Form: 3160-5 UN ED STATES SUBMIT IN TRIV (Other Instructio, n re- Formerly 9-331) DEPARTMELLI OF THE INTERIOR verse side) BUREAU OF LAND MANAGEMENT			Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND BEELAL NO NM 83032		
	OTICES AND REPORTS C roposals to drill or to deepen or plug be PLICATION FOR PERMIT-" for such pro		6. IF INDIAN, ALLOTT	EE OR TRIBE NAME	
			7. UNIT AGREEMENT NAME		
OIL CAS WELL WELL X OTHI	£R	NIN 19'90		· · · · · · · · · · · · · · · · · · ·	
NAME OF OPERATOR	tion	UCA TO DE	8. FARM OR LEASE NAME		
ates Energy Corporat		<u> </u>	Texasville Federal Com 9. WBLL NO.		
.O. Box 2323, Roswel	1				
P.O. Box 2323, Roswell, NM 88202-2323 ARTESIA, OFFICE 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			1 10. FIELD AND POOL, OR WILDCAT		
			East Hess Morrow 11. sec., T., R., M., OE BLK. AND		
2310' FSL & 1650' FWL			SURVEY OF AREA		
FERMIT NO.		Section 27-2 12. COUNTY OF PARIS	<u>3S-23E</u>		
0-015-26501	15. ELEVATIONS (Show whether DF, 4188.1 GR	ni, un, eux)			
			lEddy	<u> </u>	
	Appropriate Box To Indicate No				
	NOTICE OF INTENTION TO:			QUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEFAIRING]]	
SHOOT OR ACIDIZE	MULTIPLE COMPLETE	FRACTURE TREATMENT Shooting or acidizing	- ALTERING		
REPAIR WELL	CHANGE PLANS	L.,	ABANDONM	11	
(Other)		(Other) <u>Intermed</u> (Note: Report results Completion or Recoupt	of multiple completion letion Report and Log f	on Well	
<pre>DESCRIBE PROPOSED OR COMPLETE: proposed work. If well is di nent to this work.) •</pre>	O OPERATIONS (Clearly state all pertinent rectionally drilled, give subsurface locati	dataily and give monthcast dates.	Including activated a	A	
Cemented w/100 sxs. T Followed by 1000 sxs. and 250 sxs. Class "C Circ. 500 sxs. cmt. t	-	sx., 10# gilsonite/s # flocele/sx ., 10# g /2% CACL2. Plug dowr	sx., and 1% CA gilsonite/sx. a d @ 11:45 PM of	C L2. and 2% CACL2 n 10/30/90.	
OC 16 3/4 hrs. Test	ed BOP to 2000 psig for	1/2 hour., OK. Resum	ned drlg. a 7	7/8" hole.	
			א אב 20 סק 10 חידו 10 הידו		
			ي المار 12 المار		
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				CEIVED	
				5 K	
			-		
				and the second s	
		1A-		02.	
I bereby certify that the foregol	ng is true and correct				

*See	Instructions	on	Reverse	Side
	TURE OF INCRED	011	11616136	JUC

DATE ____

TITLE ____

(This space for Federal or State office use)

APPROVED BY ______ CONDITIONS OF APPROVAL, IF ANY:

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