

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC
(Other instructions on
verse 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 ☐ GAS WELL ☐ OTHER <u>Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>111-0108777-A</u>
2. NAME OF OPERATOR <u>Hernandez Land Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Box 1031 Midland Texas</u>		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 <u>SE 1/4 of NW 1/4 Sec 23 T-7-S R-34-E</u>		8. FARM OR LEASE NAME <u>Federal 23</u>
14. PERMIT NO.		9. WELL NO. <u>11</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>Chavero</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 23 T-7-S R-34-E</u>
		12. COUNTY OR PARISH <u>Houston</u>
		13. STATE <u>Texas</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Completion of well</u> ☒	
(Other) ☐		(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.) *

Pushed to top. Re-ran top. and set packer @
4200'. Filled annulus with inhibited
fluid. Put on injection 8-11-69.

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

SIGNED W. L. Hatfield TITLE Production Clerk DATE 12-16-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DEC 19 1969

GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side