

5 IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	DRILL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SIDEWATER ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
FEED WELL	CHANGE PLANE	Other:	

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

17. WELL COMPLETION OR RECOMPLETION 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.)

18. I hereby certify that the foregoing is true and correct

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 7/20/01
CONDITIONS OF APPROVAL, IF ANY: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.