Form 3160-5 (June 1990)	DEPARTMENT OF	TATES N. M. GIL CO THE INTERIOR P. O. EOX 19 MANAGEMENTHOBBS, NEV	980	Budget Bareau No 1004-0135
Do not use this fo U	SUNDRY NOTICES AND rm for proposals to drill or to			6. If Indian, Allottee or Tribe Name
1. Type of Well	SUBMIT IN TF	RIPLICATE RO	· · · · · · · · · · · · · · · · · · ·	7. If Unit or CA, Agreement Designation
2. Name of Operator PERMIAN PARTAINS TALC				8. Well Name and No. LAUCK FEO # 4
PERMIAN PARTNERS INC 3. Address and Telephone No. PO.BOX 590 MIDLAND TEXAS 79702 4. Location of Well (Foodage, Sec., T., R., M., or Survey Description) 9.15-685-0113				$\frac{30-041-10231}{10. \text{ Field and Pool, or Exploratory Area}}$
SW/SE 29-75-33E				CHAIRTOO (SA) 11. County or Parish, State
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR				T, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION				
Notice of Subsequen		Abandonment Recompletion Plugging Back		Change of Plans Change of Plans New Construction Non-Routine Fracturing
🗍 Final Aba	ndonment Notice	Casing Repair Caltering Casing Other		Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well
give subsurface location	ons and measured and true vertical depths f	or all markers and zones pertinent to this we	ork.)*	Completion or Recompletion Report and Log form 1 any proposed work. If well is directionally drilled.
PLAN TO	REPAIR Dou	ABILITY. R	LEMS.	CURRENTLY
AWAITING	RIQ AUAIL	ABILITY. RI	9 15	BEING NATON
UTILIZED	ON PRODUC	TION RE-ES	THBLI	THE RIG
JENNIFE	n unit. i	WILL REPAIR W	JEZL WY	IEN COM
BECOMES	AUAILABLE.			
				· · ·
14. I hereby certify that the for Signed	A	Title MGINER		DECT Date 8-25-94
(This space for Federal or Approved by Conditions of approval, if a	0	Tide	SED.	- Date
Title 18 U.S.C. Section 1001.	nakes it a crime for any person knowingly a	and willfully to make to any department	NEP	9 1994 ates any false, fictitious or fraudulent statements <u>MANAGEMENT</u> URCE AREA
or representations as to any mat	tter within its jurisdiction.	the state of any department of a	WELL REST	MANAGEMENT
	• 5	ee instruction on Reverse Side		SACE AREA