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SHOOT OR ACIDIZE	FRACTURE TREAT	등등의 등 기를 통해 있다.
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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 d	irectionally drilled, give subsurface locations and
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 zones pertiner	it to this work.)* 발출높음 교 등 불부같은
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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 zones pertinent to this work.)*  6-12-79: Spudded well. Drilled surface hole.	hours, hald 600# /70 minutes	원류를 내는 가는 것이 되었다.

Application of the proposition of the control of th atplicable State requirement

hours; held 600#/30 minutes.

UN 20 1979 CON. COM.

R. CHOLD

Property and

18. I hereby certify that the foregoing is true and correct

Subsurface Safety Valve: Manu. and Type \_

Set @ 1979 11 1979 1 19 Smalula TITLE Drilling Clerk \_ DATE .

(This space for Federal or State office use) APPROVED BY \_ TITLE \_ DATE noifibbs al above plug sonoifibbs al above plug sonoifibnoo 1 8 1979 State or Fed CONDITIONS OF APPROVAL, IF ANY: