

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0108997-A
2. NAME OF OPERATOR KERN COUNTY LAND COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 418 FIRST STATE BANK MIDLAND, TEXAS		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. FARM OR LEASE NAME FEDERAL 23
14. PERMIT NO.		9. WELL NO. 10
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1980' ENL & 1980' FEL Sec 23 Unit G SW 1/4, NE 1/4 4343.6 GR		10. FIELD AND POOL, OR WILDCAT CHAVEROO-SAN ANDRES
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23 T7S R33E NMPM
		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:		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.)

Spud 12:35 PM 4-27-67

4-28-67 Ran 57 JTS 7" 20# J-55 CASING SET AT 1820'

Cemented w/275sx INCOR WITH 8% GEL AND
100sx NGAT INCOR w/2% CaCl₂. Plug down
6:35 PM 4-28-67. CEMENT CIRCULATED

4-29-67 TESTED 7" CASING TO 1000' FOR 1/2 HR -
HELD O.K.

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

SIGNED Monarch K. Karasew TITLE DISTRICT ACCOUNTANT DATE 5-1-67

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

*See Instructions on Reverse Side

MAY 2 1967

J L GORDON
ACTING DISTRICT ENGINEER