Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
[illegible]

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Kaco Country Land Co.

8. FARM OR LEASE NAME
[illegible]

3. ADDRESS OF OPERATOR
[illegible]

9. WELL NO.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660 FNL & 1980' FEL, Sec 22, [illegible]

10. FIELD AND POOL, OR WILDCAT
[illegible]

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-T5-R[illegible]

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
To be determined later.

12. COUNTY OR PARISH: [illegible]

13. STATE: [illegible]

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	[X]	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.)*

SPUD: 7:00 AM, 9-24-66.
DRILLED 8 3/4" HOLE TO 1010'. RAN 7" CASING TO 1010' AND CEMENTED W/ 200 SX. PLUG DOWN 6:00 PM, 9-25-66. CEMENT CIRCULATED. WOC 18 HRS.
TESTED BOP. TO 1000 PSI FOR 30 MINS - [illegible] OK ON 9-26-66.

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

SIGNED [illegible] TITLE Mgr. Secretary DATE [illegible]

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACTING