	Иť	RES OFFICE G.C.C.		
Form 9-331	บ่ท	ITED STATES	SUBMIT IN TRIPLICA	
(May 1963)	DEPARTMENT OF THE INTER		OR (Other instructions on re-	5. LEASE DESIGNATION AND SERIAL NO.
	GEC	LOGICAL SURVEY		NM 0/08997-A
SLIN	JDRY NOTICE	S AND REPORTS O	N WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this	form for proposals	to drill or to deepen or plug bac N FOR PERMIT—" for such proj	ck to a different reservoir.	<b>-</b>
1.	Use AFFLICATIO	A LOS I DIEDIT - 101 2401 broj	p-0	7. UNIT AGREEMENT NAME
OIL GAS WELL	OTHER			
2. NAME OF OPERATOR				8. FARM OR LEASE NAME
KERN CA	DUNTY L	AND CO.		FEDERAL 23
3. ADDRESS OF OPERATO	R			9. WELL NO.
418 FIRS	Percet least on clear	TE SANK S.40	C. IN IDEANO, 7	10. FISLD AND POOL, OR WILDCAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface				CHANGERD SON ANDRO
He bulluo				11. SEC., T., E., M., OR BLK. AND
				SURVEY OR AREA
1980' FNL 5	1980' FWL	. Sec. 23 - Unit	F SE/4 NW/4	( 23-75-336, NM PM
14. PERMIT NO.				12. COUNTY OF PARISH 13. STATE  ROOSE UELT N.M.
			64' KB	
16.	Check Appro	ppriate Box To Indicate Na	iture of Notice, Report,	or Other Data
	NOTICE OF INTENTION	1 TO:	SU	BSEQUENT REPORT OF:
TEST WATER SHUT-	OFF PCLI	OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MUL	TIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE		NDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	СНА	NGE PLANS	(Other)	sults of multiple completion on Well
(Other)	OR COMPLETED OPERAT	ions (Clearly state all pertinent	details and give pertinent d	completion Report and Log form.) Intes, including estimated date of starting any
proposed work. I nent to this work.)	[f well is directional]	y drilled, give subsurface location	ons and measured and true v	ertical depths for all markers and zones perti-
				어느 맛요한 것이 맞추는 열이다.
SPub:	6:00 P1	7, 9-15-66		
	-	•		
DRILLE	8 3/4	" HoLE TO	1820. RA	N 7" CASING
To 18	17' AND	CEMENTED	w/ 375	SX INCOR AND
INCOR	NEAT.	DLUG DOWN	9:30 PM,	0-15.66 . CEMENT
CIRCUL	ATED.	WOC 18 HRS	Tes TED	CASING
				OKAY ON 9-17-66.
10 10	,			
18. I hereby certiff that	t the foregoing is tr	leand correct	LODUC TRASE	CE3 TO LYATE 10.4-66
(This space for Fed	leral or State office u	se)		
, -				DAME
APPROVED BY CONDITIONS OF A	PPROVAL, IF ANY	: TITLE	Α	PUSOVEO
				( O to 4 to 4 to 5 to 5 to 5 to 5 to 5 to 5

\*See Instructions on Reverse Side

ACTING DISTR OF CONTINUES