

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 ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. <u>111-910800-3</u>
2. NAME OF OPERATOR <u>KERN COUNTY LAND COMPANY</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>410 E. 237 STATE ST. LOS ANGELES, CALIF.</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>1980' FUL 3 1980' FUL. Sec 23 Unit E 36 1/4 NW 1/4</u>		8. FARM OR LEASE NAME <u>7-20-23 1980</u>
14. PERMIT NO.		9. WELL NO.
15. ELEVATIONS (Show whether DT, RT, GS, etc.) <u>4364' KB</u>		10. LAND AND FORD, OR ADEQUATE <u>Chadwick Sublease</u>
		11. SEC., T., R., S., OR BLM. AND SURVEY OR AREA <u>23-72-23 1980</u>
		12. COUNTY OR PARISH <u>Los Angeles</u>
		13. STATE <u>CA.</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) ☐	
(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.)*

REACHED 4300' TD ON 9-23-66. RAN 4 1/2" Casing TO 4300' AND CEMENTED W/ 350 SX. PLUG DOWN 5:10 AM, 9-24-66. TESTED Casing TO 2000 PSI FOR 30 MINS. - HOLD OKAY ON 9-24-66.

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

SIGNED

Ray L. Macy

TITLE

PROD SECRETARY

DATE

10-4-66

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

ACTING DIRECTOR