

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.
NM 0108997-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 21-A

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

CHAVEZCOO-SAN ANDRES

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

21-T7S-R33E NM PM

12. COUNTY OR PARISH

ROOSEVELT

13. STATE

NM

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 ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

KERN COUNTY LAND COMPANY

3. ADDRESS OF OPERATOR

418 FIRST STATE BANK MIDLAND, TEXAS

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FNL; 660' FEL SEC 21 UNIT 11 SE 1/4, NE 1/4

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4403.1 GR.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

SPUD DATE 3:30 PM 5-5-67

5-6-67 RAN 59 JTS 7" 20# CASING SET AT 1800'
CEMENT W/275 SX INCOR PLUS 8% GEL,
TAILED IN W/1100 SX INCOR NEAT TREATED W/2% CaCl₂
FOLLOWED BY 20 SX TOP JOB. PLUG DOWN 8:45 PM
5-6-67 WOC

5-7-67 TESTED CASING TO 1000 PSI FOR 30 MINUTES
HELD OK

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

SIGNED

Donald R. Karasch

TITLE

DISTRICT ACCOUNTANT

DATE

5-8-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAY 11 1967

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER