

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
HOBBBS OFFICE O. C. C.SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)Form approved  
Budget Bureau No. 42-R1424

## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to change 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"/>                                                                                                                                                                                                            | 7. UNIT AGREEMENT NAME                           |
| 2. NAME OF OPERATOR                                                                                                                                                                                                                                                                                                         | 8. FARM OR LEASE NAME                            |
| 3. ADDRESS OF OPERATOR                                                                                                                                                                                                                                                                                                      | 9. WELL NO.                                      |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface                                                                                                                                                                                         | 10. FIELD AND POOL, OR WILDCAT                   |
| 14. PERMIT NO.                                                                                                                                                                                                                                                                                                              | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 15. ELEVATIONS (Show whether DY, ET, CR, ETC.)                                                                                                                                                                                                                                                                              | 12. COUNTY OR PARISH                             |
|                                                                                                                                                                                                                                                                                                                             | 13. STATE                                        |
| 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 type="checkbox"/>            |
| (Other) <input type="checkbox"/>                                                                                                                                                                                                                                                                                            |                                                  |
| SUBSEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                       |                                                  |
| WATER SHUT-OFF <input checked="" 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.)* |                                                  |

Reached 4360' TD ON 10-23-66. RAN CASING  
4 1/2" TO 4359' AND REINFORCED CASING W/ 400  
SX CEMENT. PLUG DOWN 4:30 PM, 10-23-66.  
TESTED CASING TO 2000 PSI FOR 30 MINUTES  
HOLD PRESS ON 10-23-66.

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

SIGNED

W. J. B. B. B.

TITLE

PROD. SECRETARY

DATE

11-10-66

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

NOV 14 1966

J L GORDON  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side