APPROVE	Gra. Sad.	S. D. Maria		DATE 5-786
SIGNED _	ce for Federal or State	70 Eunest PINN	Production Former elf Production May	DATE 4-29-86
18. I hereby	certify that the forest	ng is true and correct	,	Mary Medical Company of the Company
				Mary Coope
			/	
	circul	@ 450° (50° above ate to surface. Log. 3° below ground	eave 5½ full	
	(3) Perf. cmt. on top	1200 set C.R. at of C.R. (Base of	1180' pump 25 sx. salt)	cmt, set 100'
	(2) Perf. Set 20	P. at 2720' w/35' @ 2225' set C.R. (0' on top of C.R.	2200' pump 50 sx (Queens and Seven	rivers.)
	PROPOSED OR COMPLETE ed work. If well is di this work.) *			
FRACTURI SHOOT OI REPAIR W	R ACIDIZE	MULTIPLE COMPLETE ABANDON* CHANGE PLANS	FRACTUBE TREATMENT SHOOTING OR ACIDIZING (Other)	ALTERING CASING ABANDONMENT®
	TER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
14. PERMIT N		3713	F, RT, GRANTESIA, OFFICE	Sec. 4 TI/s R30e 12. COUNTY OR PARISH 13. STATE Eddy NM
	1980' FNL &	660' FEL Sec. 4	MAY 12 1986 O. C. D.	Square Lake 11. sec., r., s., m., or six. and survey or area
4. LOCATION	OF WELL (Report locat	45, Odessa, Texas	at State Regulifent []	10. FIELD AND POOL, OR WILDCAT
3. ADDRESS (Thompson JR.	West Square Lake Un
OIL GAB WELL WELL OTHER WIW 2. NAME OF OPERATOR				8. FARM OR LEASE NAME
1		OTICES AND REPORTS proposals to drill or to deepen or ple prication for Permit—" for eur		7. UNIT AGREEMENT NAME
		REAU OF LAND MANAGEM		8. IF INDIAN, ALLOTTEE OR TRIBE NAME
Form 3160- (November 1 (Formerly 9-	983)	UNITO STATES RTMENT OF THE INTE	SUBMIT IN TRIPLI (Other instructions of	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 LEASE DESIGNATION AND SERIAL NO