r Federal or State office use)	The state of the s	DATE 4.15 92
that the foregoing is true and corr	TITLE Operations Coordinate	
	₹6	
ACHED.		
TO MINIMIZE PAPER WORK NMOCD RULE 203 AND ITS	AND CONFUSION, WE REQUEST A 5 YEAR TA PERIOD.	D YEAR PERMIT TO COINCIDE
UP TO 500#, AND HOLD 3 WILLIAMS (NMOCD).	30 MINS. TEST WITNESSED AND	Olimatio Indiana
2-5952'; PKR @ 5887'		
BORE FOR FIELD BLOW DO	WN & MONITOR BHP	
"I Well 13 Givertioners a	state iil pertine to details, and give pertinent of e subsurface locations and measured and true v	ertical depths for all markers and zones pert
CHANGE FLANS	Note: Report re Completion or Rec	suits of multiple completion on Well completion Report and Log form.)
ABANGON*	SHOUTING OR ACIDIZING	RILY ABANDON X
UT-OFF PULL OR ALTER CA	TO COLOR OF THEATMENT	REPAIRING WELL ALTERING CASING
	To Indicate Indiate of Indice, Report,	DESCRIBIT REPORT OF:
35064'	GL Notice Report	
15 ELEVATIONS	(Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE EDDY NM
250 FEL		SEC. 3, T18S, R27E
(Report location tienti) and to anser	Idebox with any State reducements.	EMPIRE ABO
1708	O. C. D.	123
D GAS COMPANY		EMPIRE ABO UNIT " L"
		S. PARM OR LEASE NAME
bis form for proposals to drill or to to Use "APPLICATION FOR PERM		7. UNIT AGREEMENT NAME
LITERY MOTICES AND	PEPORTS ON WELLS	d is indian, according on later water
BUREAU OF LAND M	ANAGEMENT	8910138010
	BUREAU OF LAND M INDRY NOTICES AND INDRY NOTICES AND INTERPLICATION FOR PERM ID GAS COMPANY TOO TO GAS COMPANY THE SELEVATIONS TO FEL TO FEL TO FEL TO FEL TO FEL TO FEL TO FELL TO FELL OR ALTER OF MANGE FLANC TO MANGE FLANC TO MANGE FLANC TO STATE OF FLELD BLOW DO TO STATE OF FLELD BLOW DO TO STATE OF FLELD BLOW DO TO SOOM, AND HOLD TO MINIMIZE PAPER WORK NMOCD RULE 203 AND ITS ACHED. ROVED FOR 12 MONTH TO SOVED FOR 12 MONTH	APR 1 6 1992 TO GAS COMPANY APR 1 6 1992 O. C. D. (Report heration clearly and in accordance with any State requirements.) (Report heration clearly and in accordance with any State requirements.) (Report heration clearly and in accordance with any State requirements.) (So FEL. 15 ELEVATIONS (Show whether or, NT, OR, etc.) (B49. 35064' GL Check Appropriate Box To Indicate Nature of Notice, Report, votice of intention to. (CT-OFF) POLL OR ALTER CASING WATER SHUT-OFF FRACTIAR TREATMENT SHUUTING OR ACCIDING (Other) TEMPORAT (

*See Instructions on Reverse Side

