## SUBMIT IN TRIPLICATE\*

(Other instruct on reverse sid

Form approved. Budget Bureau No. 42-R1425.

UNLIED STATES
DEPARTMENT OF THE INTERIOR

SECURITIES OF THE INTERIOR						5. LEASE DESIGNATION AND SERIAL NO.
A DDLICATION FOR DEPART TO DOUBLE DEPARTS						LC-029405(b)
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK						6. IF INDIAN, ALLOTTEE OR TRIBE NAME
DRILL DEEPEN DEEPEN PLUG BACK						7. UNIT AGREEMENT NAME
oir 🔀	AS C	P-0- 11	s	INGLE 🔽 MULTH	אר בי	
WELL OTHER Recomplete SINGLE MULTIPLE OTHER RECOMPLETE ZONE						S. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR						9. WELL NO.
3. ADDRESS OF OPERATOR						16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)						10. FIELD AND POOL, OR WILDCAT
1980'FSL 4 1830'FEL 9 Sec. 20 At proposed prod. zone						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Same-						500 20T 175 B 32 F
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*						12. COUNTY OR PARISH 13. STATE
15. DISTANCE FROM PROP LOCATION TO NEARES	T		16. NO	O. OF ACRES IN LEASE	17. NO.	OF ACRES ASSIGNED
PROPERTY OR LEASE LINE, FT.  (Also to nearest drig. unit line, if any)					тот	HIS WELL
18. DISTANCE FROM PROI TO NEAREST WELL, I		19. PR	OPOSED DEPTH	20. кота	RY OR CABLE TOOLS	
OR APPLIED FOR, ON TH		4	1400' PBD			
21. ELEVATIONS (Show wh				100 / 100		22. APPROX. DATE WORK WILL START*
$\frac{3988}{23.}$	6h					9-12-73
	·	PROPOSED CASIN	G AND	CEMENTING PROGRA	M	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FO	WEIGHT PER FOOT SETTING DEPTH		1	QUANTITY OF CEMENT
See Below						
				4		
4 squeeze 4156-3500: W/1500 gal. 36,000 = sand	w/100 SA2, 6	eter inter (a) Frac.	Keir Vall Lad	Cog. 2) Set a GRA Callar, from 3,730 (2 W/15,000 g	lacato	tompranly abandone section well by: 1) at setainer @ 4,400' 8',5' according perfect water and le set at ± 3,660'
•					• •	
				•		
1// / 2/	2					
Note: This i	a lawred by	WFX End	· No	0.402, dated	9-5-	73.
IN ABOVE SPACE DESCRIBE	PROPOSED PROGRAM · If n	roposol is to donne				ctive zone and proposed new productive and true vertical depths. Give blowout
24.						
SIGNED SICK	Duff 6-	Tiri	lik	min Sugar		9-7-73
(This space for Federa	l or State office use)			- Congres	resp	DATE // / J
	as of state office use,					
PERMIT NO.			A1	PPROVAL DATE	1	
APPROVED BYCONDITIONS OF APPROVAL	, IF ANY;	TITLE		APPR	OV	BATE .
U365-5				SEP	7 191	Office
MCA-3		*C   -	_	n Reverse Side DISTR	R R. BRC	OMIN )
File		'Jee Instructi	ons O	In Kevelse Side DISTR	ICT ENGH	