Form 3160-5 (November 1983) (Formerly 9-331) UNITED STATES DEPARTMEN OF THE INTERIOR BUREAU OF LAND MANAGEMENT	(Other Instructions Page Least On	· • • • • • • • • • • • • • • • • • • •	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON (Do not use this form for proposals to drill or to deepen or plug back to Use "APPLICATION FOR PERMIT" for such proposal	WELLS AOBRA	ALLOTTER OR TRIBE NAME	
1. 01t 年刊 GAB [一]		7, UNIT AGREEMBNT NAME	
WELL 1 OTHER 2. NAME OF OPERATOR	8, PARM OR L	EASE NAME	
7ia Energy Inc 3. Address of Operator		Federal	
P.O. Box 2219, Hobbs, NM 88241	2 · ***********************************		
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also apace 17 below.) At surface 1650 FNL & 1650 FEL		10. PIBLD AND POOL, OR WILDCAT Eunice San Andres-SW 11. SEC., T., R., M., OR BLK. AND	
		2S-37E	
		14. PERMIT NO. 15. ELEVATIONS (Show whether Dr. RT. Of	_
30-025-10339 3413' RKB	Lea	NM	
16. Check Appropriate Box To Indicate Nature	of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF	: 1	
TEST WATER SHUT-OFF PULL, OR ALTER CASING		PAIRING WELL	
BHOOT OR ACIDIZE ABANDON*		RERING CARING	
REPAIR WELL CHANGE PLANS	(Other)		
(Other)Perforate Add'l SA zone X	(Note: Report results of multiple con Completion or Recompletion Report an	d Log form.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent deta proposed work. If well is directionally drilled, give subsurface locations a nent to this work.)	is, and give pertinent dates, including estim id measured and true vertical depths for all	ated date of starting any markers and sones perti-	
 RU well servicing unit. Pull rods, pump and Install BOP. Perforate additional San Andres zone with fi Acidize perfs. with 600 GA - through tubing, Pull and lay down packer. Run tubing with a - run 1 3/4" plunger and rods Place well on production. 	ve jet shots from 3894' - : below packer set at 3860'.	•	
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18. I hereby certify that the foregoing is true and correct			
SIGNED TAVILLE TO TITLE ED	ineer DATH_	6/27/96	
(This space for Federal or State office use)	37. 0	1	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	DATE _	7/22/96	