(June 1990) DEPARTMEN		TED STATES NT OF THE INTERIOR LAND MANAGEMENT	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
Do not use	SUNDRY NOTICES this form for proposals to dr Use "APPLICATION FO	6. If Indian, Allottee or Tribe Name	
	SUBMIT	7. If Unit or CA, Agreement Designation	
1. Type of Well Solid Gas Other		TYPE OF ACTION Abandonment Recompletion Plugging Back Casing Repair Altering Casing	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection
13. Describe Proposed or Completed Operations (Clearly state al		Other	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Lug form.) ng any proposed work. If well is directionally drilled,
10/2 ⁻¹ /95	ToH, perfed 1520' pkr @ 1500', spe completion activ	al depths for all markers and zones pertinent to this work)* - 29' w/19 perfs, TIH, set RBP @ of acid over perfs, SI pending	
14. I hereby certify that the foregoing is true and correct Signed		President-CEO	4/7/97 Date
(This space for Approved by Conditions of ap	Federal or State office use) oproval, if any:	Tide	Date