Form 3160-5						horm approved.			
(November 1983)	555457	UNITED STA	ΓES _{i.}	SUBMIT IN TRIE	PICATE.	Budget Bureau I Expires August	Vo. 1004-0135		
Formerly 9-331)	DEPAR IT	MENT OF TH	E INTERIOR	verse side)	on re-	LEASE DESIGNATION	AND SERIAL NO.		
	BUREA	U OF LAND MA	NACEMENT		no an	LC-0305			
SUI	JDRY NOT	ICES AND RE	IAO DIGOG		e	. IF INDIAN, ALLOTTEE	OF TRIBE NAME		
(Do not use thi	form for propor	IN UPIN CLUI	CORIS ON	WELLS					
	Use "APPLICA	TION FOR PERMIT	" for such proposa	o a different reservo	ir.				
1.		0			i	. UNIT AGREEMENT NAI	,		
WELL WELL	OTHER	Saltwater	Missian	al Well		TALLER THE	••		
2. NAME OF OPERATOR			so suppose	as siac		FARM OR LEASE NAM			
- Ona	eo I	ne.				//			
3. ADDRESS OF OPERATO	_		. (9.	Tarney 1	7-2		
4. LOCATION OF WELL (Report location clearly and in accordance with any State regularments.)						<i>~</i>			
See diso space 17 below.)						10. FIELD AND POOL, OR WILDCAT			
Hent letter G									
one sem						Valuat Yates 7- Revers			
1980' 5	=1/1 = 0	1980' F	E1	•		SURVEY OR ARMA	· —.•		
14. PERMIT NO.	11 Land	·				4.5 T. 230	D 31 E		
		!	ow whether DF, RT, GR	-	12	COUNTY OF PARISH	13. STATE		
30-025-0	9266	<u> </u>	3493' DF	=		dea	m.m.		
16.	Check An					· · · · · · · · · · · · · · · · · · ·	77.77.		
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data									
							ENT REPORT OF:		
TEST WATER SHUT-O	P!	TLL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WE			
FRACTURE TREAT	м	ULTIPLE COMPLETE		FRACTURE TREATME	NT T	ALTERING CAS	<u> </u>		
SHOOT OR ACIDIZE	^I	BANDON*		SHOOTING OR ACIDIZ	ING	ABANDONMENT	· ;I		
REPAIR WELL	CI	HANGE PLANS		(Other) Chan	general	1) serator			
(Other)				(NOTE: Report Completion or	Recognite of n	nultiple completion on Report and Log form	Well		
17. DESCRIBE PROPOSED OR proposed work. If nent to this work.)	COMPLETED OPER. well is direction	ATIONS (Clearly state	all pertinent detai	is, and give pertiner	nt dates, incli	uding estimated date opths for all markers a	of starting and		
		inform	-	that t	the 1	eference	L well		
	_	B. L. Baf 24.		ane.					
		and, De							
The ey	fective	. date of	of the s	ale was	Febr	uary 1, 19	8%		
SIGNED Afficia	ternies	ue and correct	reddminis	tratice Supe	wines)	DATE 8-13-			
(This space for Federal	or State office to	se)	A - Nor						
APPEOURD DE	efal.	adam	aus	.*•		8-111	٤ ٦		
CONDITIONS OF APP		TI	TLE			DATE 8-14-	• /		