

Form approved by  
Budget Bureau No. 42-R1424.

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill a well or to test a well 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. <u>NM-0108997-A</u>	
2. NAME OF OPERATOR <u>KERN COUNTY LAND CO.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>-</u>	
3. ADDRESS OF OPERATOR <u>418 FIRST STATE BANK, MIDLAND, TEXAS</u>		7. UNIT AGREEMENT NAME <u>-</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FWL? 1980' FSL SEC. 23 UNIT 4 NW 1/4 SW 1/4</u>		8. FARM OR LEASE NAME <u>FEDERAL 23</u>	
14. PERMIT NO. <u>660' FWL? 1980' FSL SEC. 23 UNIT 4 NW 1/4 SW 1/4</u>		9. WELL NO. <u>5</u>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>TO BE FURNISHED LATER</u>		10. FIELD AND POOL, OR WILDCAT <u>CHAUEROO-SAN ANDRES</u>	
		11. SEC., T., R., M., OR BLS. AND SURVEY OR AREA <u>23-75-33E-N14PM</u>	
		12. COUNTY OR PARISH <u>ROOSEVELT</u>	
		13. STATE <u>N.M.</u>	
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"/>	
(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.)*			

REACHED 4330' TD ON 11-8-66. RAN 4 1/2" CASING  
TO 4325 AND CEMENTED W/ 350 SK CEMENT.  
PLUG DOWN 4:00 PM, 11-8-66. TESTED CASING TO  
2000 PSI FOR 30 MINUTES - HELD OKAY.

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

SIGNED

Ray A. Assump

TITLE

PROD. SECRETARY

DATE

11-10-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side

NOV 14 1966

J L GORDON  
ACTING DISTRICT ENGINEER