(November 1983) (Formerly 9-331)		STATES F THE INTERIO	SUBMIT IN TRIP (Other instructio R verse aide)	Budget Bureau No. 1004-0 Expires August 31, 1985 5. LEASE DESIGNATION AND SELIAL N	
(Do not use this	DRY NOTICES AN	D REPORTS ON	to a different reservoir.	$\frac{LC - OGO8 Y X}{0}$	ME
OIL GAS WELL WELL 2. NAME OF OPPERATOR	D OTHER WATE	er Injecti	On AUG 17 %	7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR	pc OII CO	rporatic)n / O. C. D	8. PARM OR LEABE NAME Prer West Henshaw Prer Unit Tract 2 9. WELL NO.	nier
4. LOCATION OF WELL (F See also spuce 17 belo At surface	Beport location clearly and in ow.)	accordance with any Star	<u>PEXICO</u> 8821 requirements.*	HO 1 10. FIELD AND POOL, OF WILDCAT	
	620 FSL 8	\$ 660 F	EL	West Henshaw Gray 11. BBC., T., R., M., OR BLK. AND BURVAY OR ARBA	<u>lb</u> ur
14. PERMIT NO.	15. ELEVATI	Show whether DF, RT,	UT. 9 GR, etc.)	Sec. 3, T-10-5, R-2 12. COUNTY OF PARISH 18. STATE	<u>30</u> E
6.	Check Appropriate B	ox To Indicate Natu	e of Notice, Report.	er Other Data	<u>exic</u>
N	OTICE OF INTENTION TO:	1		BARQUENT REPORT OF :	
TEST WATER SHUT-OF FRACTURE TREAT Shoot or acidize Repair Well (Other)	MULTIPLE COM ABANDON* CHANGE PLANS	PI.ETE	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	BEPAIRING WELL	
7. DESCRIBE PROPOSED OR proposed work. If nent to this work.) *	COMPLETED OPERATIONS (Clean well is directionally drilled, a	ly state all pertinent det give subsurface locations	Compression of the	completion Report and Log form.) lates, including estimated date of starting an ertical depths for all markers and sones peri	ay ti-
August	11, 1989			Julled oneken	<u> </u>
Fu hina	gged up	pulling	unit. r 1 ininto.	Ran and set	Μ
CIBPO	100° abo	VE THE P	ronun	UNS. Nicplace	t
hole l	11110 101		IN TON		
KONY S	UT UNE U	Pressu	red to a	Rigged up 500# for 15 m int of tubing uitnessed by	ín
Test Di	K. Layer	d dowr	one jo	xint of tubing.	•
clean	location.	Rigged	. Test l	vitnessed by	
NRIUCK),				
I hereby certify that the	e foregoing is true and correc	t A			
SIGNED	Jaf 1	TITLE RESI	DGNT	DATE Arganot 15,19	د, 6
(This space for Federal	or State office use)				
APPROVED BY CONDITIONS OF APPR	OVAL, IF ANY :	TITLE		DATE	
۰.					

*See Instructions on Reverse Side