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I       OTHER         2. NAME OF OPERATOR         2. NAME OF OPERATOR         2. NAME OF OPERATOR         3. ADDRESS OF OPERATOR         400 W. Illinois - Suite 1100 Midland. Texas 79701         4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements." See also space 17 below.)         At surface         1980' FNL & 760' FWL Section 26         14. PERMIT NO.         15. ELEVATIONS (Show whether DF, RT, GR, etc.)         API #30 041 20804         4072' GL         16.         NOTICE OF INTENTION TO:         FRACTURE TREAT         NUCLIPLE COMPLETE         ABANOON*         REPAIR WELL         (Other)         00ther)         17. DESCRIBE PROPOSED OR COMPLETE OFFRATIONE (Clearly state all pertinent details, and give pertinent to this work.)*         17. DESCRIBE PROPOSED OR COMPLETE OFFRATIONE (Clearly state all pertinent details, and give pertinent to this work.)*         12/1/87:       Ran pump and rods.         12/2/87:       Set Pumping Equipment.         12/3-5:       Pmpd all wtr.         12/6/87:       Pmpd 11 BO & 44 BW.	ort, or C subsequ subsequ n prod rt results r Recounts	8. FARM OR LEASE NAME MWJ 26 FEDER 9. WBLL NO. 1 10. FIELD AND FOOL, OR Vada-Penn 11. BRC, T., R., M., OR BI SURVEY OR AREA Sec 26, T-8S 12. COUNTY OR FARISH ROOSEVELT Other Data SEPAIRING W ALTERING CAN ABANDONMEN UCT ION of multiple completion of tion Report and Log form Including estimated date	RAL WILDCAT CE. AND C. AND
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IR I bereby certify that the corregoing is true and correct SIGNED TITLE Pat Drexler- Agen (This space for Federal or State office use) APPROVED BY		DATE 12/10/	
*See Instructions on Reverse Side			7

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Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to apply the department for agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.