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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CELEPH OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - 1 (FCAM C-101) FOR SUCH PROPOSALS.

1. OIL WELL GAS WELL OTHER
2. Name of Operator
Carr Well Service, Inc.
3. Address of Operator
P.O. Box 69090, Odessa, Texas 79769-9090
4. Location of Well
UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 35 TOWNSHIP 25-S RANGE 37-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3012' GR
7. Unit Agreement Name
8. Farm or Lease Name
G.W. Dabbs
9. Well No.
3
10. Field and Pool, or Wildcat
Langlie-Mattix SR-QU-GE
12. County
Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER _____	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- 11/01/88 Run tubing to 3150', pump 50 sx plug.
- 11/02/88 Tag plug @ 3095'
Pump 50 sx plug @ 1200' to 800'
- 11/02/88 Perf. 5 1/2 csg @ 360'
Squeeze 50 sx from 260' to 360', in and out of casing.
- 11/02/88 Pump 10 sx plug from 30' to surface.
Install marker.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Ricky Swindle TITLE Cementer DATE 11/03/88
 APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
 CONDITIONS OF APPROVAL, IF ANY: