Form 3160- (November (Formerly)	1983) 9–331) <b>DEPAR</b>	U: .'ED STAT RTMENT OF THE EAU OF LAND MAN	E INTERIO	(Other Instruction of	5. LEASE (		1985 IERIAL NO	
Ucha	SUNDRY NO LOS CONTROL OF PROJECT USE "APPLICATION OF THE PROJECT O	OTICES AND RE	PORTS On Pen or plug back "for such prop	WELLS to a different reservoir.	6. IF INDI.	AN, ALLOTTEE OR T	BIBE NAME	
OIL I	OF SWELL OTHE	ik			7. UNIT AG			
3. ADDRESS	ach Explorati				9. WELL N	Federal o.	Genn-	
800 N. Marienfeld Ste.200 Midland, Texas 79701  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface					Emp	AND POOL, OR WILL ire, Sout	DCAT HMARRO	
	525' FWL & 1980' FNL (SW/4 NW/4) of Sec. (Unit E)					11. SHC., T., E., M., OR BLE. AND SURVEY OR ARMA Sec. 7, T185, R29E		
14. PERMIT		15. BLEVATIONS (SE	now whether Dr. RI		12. COUNT Edd	<b>I</b>	ATATE NM	
16.	Check	Appropriate Box To	Indicate Nat	ure of Notice, Report,	or Other Data			
	NOTICE OF I	NTENTION TO:	()	8:	Baequent abport	07:	L	
FRACTU	RE TREAT OR ACIDIZA WELL	PULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) , Note: Report	X esults of multiple	REPAIRING WELL ALTERING CASING ABANDONMENT®  completion on W	ell	
propo	E DECORASES OF COMPLETES	OPERATIONS (Clearly Starectionally drilled, give st	te all pertinent dibsurface location		completion Report	and Log form.)	tarting any	
	Federal Welflowline from well, (PPC existing welling Stand the Sur	ll No. 4, and rom the Phill Federal Well ells and leastipulations face Use Pla	l constru lips Fede No.1) se roads; from Geor In from E	sting lease of ct a lease ro- ral Well No. Copies of maps designation ge Stewart, Si xxon. Flowling d from the #2	ad and a 2 to the s showing of operat undry Not e is to f	new or, ices, ollow		
	Attached placidizing.	lease find fr	acture t	reatment, per	forations			
		OR NAME CHANGE, ZING ONLY.	FRACTURE	TREATMENT, PERFO	OR <b>M</b> ATIONS,	OCT 9 10 57 AN '87 CARLSOND DESCURDE AREA HEADQUARTERS	RECEIVED	
18. I hereby	certify that the foregold	Matin	TITLE P	roduction	DAT	10-8-8	7	
(This sp	oace for Federal or State	office use)					67	
	VED BY		TITLE		DAT	Part ID	3	
*See Instructions on Reverse Side						Post ID-3 10-23-87 chy well name		