

U.S. GEOLOGICAL SURVEY  
DEPARTMENT OF THE INTERIOR  
BIOLOGICAL SUPPLY  
SPECIAL INVESTIGATIONS AND RESEARCH DIVISION

Aug 23 10 45 AM '66

(1) Not use this form for proposals to find or to develop or plug-back to a different reservoir.  
Use "APPLICATION FOR PERMIT—Water Use Program."

1. NAME OF APPLICANT  
U.S. ARMY, ARMY OF ENGINEERS

2. NAME OF PROJECT  
Faint handwritten text

3. NAME OF AGENCY OR ORGANIZATION  
Faint handwritten text

4. NAME OF LOCATION  
Faint handwritten text

5. NAME OF STATE OR TERRITORY  
Faint handwritten text

6. NAME OF COUNTY OR PARISH  
Faint handwritten text

7. NAME OF TOWNSHIP OR RANGE  
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8. NAME OF SECTION OR QUARTER  
Faint handwritten text

9. NAME OF NEAREST TOWN OR VILLAGE  
Faint handwritten text

10. NAME OF NEAREST RAILROAD  
Faint handwritten text

11. NAME OF NEAREST HIGHWAY  
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12. NAME OF NEAREST WATERWAY  
Faint handwritten text

13. NAME OF NEAREST AIRPORT  
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14. NAME OF NEAREST TELEPHONE EXCHANGE  
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15. NAME OF NEAREST POST OFFICE  
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16. NAME OF NEAREST SCHOOL  
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17. NAME OF NEAREST CHURCH  
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18. NAME OF NEAREST HOSPITAL  
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19. NAME OF NEAREST COURT HOUSE  
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20. NAME OF NEAREST JAIL  
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21. NAME OF NEAREST PRISON  
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22. NAME OF NEAREST MENTAL HOSPITAL  
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23. NAME OF NEAREST ASYLUM  
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24. NAME OF NEAREST HOSPITAL FOR THE DEAF  
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25. NAME OF NEAREST HOSPITAL FOR THE BLIND  
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26. NAME OF NEAREST HOSPITAL FOR THE MENTALLY ILL  
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27. NAME OF NEAREST HOSPITAL FOR THE PHYSICALLY HANDICAPPED  
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28. NAME OF NEAREST HOSPITAL FOR THE AGING  
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29. NAME OF NEAREST HOSPITAL FOR THE YOUTH  
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30. NAME OF NEAREST HOSPITAL FOR THE INFANTS  
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31. NAME OF NEAREST HOSPITAL FOR THE CHILDREN  
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32. NAME OF NEAREST HOSPITAL FOR THE ADULTS  
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33. NAME OF NEAREST HOSPITAL FOR THE ELDERLY  
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34. NAME OF NEAREST HOSPITAL FOR THE SICK  
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35. NAME OF NEAREST HOSPITAL FOR THE DYING  
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36. NAME OF NEAREST HOSPITAL FOR THE DEAD  
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37. NAME OF NEAREST HOSPITAL FOR THE BURNED  
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38. NAME OF NEAREST HOSPITAL FOR THE FROZEN  
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39. NAME OF NEAREST HOSPITAL FOR THE STARVED  
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40. NAME OF NEAREST HOSPITAL FOR THE THIRSTED  
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41. NAME OF NEAREST HOSPITAL FOR THE COLD  
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42. NAME OF NEAREST HOSPITAL FOR THE HOT  
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43. NAME OF NEAREST HOSPITAL FOR THE WET  
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44. NAME OF NEAREST HOSPITAL FOR THE DRY  
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45. NAME OF NEAREST HOSPITAL FOR THE Tired  
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46. NAME OF NEAREST HOSPITAL FOR THE Hungry  
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47. NAME OF NEAREST HOSPITAL FOR THE Thirsty  
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48. NAME OF NEAREST HOSPITAL FOR THE Lonely  
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49. NAME OF NEAREST HOSPITAL FOR THE Sad  
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50. NAME OF NEAREST HOSPITAL FOR THE Happy  
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51. NAME OF NEAREST HOSPITAL FOR THE Peaceful  
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52. NAME OF NEAREST HOSPITAL FOR THE Noisy  
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53. NAME OF NEAREST HOSPITAL FOR THE Quiet  
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54. NAME OF NEAREST HOSPITAL FOR THE Loud  
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55. NAME OF NEAREST HOSPITAL FOR THE Soft  
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56. NAME OF NEAREST HOSPITAL FOR THE Hard  
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57. NAME OF NEAREST HOSPITAL FOR THE Gentle  
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58. NAME OF NEAREST HOSPITAL FOR THE Rough  
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59. NAME OF NEAREST HOSPITAL FOR THE Smooth  
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62. NAME OF NEAREST HOSPITAL FOR THE Round  
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63. NAME OF NEAREST HOSPITAL FOR THE Square  
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64. NAME OF NEAREST HOSPITAL FOR THE Triangular  
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65. NAME OF NEAREST HOSPITAL FOR THE Circular  
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66. NAME OF NEAREST HOSPITAL FOR THE Rectangular  
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100. NAME OF NEAREST HOSPITAL FOR THE Regular  
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14. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Action

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
STOP WORKING WELL-BORE	<input type="checkbox"/>	WATER PLUG-OFF	<input checked="" type="checkbox"/>
REPAIR WORK	<input type="checkbox"/>	PERMANENT TREATMENT	<input type="checkbox"/>
STOP WORKING	<input type="checkbox"/>	DRILLING OR ACIDIZING	<input type="checkbox"/>
STOP WORKING	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WORK	<input type="checkbox"/>
REPAIR WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
STOP WORKING	<input type="checkbox"/>	ABANDONING	<input type="checkbox"/>
STOP WORKING	<input type="checkbox"/>		

(Note: Report results of multiple well testing, or other operations, or plug-backs in separate reports.)

15. Describe in detail the operations (drilling, etc.) performed, including pertinent dates, including estimated date of start and completion of work. If well is directionally drilled, show successive locations and measured and true vertical depths for all markings and depths for all formations.

Reached T.D. 4355' on 7-31-66. Logged well.  
 Run 4 1/2" 7.5° 3-5° casing & cemented it  
 4355' with 250 lb. liner. Only 500 ft. of casing  
 cemented and 100 lb. liner near shaft. Cemented  
 4355'. Plug down 9:00 AM, 7-31-66. Tested  
 casing to 2000 psi for 30 minutes on 7-31-66.  
 Held OK.

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

SIGNED Robert M. Murray TITLE Area Engineer DATE 8-22-66

(This space for Federal or State office use)

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

COMMISSIONER OF APPROVED, IF ANY:

APPROVED

AUG 22 1966

J. L. GORDON  
ACTING DISTRICT ENGINEER