OFF 10 O. C. C.  VITED STATES SUBMIT IN LICATED OF THE INTERIOR Verse side)  GEOLOGICAL SURVEY					Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.  6. IF INDIAN, ALEGUTEE OR TRIBE NAME	
SU (Do not tive t	INDRY NOTICE  The form for proposals  Use "APPLICATION"	S AND REPORTS O to drill or to deepen or illing in ON FOR PERMIT—" for such Pro	Posals.	ED	6. 1 የ ጎለያፈት , ችለሂ ሰሪ ተ	TEE OR TRIBE NAME
OIL GAS WELL WE	L XX OTHER		MAR 3 0 1981		7. UNIT AGREEMENT	
Belco Pet 3. Address of Open	coleum Corpo	ration U.S	. GEOLOGICAL <del>IOBBS, NEW M</del> I		Federal Pl 9. WELL NO.	
411 Petro  4. LOCATION OF WEL See also space 17 At surface	eum Buildin		and, Texas	79701_	10. FIELD AND POOL Wildcat 11. SEC., T., R., M., C SURVEY OR AF	OR BLK. AND
14. PERMIT NO.		15. ELEVATIONS (Show whether DF,	RT, GR, etc.)		Sec. 14, 7	<u> </u>
16.	• •	opriate Box To Indicate No	ature of Notice, Re	•	ther Data	
TEST WATER SH	NOTICE OF INTENTIO	L OR ALTER CASING	WATER SHUT-OFF	1	REPAIRIN	G WELL

(Other)

(Other)

(Other)

(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.)\*

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

ALTERING CASING

ABANDONMENT\*

To change casing and cementing program.

FRACTURE TREAT

SHOOT OR ACIDIZE

MULTIPLE COMPLETE

ABANDON\*

Size of hole	Size of casing	<u>WT</u> <u>Se</u>	tting Depth Qu	antity of Cmt
26" 17½" 9 7/8"	20 13 3/8 7 5/8	54.5,61,68#	1,150 ' CIRCULATE 3,400 'CIRCULATE 11,300 'CIRCULATE	2,500 sx Circ 2,800 sx Circ Two stage w/ DV tool 800: total 3900 sx
6½"	5 liner	23#	13,200'	200 sx

18. I hereby certify that the foregoing is true	and correct	
SIGNED APPROVED POT	TITLE District Manger	DATE 3-27-81
(This space for Federal or State office us.)	STEWAR?	
CONDITIONS FRAPPROPRIE ANY:	TIPLE	DATE
JAMES A. GILLHAM DISTRICT SUPERVISOR	*See Instructions on Reverse Side	

STANCE OF STANCES

.VIO NOITAVARENOD LIO

0180 To 891

RECEIVED STATES AND STATES