FRACTURE TREAT	- MULTIPLE COMPLETE	WATER SHUT-OFF	ALTERING CASING
TEST WATER SHUT-	NOTICE OF INTENTION TO : TEST WATER SHUT-OFF PCLL OR ALTER CASING		DENT REPORT OF:
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or (	Other Data
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
4. LOCATION OF WELL See also space 17 b At surface	(Report location clearly and in accordance with an elow.)	iy State requirements.*	10. FIELD AND POOL, OR WILDCAT 11. SRC., T., E., M., OR BLK. AND SURVEY OR AREA
3. ADDRESS OF OPERATOR			9. WBLL NO.
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
1. OIL GAS WELL WELL	OTHER		7. UNIT AGREEMENT NAME
(Do not use th	NDRY NOTICES AND REPORTS his form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT_" for such	ON WELLS g back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	BUREAU OF LAND MANAGEME		5. LEASE DESIGNATION AND SERIAL NO.
Form 3160-5 Nevember 1983) Formerly 9-331)	UI ED STATES	SUBMIT IN TRI! ATE (Other instructio a r	Expires August 31, 1985

surface. Pull up to 700' and spot a 25 sack class C Neat cement plug to 550'. (13" casing shoe set at 626'). Pull up to 60' and spot a 10 sack class C neat cement plug to surface. Cap well and erect abandonment marker. MOSU.

Page 2 13. I hereby certify that the foregoing is	true and correct	
SIGNED	TITLE	DATE
(This space for Federal or State offi	ce use)	
APPROVED BY CONDITIONS OF APPROVAL, IF A		DATE

## \*See Instructions on Reverse Side