18 I hereby certify that the fore	tate office use)		vr. Admin. Servic		ROVED	1-74
18 I hereby certify that the force	going is true and correct		vr. Admin. Servic	es DA	TE10-11	1-74
1> I hereby certify that the force	going is true and correct			·	10.1	
			4 7			
			4 -			
work to be done						
work to be done						
work to be done						
work to be done						
work to be done						
Closed all valve Will retest and Work to be done		e, pĺug an				
Well noneconomic					and the b	somes perti-
(Other) 17. DESCRIBE PROPOSED OR COMPLE proposed work. If well is	TED OPERATIONS (Clearly s	tate all pertinent	Completion or Re	completion Repo	ort and Log forn	of starting any
RUPAIR WELL	CHANGE PLANS		(Other) T. A	•		XX
FRACTURE TREAT SHOOT OR ACIDIZE	MULTIPLE COMPLET ABANDON*	re	FRACTURE TREATMENT SHOOTING OR ACIDIZING		ALTERING CAS	
TEST WATER SHUT-OFF	PULL OR ALTER CAS	SINO	WATER SHUT-OFF	BSEQUENT REPO	REPAIRING W	ELL
	eck Appropriate Box	To Indicate N o	ature of Notice, Report,	or Other Da		
		258' DF			-ea	N M
14. PERMIT NO. 15. ELEVATIO		ONS (Show whether DF, RT, GR, etc.)			Sec 3, T-12-S, R-33-E 12. COUNTY OR PARISH 13. STATE	
1980' from south	n line and 1980'	from west	line of Sec 3	S.	URVEY OR AREA	
 FOCATION OF WELL (Report lo See also space 17 below.) AU surface 	cation clearly and in accor	rdance with any S	itate requirements.*	Bag1	Ley-Penn	
Drawer "D" - Moi				6		
Amerada Hess Coi	rporation		J. T. Caudle		1e	
2. NAME OF OFFRATOR				S. FARM	OR LEASE NAME	
where No well to o				7. UNIT	AGREEMENT NAN	E
ell (1) (38	APPLICATION FOR PERM					
Do not use this form for Use "A	NOTICES AND I	REPORTS C	ENT MATERIA	6 IF IN	C-060581 IDIAN, ALLOTTEE	OR TRIBE NAME
SUNDRY Do not use this form for Use "A		SURVEY			E DESIGNATION A	SII SEIGAL NO.