

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved,  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 ☐ GAS WELL ☐ OTHER ☒ W.I.W. ✓

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660FNL & 660FWL of sec. 35

14. PERMIT NO.

N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3775' G.L.M.

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) T.A.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)

We request permission to leave well under T.A. Status.  
And hold untill a water flood is organized. (Well will be Made an inject.  
The Csg. was tested on 5-1-89 to 300#.  
Johnny Robinson w/ O.C.D. witnessed the test.

APPROVED FOR 12 MONTH PERIOD  
ENDING 08-01-90

JUL 21 11 00 AM '89

RECEIVED

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

SIGNED

TITLE Production Foreman

DATE 7-14-89

(This space for Federal or State office use)

APPROVED BY

FOR: CHIEF, MINERAL RESOURCES  
TITLE

DATE 8-4-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side