Form approved.

Form 3160-5 (November 1983) (Formerly 9-331)	UND STATES DEPARTMENT OF THE IN BUREAU OF LAND MANAGE		.TE* Expires August	AND SERIAL NO.	
SUNI (Do not use this i	ORY NOTICES AND REPORT FOR PERMIT—" for Use "APPLICATION FOR PERMIT—" for	r plug back to a different reservoit:			
CIL GAB WELL X WELL	OTHER	HAR LO H LUMIN 33			
2. NAME OF OPERATOR	J.C. Williamson	93 S. F. S.	T.O.G. Fede		
3. ADDRESS OF OPERATOR	9. WBLL NO.	2			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1980 FSL & 800 FEL			East Burton 11. SEC., T., E., M., OR SURVEY OR AREA	10. FIELD AND POOL, OR WILDCAT  East Burton Delaware  11. SBC., T., E., M., OR BLE. AND  SURVEY OR AREA  Sec. 16-20S-29E	
14. PERMIT NO. 30-015-25924	15. ELEVATIONS (Show what 3275.7' GR	ether DF, RT, GR, etc.)	12. COUNTY OR PARISE	New Mexic	
16.	Check Appropriate Box To Indi		, or Other Data		
TEST WATER SHUT-OF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	PCLL OR ALTER CASING  X MULTIPLE COMPLETE  ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZIN (Other) (Note: Report	<del>-</del>	on Well	

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 sones pertinent to this work.)\*

Plan to plug-back to 4000', Perforate , acidize and possibly frac the zone at 3290' - 3310' and swab test. This work is planned for the 29th to 31st of March 1993.

in A M		
18. I hereby certify that the foregoing in true and corr	TITLE Owner	DATE 03-25-93
(This space for Federal or State office use)	้ำบาลอยายสายสถาย	
APPROVED BY (ORIG. SGD.) ICE G. LARA CONDITIONS OF APPROVAL, IF ANY:	_ TITLE	DATE 126/72