(Formerly 9–331) DEPARTMEI	N= OF THE INDER ( OF AND MANAGE MENT	la, WE Chale	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL CASE NM-77042 6 IP INDIAN, ALLOTTEE OR TRIBE NAME.
SUNDRY NOTICE (Do not use this form for proposals Use "APPLICATIO	S AND REPORTS C to drill or to deepen or plug be N FOR PERMIT—" for such pr	ON WEITLECEIVED	\
OIL WELL OTHER  2. NAME OF OPERATOR BILL FENN, INC.  3. ADDRESS OF OPERATOR P. O. DRAWER 569, GIDDING 4. LOCATION OF WELL (Report location clear) See also space 17 below.) At surface  1980' FNL & 198	GS, TEXAS 78942  y and in accordance with any  80 FEL	FEB 27 7 52 AM '89  GAR ARE.  RECEIVED  State requirements.*  MAR 14'89 7  C. C. D.	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  GRANDVIEW FEDERAL  9. WILL NO.  1  10. FIELD AND FOOL, OR WILDCAT  SQUARE LAKE  11. SEC., T., E., M., OR BLE. AND  BURYEY OR AREA  Sec. 20-T16S-R31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF 3969.3	, RT, GR. etc.) ANTESIA, OFFICE	12. COUNTY OR PARISH 13. STATE EDDY NEW MEXICO
PLUGGED WELL PARTS OF INTENTION  TEST WATER SHUT-OFF  PCL  PRACTURE TREAT  SHOOT OR ACIDIZE  ABA  CHA  (Other) PLUG & ABANDON  17. DESCRIBE PROPOSED OR COMPLETED OPERAT  proposed work. If well is directional nent to this work.)*  PLUGGED WELL BACK TO	N TO:  L OR ALTER CASING  TIPLE COMPLETE NDON' NGE PLANS  MOSE (Clearly state all pertinet by drilled, give subsurface local QUEEN FORMATION (2 UGGING: MARCH 5, 19 ) WILL BE NOTIFIED SET CIBP AT 2,900 AT 8 5/8" CSG. SHO SET 50 FT. PLUG AT AFTER PLUGGING, RI LEAVE PERMANENT ST	WATER SHUT-OFF FRACTUBE TREATMENT SHOOTING OR ACIDIZING  (Other) (Note: Report result Completion or Recolar it details, and give pertinent dates stions and measured and true vertic 2950 - 2964), UNSUCCES 989 PRIOR TO ACTUAL PLUGG FT. CAP WITH 35 FT. DE (404 ft.), SET 100	BETAIRING WELL  ALTERING CASING  ABANDONMENT*  B of multiple completion on Well  sletion Report and Log form.)  A including estimated date of starting any real depths for all markers and zones perting the starting of the s
18. I hereby certify that the foregoing is t		ECRETARY	DATE 2/21/89
(This space for Federal or State office	use)		DATE 3 13 59

\*See Instructions on Reverse Side

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: