

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0108907A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 23

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

CHAUEROO - SAN ANTONIO

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

23-75-336-NM PM

12. COUNTY OR PARISH

ROOSEVELT N.M.

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals or for design or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

KERN COUNTY LAND CO

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

14. PERMIT NO.

660 FWL 1980' FSL SEC. 23 UNIT 4 NW 1/4 SW 1/4

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

TO BE FURNISHED LATER

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.)*

SPUD: 10:00 AM, 11-1-66.

RAN 7" CASING TO 1825' W/ 350 SK CEMENT.
PLUG DOWN 5:00 PM, 11-2-66. CEMENT DID NOT
CIRCULATE. TOPPED OUT W/ 35 SK NEAT. WOB 18 HRS.
TESTED CASING TO 800 PSI FOR 30 MINUTES
HELD OKAY ON 11-3-66.

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

SIGNED

GARY E. DUNN

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