

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI  
(Other than this  
version)

Budget Bureau No. 1004-1  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL  
LC-057210  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
3. ADDRESS OF OPERATOR  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
9. WELL NO.  
10. FIELD AND POOL OR WILDCAT  
11. SEC. T., R., M., OR BLK. AND  
SURVEY OR AREA

Unit 0 660' FSL + 1980' FEL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

Sec. 27, T17S, R32E  
12. COUNTY OR PARISH  
13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)

PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other)

REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

8-23-89 C.O. + jet wash to 4270'. Spot 50 Bbls acid. D.O. to 4329'.  
Ran 981' of 4 1/2" liner. TOL @ 3348'. BDL @ 4329'.  
Pump 200 sx cmt (50/50 poz). Tag cmt @ 3043'. D.O. to 3348'. Tested to 1000# for 30 min. Held. D.O. to 4329'. Perf. 7th: 4292-4173, 6th: 4153-4038' (175PF)  
Acidize w/142 Bbl 15% HCL-NE-FE acid. Circ. Clean Swab. Run prod. equip.

ADVISOR  
Adm. Supervisor

18. I hereby certify that the foregoing is true and correct

SIGNED

W.W. Baker

TITLE

Adm. Supervisor

DATE

Oct 9, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side