

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

dsf

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

ADDRESS OF OPERATOR

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

At surface

PERMIT NO

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

3630 Gls

LEASE DESIGNATION AND SERIAL NO.

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

WELL NO.

FIELD AND POOL, OR WILDCAT

SEC., T., R., M., OR BLK. AND SURVEY OR AREA

COUNTY OR PARISH

STATE

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) SURFACE PIPE

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

1. TO BEING 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.) *

Set 250 Ft 8 5/8. Cemented with 200 SKS HI EARLY II 30% CaCl₂. Circulated 60 SKS to pit. Lat Set For 18 Hrs Tested to 1000 PSI For 15 minutes before Drilling Out. Plug Down 10:30 A.M. 3/16/85 Installed L.O.P Before Drilling Out

I hereby certify that the foregoing is true and correct

SIGNED *Ray E. [Signature]*

TITLE *Sec. [Signature]*

DATE *3/17/85*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side