

$$\begin{aligned} S_{n+1} &= (C - 1) \cdot 1 \\ A_{n+1} &= 1 + 1 + 1 + \dots + 1 = n + 1 \end{aligned}$$
[illegible]

The following table shows the number of cases of disease reported in the United States during the year 1900. The total number of cases is 1,000,000. The number of cases of disease reported in the United States during the year 1900 is 1,000,000.

3-158-3

## SUBSCRIPTIONS AND CIRCULATION OFFICES

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☐ GAG ☒ GAG ☐ OTHER  
☐ YES ☒ YES ☐ YES  
 Name of sponsor

[illegible]

TEXACO Inc.

N. M. 'BZ' St. NCT-3

P. O. Box 728, Hobbs, New Mexico 88240

—

UNIT LETTER N 730 FEET FROM THE South 2050

Undesignated

THE West LINE, SECTION 26 TOWNSHIP 21-S RANGE 34-E

15. Slavov, V. *Primenenie detektora CO<sub>2</sub> pri izmerenii na*

3689 (GR)

### 3.1.2. *Phylogenetic analysis*

Lea

Check Appropriate Box To Indicate Nature of Notice: ☐ Report of Other Data  
NOTICE OF INTENTION TO: ☐ SUBSEQUENT REPORT

|                        |                          |                  |                          |                            |                                     |                       |                          |
|------------------------|--------------------------|------------------|--------------------------|----------------------------|-------------------------------------|-----------------------|--------------------------|
| PERFORM REEDUCIAL WORK | <input type="checkbox"/> | PLUG AND ABANDON | <input type="checkbox"/> | REMEDIAL WORK              | <input type="checkbox"/>            | ALTERING CASING       | <input type="checkbox"/> |
| TEMPORARILY ABANDON    | <input type="checkbox"/> |                  |                          | CONNECTION DRILLING OPS.   | <input type="checkbox"/>            | PLUG AND ABANDON HEAT | <input type="checkbox"/> |
| PULL UP AFTER CASING   | <input type="checkbox"/> | CHANGE PLANS     | <input type="checkbox"/> | CASING TEST AND CEMENT JOB | <input checked="" type="checkbox"/> |                       |                          |
| OTHER                  | <input type="checkbox"/> |                  |                          | OTHER                      | <input type="checkbox"/>            |                       |                          |

17. Describe proposed or completed operations (clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103.

TOTAL DEPTH 5715'

13 3/8" OD 48# H-40 Csg Set @ 400'

1. Ran 5694' (136 Jts.) 10 3/4" CP 55.5# & 51# N-80, & 45.5# & 40.5# K-55 Csg & set @ 5715'.
2. Cement 1st Stage w/500 Sx. LW Cement containing 10# Gilsonite, 1/4# Flocele & 2% CaCl per sack followed w/400 Sx Class 'C' Cement containing 2% CaCl.
3. With DV Tool open @ 3854', cement 2nd stage w/2400 sx LW Cement containing 15# Salt, 5# Gilsonite & 1/4# Flocele per sack followed w/200 sx Class 'C' Cement containing 2% CaCl. Cement. Did not circulate. Top of cement @ 50' by temperature Survey. Job complete 2:30 PM, 3-1-80. WOC in excess of 18 Hrs.
4. Tested 10 3/4" Csg to 1000# for 30 minutes. 9:00 - 9:30 AM, 3-9-80. Tested OK. Job complete 9:30 AM, 3-9-80.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

TITLE Asst. Dist. Supt

DATE 3-12-80

APPROVED BY

TITLE

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: