

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. <u>NW 1/4 701-6</u>
2. NAME OF OPERATOR <u>KEARN COUNTY LAND CO.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR <u>413 EAST STATE ST. CHICAGO, ILL.</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>1930' FWL &amp; 660' FSL SEC 22 UNIT 11 S64 SW1/4</u>		8. FARM OR LEASE NAME <u>FLORIDA 22</u>
14. PERMIT NO.		9. WELL NO. <u>2</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>4400' CR</u>		10. FIELD AND POOL, OR WILDCAT <u>CHUNGGOO S64 AND R15</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC 22 T5S R36E</u>
		12. COUNTY OR PARISH <u>ROSSCOAT N.D.</u>
		13. STATE <u>N.D.</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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) \*

REACHED 4420' TD ON 8-13-66. RAN 4 1/2" CASING TO 4420' AND CEMENTED W/ 350 SK. PLUG DOWN 12:30 AM, 8-14-66. TESTED CASING TO 2000 PSI FOR 30 MINS. - HELD OKAY ON 8-14-66.

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

SIGNED Ray L. Dossing TITLE PROD SECRETARY DATE 10-4-66

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

OCT 4 1966