

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 KEEN COUNTY LAND CO		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 418 FIRST STATE BANK Bldg. 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. 11	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) TO BE FURNISHED LATER		10. FIELD AND POOL, OR WILDCAT CHAVEROO-SAN ANTONIO	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23 T7S R33E N4PM		12. COUNTY OR PARISH ROOSEVELT	
		13. STATE N.M.	

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 checked="" 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 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.)\*

DRILL 8 3/4" HOLE TO 1850'±. CEMENT CASING TO SURFACE W/300SX  
INCOR CEMENT + 8% GEL. TAIL IN W/100SX NGAT TREATED  
WITH 2% CaCl<sub>2</sub>. TEST CASING TO 1000 PSI  
DRILL 6 1/4" HOLE TO 4400'± TD. RUN Legs. CEMENT 4 1/2" CASING  
AT 4400'± W/120SX INCOR PLUS 8% GEL SATURATED SACT  
CEMENT. TAIL IN W/100SX INCOR SATURATED CEMENT.  
PERFORATE AND STIMULATE FOR COMMERCIAL PRODUCTION.

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

SIGNED Donald R. Karsach

TITLE DISTRICT ACCOUNTANT

DATE 6-30-66

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

