TEST WATER SEUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all proposed work. If well is directionally drilled, give subsurfament to this work.) NOV. 10, 1988 We are planning to reproduction zone on o	Artesia, NM 88210 IS ON WELLS Plug back to a different reservoir. RECEIVED 7. Unit agreement name 8. FARM OR LEASE NAME Union 9. WELL NO. 10. FIELD AND POOL, OR WILDCAT Comanche ATT 1. SEC., T., E., M., OR BLK. AND SUBVET OR AREA ST4-T11-R26E
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Nov. 10, 1988 We are planning to r production zone on o contact BLM to get a	Completion or Recompletion Report and Log form.)
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18. I hereby certify that the foragoing is true and correct	

++/+0/88 (This space for Federal or State office APPROVED
PETER CHESTER TITLE NOV 1 4 1988

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT DOSWELL RESOURCE AREA