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(June 1990) DEPARTME	ITED STATES HO NO. NO. AND NO.	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 3 1,1993 5. Lease Designation and Seriai No.	
	AND REPORTS ON WELLS	LC 031620A	
Do not use this form for proposals to di	rill or to deepen or reentry to a different reservoir. DR PERMIT—" for such proposals	6 [f Indian, Allonee or Tribe Name	
SUBMI	7 If Unit or CA, Agreement Designation		
I Type of W eli Gas W eli Gas W eli Other Injection		8. Well Name and No	
2 Name of Operator			
		SEMU Permian Well # 14	
3 Address and Telephone No.		30-025-06256	
10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424		10. Field and Pool, or Exploratory Area	
4 Location of Well (Footage, Sec., T. R. M. or Survey Description)		Skaggs Grayburg	
Section 24, T-20-S, R-37-E, I		11 County or Parish, State	
		Lea County	
CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent	Abandonment	Change of Plans	
Subsequent Repon	Plugging Back	New Construction	
	Casing Repair	Water Shut-Off	
Final Abandonment Notice	Altering Casing	Conversion to Injection	
	Other Casing integrity rest	Dispose Water Nole, Reponresuitsof multiplecompitiononWdl Completion or Recompletion Report and Log form.)	

13 Describe Proposed or Completed Operations (Clearly state ail 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.)*

It is proposed to perform a casing integrity test on this well in order to temporarily abandon, this well has Queen & Seven Rivers potential.

**** Affected surface area was previuosly disturbed during drilling operations of said well.

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14 Thereby certify that the foregoing is true and correct Signed	Kay Maddox			
	Title Re	gulatory Agent	Date October 17.	October 17, 1997
(This space for Federal or State office use) Approved by	Title		Date	NOV 0 3 1997
TO FOR	I			