

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

WELL IDENTIFICATION NUMBER  
14-0142395

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill to deepen or plug back to a different reservoir.  
 (Do not use this form for proposals to drill to deepen or plug back to a different reservoir.  
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JAN 14 11 00 AM '67

1. NAME OF OPERATOR  
 AMERICAN PETROLEUM CORPORATION  
 2. ADDRESS OF OPERATOR  
 3. NAME OF WELL  
 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)  
 5. COUNTY OF PARISH  
 6. STATE

7. DATE OF NOTICE  
 8. NAME OF THE WELL  
 9. NO.  
 10. FIELD AND NAME OF WELL  
 11. DATE OF WORKING AND SURVEY OR AREA  
 12. COUNTY OF PARISH  
 13. STATE

WELLS: 1980' FUSL, Sec 20 (UNIT F, SE 4 NW 4)  
 15. ELEVATIONS (Show whether DT, BT, or C.S.)  
 4320' RDS

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
WELL TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
WELL ACIDIZING	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
DRILL WELL	<input type="checkbox"/>	(Other) <i>See notes on operations</i>	<input checked="" type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	RESETTING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

14. REPORT OF OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and nodes pertinent to this work.)

4384'. On 12-31-66, 4 1/2" OD 9.5" J-55 casing was  
 4384' w/ 500 psi 12% gel Incon + 300 psi. Incon.  
 This casing w/ 2000 psi for 30 minutes. Test O.K.  
 Perforated intervals 4114, 28, 39, 48, 49, 50, 34, 4205.  
 20, 22, 23, 37, 94, 95, 4300, 01, 05, 11, 12, 12 1/2, 13, 14, 14 1/2,  
 15, 17 w/ 1 shot each interval. Casing w/ 2000 LSTNE.  
 50,000 gal brine, 70,500" sand, 3000' base. evaluated.  
 1-8-67. Swat 21 Box 23 BLW in 10 hrs. GOR 630. Cgr. 26.9.

ILLECIBLE

I hereby certify that the foregoing is true and correct  
 TITLE AREA SUPERINTENDENT DATE 1-9-67

APPROVED

JAN 13 1967

J L GORDON  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side