Form 3160-5 (November 1983) (Formerly 9-331)	UP TED STAT	ES SUBMIT IN TRI	CATE Budget Bureau No. 1004-0135 Expires August 31, 1985
(* ************************************	BUREAU OF LAND MAN.		5. LEASE DESIGNATION AND SERIAL NO.
SI		PORTS ON WEELS D	LC-029426-B 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use t	bis form for proposals to drill or to deep. Use "APPLICATION FOR PERMIT—	en or plug back to a different reservoir. "for such propossis.)	· ·
OIL GAS WELL WELL 2. NAME OF OPERATOR		UCT 27 11 45 AM '88	7. UNIT AGREEMENT NAME
	Gas Comapny	CARL AGE AREA NO SERS	8. FARM OR LEASE NAME
3. ADDRESS OF OPERA	ros	RECEIVED	H. E. West "B"
P. O. Box 22	08, Roswell, NM 88202		36
See also space 17 i	(Report location clearly and in accordancelow.)	e with any State requirements.	10, FIELD AND POOL, OR WILDCAT
1980' FNL &	660' FEL	NOV 09 '88	Grayburg Jackson Ct- G-St) 11. 8BC., T., B., M., OR BLE. AND BURNEY OR ARMA
		O. C. D.	
14. PERMIT NO.	15. ELEVATIONS (Show	whether DF, RT, GR, CO. SIA, OFFICE	Sec. 9-T17S-R31E 12. COUNTY OR PARISH 13. STATE
	<u> </u> 389	96' GL	Eddy
16.	Check Appropriate Box To Ir	ndicate Nature of Notice, Report	
	NOTICE OF INTENTION TO:	•	UBBRQUENT REPORT OF:
TEST WATER SHUT	-OFF PULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
RHOOT OR ACIDIZE REPAIR WELL	ABANDON®	SHOOTING OR ACIDIZIN	G ABANDONMENT*
(Other)	CHANGE PLANS	(Other)(Note: Report r	results of multiple completion on Well
17. DESCRIBE PROPOSED proposed work.	OR COMPLETED OPERATIONS (Clearly state a	Completion of Re	ecompletion Report and Log form.)
nent to this work.) •	irrace locations and measured and true	dates, including estimated date of starting any vertical depths for all markers and zones perti-
	Spudded well @ 11:00 a.m Ran 13 jts. of 8 5/8" 24 400 sx. Premium Plus w/2 100 sx. WOC 9 hrs. Plu and casing to 500 psi -	# casing and set @ 541'. % CC + 1/4 lb./sx. FloCe g down @ 9:30 p.m. 10/16	Cemented with ele. Circulated 5/88. Tested BOR
	·		
3. I bereby certify that	the foregoing is true and correct		
signed O	n Supon TITI	LE Engineer	DATE 10/25/88
APPROVED BY	ral or State office use) TITI	ACCEPTED FOR RECURE	
CONDITIONS OF A	PROVAL, IF ANY:		
	•		NOV 81988

*See Instructions on Reverse Side

AD, MELT MENICO