form 3160-5 fovember 1983) Formerly 9-331)	DEPARTIME	NITED STATE NT OF THE OF LAND MANA	INTERIOR	SUBMIT IN (Other instructiverse side)	'LICATE'	Form approved. Budget Bureau Expires August 5. LEABE DESIGNATION NM 70335	No. 1004-0135 31, 1985 AND SERIAL NO.	
	NDRY NOTICE * form for proposals Use "APPLICATION"				olr.	6. IF INDIAN, ALLOTTER	OR TRIBE NAME	
OIL CAS WELL	WELL XX WELL OTHER			istiC _{err} ,	24.7	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR PHILLI 3. ADDRESS OF OPERATOR	PS PETROLEUM	COMPANY		APR 16	1991	8. FARM OR LEASE NAM Livingston		
4001 Per	ibrook St (dessa, TX	79762	O. C. (D. FE¥CE	9. WELL NO.	2	
4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface Surface: Unit L, 1200' FWL & 2240' FSI				requirements.		Cabin Lake (Delaware)		
	it L, 660' F					11. BBC, T, B., M., OR B BURVET OR AREA Sec. 1, T-22-	LK, AND	
14. PERMIT NO. 30-015-2		5. ELEVATIONS (Show 3307.6' GL				12. COUNTY OR PARISE Eddy		
16.	Check Appro	priate Box To In			ort, or Ot		101	
Name of the state						ENT REPORT OF:		
TEST WATER SHUT-(FRACTURE TREAT		OR ALTER CASING		WATER SHUT-OFF FRACTURE TREATM	ENT -	REPAIRING W		
SHOOT OR ACIDIZE	ABA	idon•		SHOOTING OR ACID		ALTERING CA	[—]	
REPAIR WELL (Other)	CHA:	GE PLANS		(Other)	ort results o	multiple completion of ion Report and Log for	on Well	
3/16/91 3/25/91 3/27/91 4/8/91	Treated per Swabbing ba GIH w/produ Pumped 109 Pumped 84 B	ck load. ction 2-7/8" BO & 212 BW. O & 224 BW. pending pote	tbg, rods	s & pump. F	Return t	ol 200 (7-1/2 o production.		
18. I hereby certify that	the foregoing is true. L. M. Sande	less TIT	LE <u>Regul</u>	visor, ation & Pro	ration	DATE 4/9/9	91	
(This space for Feder	ral or State office us	915) 3	68-1411		A	CCEPTED FOR	RECORD	
CONDITIONS OF AP	PROVAL, IF ANY:	TIT	LE			DATE	\rightarrow	

*See Instructions on Reverse Side