SUBMIT IN TRIPF-GATE*

Form approved. Budget Bureau No. 42-R1425.

(Other instruction reverse side)

UNit	ED S	STATI	ES	
DEPARTMENT	OF	THE	INTER	RIOR

DEPARTMENT OF THE INTERIOR			5. LEASE DESIGNATION AND SERIAL NO.			
GEOLOGICAL SURVEY				LC-029509(b)		
APPLICATIO	N FOR PERMIT TO	O DRILL, DEEP	EN, OR PLUG BA	ACK	6. IF INDIAN, ALLOTTEE OR TEIBE NAME	
	=> × Pe-Comple	DEEPEN	PLUG BAC	к⊠	7. UNIT AGREEMENT NAME	
WELL	VELL OTHER	8: 2/	INGLE MULTIPL	.E	8. FARM OR LEASE NAME	
2. NAME OF OPERATOR	nental	ail Con	Jones		9. WELL NO.	
3. ADDRESS OF OPERATOR	460 Hos	Was, 71.7.	replico		10. FIELD AND POOL, OR WILDCAT	
4. LOCATION OF WELL (I	Report location clearly and i	n accordance with any	State requirements.*)	1	na jama Levonian	_
At proposed prod. 20	in and 860' F	WL of Su	rezz		11(pec, T., B., M., OR BLK. AND SURVEY OR AREA Sec 2 2, T-175 P-32	Æ
14. DISTANCE IN MILES	AND DIRECTION FROM NEARE	ST TOWN OR POST OFFIC	B		12. COUNTY OR PARISH 12. STATE	ر وسم
15 CARTANAN PROMETRIA	oogun#	1 10	of the supplement fraction is a	17 10 0	The Tolly of	~
			F ACRES ASSIGNED HIS WELL O			
18. DISTANCE FROM PRO TO NEAREST WELL, OR APPLIED FOR, ON TI	DRILLING, COMPLETED,	19.	SOFTS.	GG ROTAL	N/A	
21. ELEVATIONS (Show when the state of the s	nether DF, RT, GR, etc.)	·		·	22. APPROX. DATE WORK WILL START*	
23.	PF	OPOSED CASING AN	D CEMENTING PROGRA	м		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH		QUANTITY OF CEMENT	
	 	no cl	onge		·	
is Oropose	& to also	ndon t	Le Devoni	an i	sil some and	
- 11		ration	for case	DAM	Oil your and luction. Procedu	<u>A</u>
The mo	. //	11 4		_	- 1911al a d salina	4
e be as	follows:	are one	sput 50 sa	cks	on top of retains	ر
o socke C	loss H cer	nent ona.	spool do			-
morrow	follows: loss H cer selectivel	of from	13/00-145	. 00 .		
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IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if ny. $\overline{24}$. SIGNED (This space for Federal or State office use) PERMIT NO. _ APPROVED BY _ CONDITIONS OF APPROVAL, IF ANY; *See Instructions On Reverse SignsTRICT ENGINEER