20pm <b>6</b> -992	line in	LONG MAINTENAME	Form approving.
(May 1968)	DEPARTMENT OF THE BALL.	verse side)	5. A EAST DESIGNATION AND THE ROLL OF
	GEOLOGICAL SURVIY		6. IN DESIGNATION OF THE COLUMN NAME OF THE COLUMN
(Do not use t	NDRY NOTICES AND REPORTS ( his form for proposals to dell or to deepen or p.g. b use "APPLICATION FOR PERMIT—" for such pr	ON WELLS ack to a Cifferent reservoir. oposals.)	<b>₩</b>
i, on to gas			7. UNIT AGREDMENT NAME
WEEK WEEK WEEK			E PARM OR LUASE NAME
Kens (	DATY LANG COMMONLY	:	1
3. Adomess of Orean	T STATE 181 3	n eth length	9. WELL NO.
4. LOCATION OF WELL See also space 17	(Report location clearly and in accordance with any	State requirements.	10. FIELD AND POOL, OR WILDOW
At surface	octow.)		11. SEC., T., i., M., OLIVIA, AND SERVEY OR LEAR
1920 Dail	660' FSL Sec 22 Chair	N SEL SWILL	Property Commencer
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	1 (3 1 1 1 1	12. COUNTY OF PARCEL 13. STOTE
	To En Enersia	i Langua	1/200 - War W. A.
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
	NOTICE OF INTENTION TO:	gubseq	UENT REPORT OF:
THE WATER SHU	T-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WHEL
PRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON* CHANGE PLANS	(Other)	ALANDONMEN 24
(Other)		(Note: Report results Completion or Recomp	s of multiple completion on Well letion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and nones pertinent to this work.) *			
DRILL 8 94" HOLE TO 1850". CEMENT CASING TO SURFICE US 350 ON INCOR CEMENT + 8% GEL. TAIL IN WITH 100 ON INSORT TREATED WITH 2% CALLY. TEST CASING TO 1000001 DRILL 6/4" HOLE TO 4400" TO. RUN LOSS. CEMENT 1/2" CASING AT 4400" WITH 180 EX INCOR PLUS 8% SEL SATURATED CEMENT. PERFORMENT AND STIMILLATE FOR COMMERCIAL PRODUCTION			
18. I hereby certify th	at the foregoing is true and correct	STRUM AUDUNTS	LT DATE 6-5-65
(This space for Fe	deral or State office use)		
APPROVED BYCONDITIONS OF	APPROVAL, IF ANY:		DATE
	*See Instructions	on Reverse Side AP	PROVED UG 9/n/1966
			A. H. BHOWN DISTRICT ENGINEER