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8. I hereby certify that the foregoing is true and correct SIGNED LAW G. DELLAM TITLE ADMIN. SUPV. DATE S/11/77 (This space for Federal or State office use)	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) Portage 17. DESCRIBE PROPOSED OF proposed work. If nent to this work.) 17. IS Proposed Work of the proposed work of the proposed work. If nent to this work.) 17. IS Proposed Work of the proposed work of the proposed work. If nent to this work.) 17. IS Proposed Work of the proposed work of	MULTIPLE COMPLETE ABANDON* CHANGE PLANS ACIALLE SCALE TABLE COMPLETED OPERATIONS (Clearly state all per well is directionally drilled, give subsurface POSSED TO Report For the subsurface POSSED TO Report For the subsurface ACIAL SOLUTION STATE AND ACIAL STATE AND ACIAL SOLUTION STATE AND AC	FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report result Completion or Recont in the state of	altering casing abandonment* ts of multiple completion on We apletion Report and Log form.) is, including estimated date of sized depths for all markers and a sized depth of the size	starting any zones perti-
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