Form 9-231 • May 1903)	II. II. DEPA	LC 046164 b	Form approved. Budget Bureau No. 42-R1424. 5. LEANE DESIGNATION AND SERIAL NO. LC 046164 b				
dio not m	SUNDRY N se this form for I Use "API	C. IF ENDIAN, ALLOTTE	E OR TRIBE NAME				
1. OIL W. M. [] V 2. NAME OF OPER	AS OTH	7. UNIT AGREEMENT N	7. INIT AGREEMENT NAME				
)il Company		S. FALM OR LEASE NAME Amerada Federal				
611 Pet ⁴ Lorint on OF w See also spece At surface	roleum Bui Sta (Report beat 17 betow.) 660' FSL &	1 10. VIELD AND POOL, O 11. SEC., T., R., M., OR I	1 10. VIELD AND POOL, OR WILDCAT 11. SEC., T., R., M., OR BLK, AND SURVPT OR AREA				
14. PERMIT NO.					Sec.17, 20S,		
19: 19: 14: 14 <u>1</u> (200)			(Show whether DF, H	(T, GR, etc.)	12. COUNTY OR PARISH		
16.	Check			ture of Notice, Report,	Lea	N. Mexico	
	NOTICE OF 1	INTENTION TO :			or Uther Uata BSEQUENT REPORT OF :		
TEST WATER S	HUT-OFF	PULL OR ALTER CA	SING	WATER SHUT-FF	REPAIRING 1		
FRACTURE TRE	·	MULTIPLE COMPLE	TE	FRACTURE TREATMENT	ALTERING C.		
EEPAIR WELL	DIZE	ABANDON* CHANGE PLANS		SHOOTING OR ACHIZING (Other)	ABANDONME	NT*	
17 bl.schihl range proposed we neat to this v NOTE: The 7" All	<pre>she on cosp. arg rk. It well is di work.)* status of casing and perforati.</pre>	the well at is open ende	state all performant subsurface location this time i. d. casing has	detuils and give perioent of the study measured and true yes as 2-3/8" tubing i been plugged off	sults of multiple completion completion Report and Log for lates, including estimated dat ertical depths for all markers n at a depth of 7	e of starting any s and zones perti-	
Proposed:	1. Pump tubin	Pump water down 2-3/8" tubing until well circulat tubing annulus. Estimate will take approximately				:es out 7" casing - 7 l0 bbls。	
	2. Close press	Close valve on annulus and pressure to 10CO#. Close in and observe pressure for 30 minutes.					
	3. Test Manage	ately May 30, 198 E date and time.	4, Bureau of Lan	d			
18. I hereby certify SIGNED	that the foregoi	Bartos		duction Engineer	DATE May	8. 1984	
APPROVED BY		chip			DATE		
COMPTIONS (OF APPROVAL, 1	IF ANY :					

*See Instructions on Reverse Side

RECEIVED MAY I 4 1984 HOBBS OFFICE

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