3582' DF Lea 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: WATER SHUT-OFF FRACTURE TREAT NULTIPLE COMPLETE NULTIPLE COMPLETE SHOOT OR ACIDIZE NULTIPLE COMPLETE ABANDON* (Other) (Other) (Other) IT. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiment details, and give pertiment dates, including estimated date proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers nent to this work.)*	CASINO ENT ⁴ A on Well orm.)
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING V FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING V SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMER (Other) CHANGE PLANS (Other) Well Status ST 17. DESCRIBE FROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date proposed work. If well is directionally drilled, give subsurface locations and measured and true vortical depths for all markers	CASINO ENT ⁴ A on Well orm.)
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CA SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMEN REPAIR WELL CHANGE PLANS (Other) Well Status ABANDON TOR ACIDIZE (Other) CHANGE PLANS (Other) Well Status To be completion or Recompletion Report and Log for Completion or Recompletion Report and Log for Completion or Recompletion Report and Log for Disposed work. If well is directionally drilled, give subsurface locations and measured and true vertical deaths for all markers	CASINO ENT ⁴ A on Well orm.)
SHOOT OB ACIDIZE ABANDON* SHOOTING ON ACIDIZING ABANDONMEN REPAIR WELL CHANGE PLANS (Other) Well Status (Other) (Note: Report results of multiple completion or Recompletion Report and Log for 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical deaths for all markers	ENT ⁴ X
REPAIR WELL CHANGE PLANS Well Status (Other) (Other) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date proposed work. If well is directionally drilled, give subsurface locations and measured and the vertical details for all markers	n on Well
(Other) (Other) (Note: Report results of multiple completion (Note: Report results of multiple completion Completion or Recompletion Report and Log for proposed work. If well is directionally drilled, give subsurface locations and measured and the vertical deaths for all markers	on Well orm.)
T. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date proposed work. If well is directionally drilled, give subsurface locations and mensured and the vertical details for all markers	orm.)
(1) Status of Well - Temporarily Abandoned.(2) Date T.A. Commenced - January 24, 1973.	
(3) Future plans - Study for possible new zone work over.	
(4) Date of Future plans - September 1, 1975.	

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