

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved  
Budget Bureau No. 49-21684  
5. LEASE DESIGNATION AND SERIAL NO.

## 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"/> | 2. NAME OF OPERATOR<br>CRA, Inc.                                     | 3. ADDRESS OF OPERATOR<br>316 Citizens National Bank Bldg., Abilene, Texas 79601 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1900' FSL & FEL | 5. LEASE DESIGNATION AND SERIAL NO.<br>BL 0003977 | 6. IF INDIAN, ALLOTTEE, OR TRUST LAND | 7. SURVEY AGREEMENT NAME | 8. NAME OR LEASE NAME<br>La Randa Federal | 9. WELL NO.<br>2 | 10. FISH AND POOL, OR WILDCAT<br>Cato | 11. SEC. T. R. M. OR BLM. AND<br>SURVEY OR AREA<br>Sec. 32, T-6-S, R-30-E | 12. COUNTY OR PARISH<br>Chaves | 13. STATE<br>New Mexico |
| 14. PERMIT NO.<br>—                                                                                              | 15. ELEVATIONS (Show whether BF, RT, CR, etc.)<br>4112' GR, 4123' KB |                                                                                  |                                                                                                                                                            |                                                   |                                       |                          |                                           |                  |                                       |                                                                           |                                |                         |

## 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) Pump test

PULL OR ALTER CASING

MULTIPLE COMPLETS

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORTS OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(NOTE: Report results of multiple completion or Well Completion or Re-completion Report and Log forms.)

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.)\*

|                           |                           |
|---------------------------|---------------------------|
| 9-26-68: 150 BW           | 10-23-68: 1 BO + 21 BW    |
| 10-4-68: 3 BO + 80 BW     | 10-24-68: 1 BO + 24 BW    |
| 10-5-68: 5 BO + 65 BW     | 10-25-68: 1 BO + 23 BW    |
| 10-6-68: 3 BO + 42 BW     | 10-26-68: 1 BO + 25 BW    |
| 10-7-68: 2 BO + 30 BW     | 10-27-68: 1 BO + 24 BW    |
| 10-8-68: 2 BO + 33 BW     | 10-28-68: 1 BO + 25 BW    |
| 10-9-68: 3 BO + 28 BW     | 10-29-68: 1 BO + 26 BW    |
| 10-10-68: 3.3 BO + 20 BW  | 10-30-68: 1 BO + 25 BW    |
| 10-11-68: 0 BO + 21 BW    | 10-31-68: 1 BO + 24 BW    |
| 10-12-68: 1.67 BO + 25 BW | 11-2-68: 0 BO + 11 BW     |
| 10-13-68: 1.67 BO + 25 BW | 11-3-68: 0 BO + 14 BW     |
| 10-14-68: 0 BO + 25 BW    | 11-4-68: 2.2 BO + 11 BW   |
| 10-15-68: 3.34 BO + 22 BW | 11-5-68: 3.34 BO + 20 BW  |
| 10-16-68: 1.67 BO + 15 BW | 11-6-68: 0 BO + 25 BW     |
| 10-17-68: 1.67 BO + 25 BW | 11-7-68: 0.83 BO + 30 BW  |
| 10-18-68: 1.67 BO + 21 BW | 11-9-68: 1.67 BO + 15 BW  |
| 10-19-68: 1.67 BO + 24 BW | 11-10-68: 0 BO + 26 BW    |
| 10-20-68: 1.67 BO + 23 BW | 11-11-68: 0 BO + 24 BW    |
| 10-21-68: 1.67 BO + 24 BW | 11-12-68: 0 BO + 20 BW    |
| 10-22-68: 1.67 BO + 25 BW | 11-13-68: 0 BO + 15 BW    |
|                           | 11-14-68: 1.67 BO + 16 BW |
|                           | 11-15-68: 0 BO + 16 BW    |

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

SIGNED

District Manager

TITLE District Manager

DATE 11-20-68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Well has been temporarily abandoned for future use as a ~~new~~ well.

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

J. N. Sutherland