

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT 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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR KERN COUNTY LAND COMPANY		8. FARM OR LEASE NAME FEDERAL 23	
3. ADDRESS OF OPERATOR 418 FIRST STATE BANK MIDLAND, TEXAS		9. WELL NO. 10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT CHAVEROO-SAN ANDRES	
14. PERMIT NO. 1980' FNL & 1980' FEL SEC 23 UNIT G SW 1/4, NE 1/4		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23 T7S R33E NM PM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4343.6 GR.		12. COUNTY OR PARISH ROOSEVELT	
		13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) 4 1/2 CS9	

(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.)\*

5-5-67 RAN 99 JTS 4 1/2" 9.5# CASING SET AT 4300'  
CEMENTED w/250 SX INCOR SALT SATURATED  
CEMENT PLUS 8% GEL. TAILED w/100 SX  
INCOR PLUS 10% SALT. PLUG DOWN 9:30 PM  
S-4-67.

AFTER WOC TESTED CASING TO 2000 PSI  
FOR 30 MINUTES - HELD O.K.

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

SIGNED Donald R. Karsach

TITLE District Accountant

DATE 5-8-67

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED

\*See Instructions on Reverse Side

MAY 11 1967

J L GORDON  
ACTING DISTRICT ENGINEER