1		nent alkonatoriation			· · · · · · · · · · · · · · · · · · ·	
Location of	compressor with op	erating characteristics:	N/A			
Location of	compressor control	with operating characteristic	3: N/A		•	
Location of	safety devices with	operating characteristics:	N/A		· · · · · · · · · · · · · · · · · · ·	
		case of emergency: PELS, Oper-Engr Mgr	. (505) 365-8840)		
Proposed ho	,	·	Casing Program:	13-3/8"-@ 475' 5-1/2"@ 1		-
	n: Surface-Fre Itbrine, L i ng S	sh Water tring Gel/Starch	Cementing Program	m: Circulate 13- age) TQC = 8100	3/8" & 9-5/8'	• <u>•</u> ••••••••••••••••••••••••••••••••••
		ns and equipment for installa	The second se			
Pipel	5 C	be submitted if well	and the second			
Have you at	tached a current cert	ified financial statement?	¤Yes ∛KNo S	ee attached		
	• •			•	· · · · ·	
Signature of	authorized agent.	MINIMUMUL . DEL	.5	Date: - /2/02		
		UMIMUMY, PEL		Date: 7/2/01		
Typed or Pri	nted name of authori	zed agent: A. Nelson M	uncy, PELS, Oper	-Engr. Mgr.		
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