

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0108947A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 23

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

CHAVEROO-SAN ANDREAS

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

23 TTS R336 NMPM

12. COUNTY OR PARISH

ROOSEVELT

13. STATE

NM

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

660' FEL & 1980' FSL SEC 23 Unit I NE 1/4 SE 1/4

14. PERMIT NO.

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

4336.5 GR

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

X

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 CASING TO SURFACE w/300SX INCOR CEMENT + 8% GEL. TAIL IN w/100SX NEAT TREATED WITH 2% CaCl₂. TEST CASING TO 1000 PSI.

DRILL 6 1/4" HOLE TO 4400'± PD. RUN LOGS. CEMENT 4 1/2" CASING AT 4400'± w/180SX INCOR PLUS 8% GEL SATURATED SALT CEMENT. TAIL IN w/100SX INCOR SATURATED CEMENT. PERFORATE AND STIMULATE FOR COMMERCIAL PRODUCTION.

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

SIGNED

Louise K. Karsch

TITLE

District Accountant

DATE

6-30-66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

APPROVED
JUL 1 1966
A. H. BROWN
DISTRICT ENGINEER