SUNDRY NOTICES AND REPORTS ON WELLS EVED  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  1.  OIL GAS WELL OTHER  OTHER  OTHER  NOV 30'89  7. UNIT AGREEMENT NAME  7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  HOC Federal Gas Com  ARTELIA, OTHER  1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  10. FIELD AND POOL, OR WILDCAT	Form 3160-5 November 1983) Formerly 9-331)  BUREAU OF LAND MANAGEMENT DD  BUREAU OF LAND MANAGEMENT DD  Autosia, Na 08210	Budzet Bureau No. 1004-0135 CSE Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO. NM-059077	
ONTE OF PROJECT OF PROJECT OF COMPANY  AMONG OF PROJECT OF CONTROL COMPANY  AMONG OF PROJECT OF COMPANY  AMONG OF PROJECT OF COMPANY  AMONG OF PROJECT OF COMPANY  AMONG OF CREATOR  PO BOX 3092 HOUSTON, TX 77253 Allie, OFFICE  ID THE AND POOL, OF WILL COMPANY  THE WILL SO.  13. COUNTY OF PULL OF ALTER CHAIN  SOUTH OF DETERMINE OF ALTER CHAIN  SOUTH OF ALTER SOUTH OF ALTER CHAIN  ANY OF ALTER SOUTH OF ALTER CHAIN  SOUTH OF ALT	SUNDRY NOTICES AND REPORTS ON WELLS FORD  (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.)		
2. NAME OF OPERATION AMONG PRODUCTION COMPANY  AMONG PROBLEM OF OPERATION  PO BCX 3092 HOUSEON, TX 77253 ARTICLA CIPCE  10. WELL NO.  10. WELL		7. UNIT AGREEMENT NAME	
3. PORES OF PRAYED POR SOA 3092 HOUSTON, TX 77253 ARITHMAN, CITACE POR BOX 3092 HOUSTON, TX 77253 ARITHMAN, CITACE 10. PREME AND MALL REPORT location clearly and to accordance with any State requirements. At nutrinoe 11. FIRED AND FOOL, OR WILLDAY TANDER TO MALL MAN FOOL, OR WILLDAY TANDER TO MALL REPORT TO THE STATE TO MALL AND FOOL, OR WILLDAY TANDER TO THE STATE TO MALL AND FOOL, OR WILLDAY THE STATE TO THE STATE TO MALL AND FOOL, OR WILLDAY THE STATE TO MALL AND FOOL, OR WILLDAY THE STATE TO MALL AND FOOL TO MALL REPORT TO THE STATE TO MALL AND FOOL TO MALL REPORT TO THE STATE TO MALL AND FOOL TO MALL REPORT TO THE STATE TO MALL AND FOOL TO MALL REPORT TO THE STATE TO MALL AND FOOL T	2. NAME OF OPERATOR		
4. DOLES OF WILL REPORT FOOLISTON, TX 7953  1. LOCATION OF WILL REPORT FOOLISTON, TX 100 MILE STATES THE STATES IN THE STATES OF	3. ADDRESS OF OPERATOR	9. WELL NO.	
See also space 17 below) At surface 1650' FNL x (650' FNL Unit F)  10	P.O. Box 3042 Houston, TX /1253	10. FIELD AND POOL. OR WILDCAT	
Unit F  14. PERMIT 20.  15. ELEVATIONS (Show whether Dr. R. OR. etc.)  12. COERT OF PARKER 13. STATE Eddy  NMM  19.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBBLOTORY  PERCENTE TRACE  MULCIPLE CONINTE  SHOOTICE OF ACTURE TRACE  ACTURE TRACE  MULCIPLE CONINTE  SHOOTICE ACTURE TRACE  MULCIPLE CONINTE  SHOOTICE OF ACTURE TRACE  ACTURE TRACE  MULCIPLE CONINTE  ACTURE  TRACE  MULCIPLE CONINTE  SHOOTICE OF ACTURE  ACTURE  MATER BIUT-OFF  ACTURE  ACTURE  MATER BROTOFF  ACTURE  ACTURE  MATER BROTOFF  ACTURE  MATER BROTOFF  ACTURE  MATER BROTOFF  ACTURE  ACTURE  MATER BROTOFF  ACTURE  MATER BROTOFF  ACTURE  MATER BROTOFF  ACTURE  ACTURE  ACTURE  MATER BROTOFF  ACTURE  ACTURE  MATER BROTOFF  ACTURE  AC	See also space 17 below.)	Indian Basin, Upper Pen	
18. ELEVATIONS (Show whether or, Mr. OR, etc.)  19. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST B-TES BEST-OFF PACTURE TREAT  NULTIPLE COMPLETE  BRADEOFO ACIDIE  ALTERINO CARINE  BRADEOFO ACIDIE  BRAD	1650' FNL x 1650' FWL	11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WITTER SIDET-OFF PCLL OR ALTER CASING PEACTURE TREAT NIBOOT OI. ACIDIZE  REPARATE WILL  CHANGE PLANE  CHANG	Unit F	13-225-23€	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  TEST WATER SHUT-OFF PELL OR ALTER CASING PRACTURE TREAT WILLTIFLE COMPLETE ARABDOS*  CHANGE PLANS (Other)  TOWNERS HERD-OFF REPAIR WELL ALTERIANG CARING ALTERIANG WELL CASH  TOWNERS HERD-OFF REPAIR WELL ALTERIANG WELL CASH  REPAIR WELL CASH ALTERIANG WELL CASH  REPAIR WELL CASH  TOWNERS HERD-OFF REPAIR WELL ALTERIANG WELL CASH  TOWNERS HERD-OFF REPAIR WELL CASH  THE REPORT OF OTHER CASH THE REPORT OF THE TOWNER CASH  THE REPORT OF THE TOWNER CASH  THE REPORT OF THE TOWNER CASH  THE REPORT OF THE TOWNER CASH  THE REPORT OF THE TOWNER CASH  THE REPORT OF THE TOWNER CASH  THE REPORT OF THE TOWNER CASH  THE REPORT OF THE TOWNER  THE REPAIR OF THE TOWNER  THE REPORT OF THE TOWNER  THE REPORT OF THE TOWNER  THE REPAIR THE		i _ , , ,	
NOTICE OF INTENTION TO:  TEST WATER SBUT-OFF PRACTURE TREAT MULTIPLE COMPLETE MULTIPLE MULTIPLE COMPLETE MULTIPLE MULT MULTIPLE M		<del></del>	
PRACTURE TREAT  NOT OF ACIDIZE  ABANDON*  SHOOT NO ACIDIZE  ABANDON*  SHOOT NO ACIDIZE  ABANDON*  SHOOT NO ACIDIZE  ABANDON*  (Other)  (Other)  (Note: Report remits of molliple completion on Well  (Other)  (Oth	Check Appropriate box to indicate radiole of radice, Report, of Other Data		
from 2305'-2690'. Squeezed 800 Sx of APT Class C, Fremion Plus cement from 2305'-2690' and set cement retainer at 2175'. Tested retainer to 500 psi. Pumped packer fluid and set packer at 7586'. Tested packer to 500 psi. Swabbed to flow and returned well to production.  Acc.  Acc.  Acc.  Thereby cerelly that the foregolag is true and correct Amelia Hartman Title doot. Admin. Analyst DATE 11-22-89	FRACTURE TREAT  SHOOT OF ACIDIZE  REPAIR WELL  CHANGE PLANS  (Other)  (Note: Report results of multiple completion on Well  Completion or Recompletion Report and Log form.)  17. DESCRIBE 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 gones pertinent.		
Acr.  Acr.  On the seriety certify that the foregoing is true and correct  The seriety certification is true and correct certification is true and	from 2305'-2690'. Squeezed 800 Sx of API Plus cement from 2305'-2690' and set cem 2175'. Tested retainer to 500 psi. Pumped pack Gal packer at 7588'. Tested packer to 500	ent retainer at cer fluid and	
The sereby certify that the foregoing is true and correct  Amelia Hartman TITLE doct. Admin. Analyst DATE 11-22-89	to flow and returned with to produce	2 J	
The screen certify that the foregoing is true and correct  Amelia Hartman TITLE doot. Admin. Analyst DATE 11-22-89	Acr		
APPROVED BY TITLE DATE	TITLE doot. Admin. Analy The abace for Federal or State office use)  APPROVED BY	st DATE 11-22-89	