Form 3160-5	UNITED STATES	M SEBMIT IN TRIBLE	Expires August 31, 1985
	RTMEN F THE INTERI	OR awer "bd	5. LEASE DESIGNATION AND BERIAL NO.
	IREAU OF LAND MANAGEMENT		6. IF INDIAN, ALLOTTEE OR TEIDE NAME
SUNDRY N (Do not use this form for Use "AF	PLICATION FOR PERMIT—" for such proposed to drill or to deepen or plug be purely to the proposed propo	ack to a different reservoir. opossis.)	
1.	APR 13	1984	7. UNIT AGREEMENT NAME
W 200 CO	O. C.	<u> </u>	8. FARM OR LEASE NAME
2. NAME OF OPERATOR GLENN COPE	ARTESIA, C	, [FEDERAL 30 COU
O LABORER OF OPERATOR			9. WBLL NO.
1604 West F	RONIT ST MIDLAND, ation clearly and in accordance with any	State requirements	10. FIELD AND POOL, OR WILDCAT
4. LOCATION OF WELL (Report local See also space 17 below.)	ition clearly and in accordance with any	325 - 256	UNDESIGNATED atoba
See also space 17 below.) At surface 1090'FNL & 560 FIL OF Sec. 30 - 325 - 25E			11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
			30-225-258
	15. BLEVATIONS (Show whether D	BT. GR. etc.)	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.	375264	,	EDDY NM
	ck Appropriate Box To Indicate N	Jature of Notice Report, a	r Other Data
	K Appropriate box to indicate t		SEQUENT EMPORT OF:
NOTICE OF	• —	WATER SHUT-OFF	REPAIRING WELL
TEST WATER BHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
FRACTURE TREAT SHOOT OF ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT®
REPAIR WELL	CHANGE PLANS	(Other)	ults of multiple completion on Well
(Other)	PECOMPLETE AREA X	Completion or Reco	ompletion Report and Log form.
17. DESCRIBE PROPOSED OR COMPLE proposed work. If well is nent to this work.)	directionally drilled, give subsurface local	ations and measured and true ve	rtical depths for all markers and sones perti-
Puce Tu	BING OUT OF W	len & Set B.	elock AT 9200'.
PERFORATE	ATOKA FROM 9	056 To 9081	WITH ONE SHOT
	ACIDIZE WITH		
WITH NI	TROGEN. TEST WOLL &	Requery To 1	PRODUCTION.
18. I hereby certify that the for		0 4	1-12-61
SIGNED Glenn	Copy TITLE	Operator	DATE 4-12-84 .
(This space for Federal or	State office time		11 / / / /
APPROVED BY CONDITIONS OF APPROV	Kunnsbynnite +	IM Kosull	DATE 4/12/54

*See Instructions on Reverse Side