(Formerly 9–331) DEPARTM BUREA SUNDRY NOT	P. O. UN., ED STATES HOBE MENT OF THE INTERI U OF LAND MANAGEMENT ICES AND REPORTS C	OR verse alde) 	Form approved. Budget Burean No. 1 Expires August 31, 5. LEASE DESIGNATION AND 4 NM 68821 6. IF INDIAN, ALLOTTEE OR 7	1985 BERIAL NO.
(Do not use this form for propos Use "APPLICA 1.	als to drill or to deepen or plug ba TION FOR PERMIT—" for such pr	ack to a different reservoir. oposais.)	7. UNIT AGREEMENT NAME	<u></u>
CIL CAB WELL OTHER WELL WELL OTHER 2. NAME OF OPERATOR RAY WESTALL			8. FARM OR LEASE NAME	
			FEDERAL 30	
 3. ADDRESS OF OPERATOR P.O. BOX 4 LOCC 4. LOCATION OF WELL (Report location c See also space 17 below.) At surface 330 FSL 1650 FE 		State requirements.*	9. WBLL NO. #2 10. FIELD AND POOL, OR WILL SILL DEAT DELA 11. SHC, T., S., M., OR BLK. A SURVEY OF AREA	WARE
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	SEC 30 T23S 12. COUNTY OF PARISH 18.	
	3692 GL		LEA N	IM
16. Check Ap NOTICE OF INTEN	propriate Box To Indicate N אטוד דס:		Other Data Dant Baport of :	
FRACTURE TREAT	PULL OR ALTER CASING	(NOTE: Report results Completion or Recoup	EEPAIRING WELL ALTERING CASING ABANDONMENT [®] ISPOSAL of multiple completion on W letion Report and Log form.)	
THIS WELL CONVERT ATTACHED APPROVAL PRESSURE TESTED C 8100' 2 7/8 READY TO COMMENCE	ASING 05/07/93: 5 SET IN PACKER	DISPOSAL, NMOCD SI TEST WITNESSED BY		
051VED 1057 MI '93	5. 	J Jara	BUREAU OF LA HOBBS,	RE
JUN 3 GARE AREAS	ę	- 1 1 1990	12 го РК 193 с. на мент.	CEIVED
18. 1 hereby certify that the foregoing is SIGNED Alanel Dar	Δ	LERK	05/28/	'93
(This space for Federal or State offic	e use)			
APPROVED BY CONDITIONS OF APPROVAL, IF A			D&TR	
	*See Instructions	on Reverse Side	•	

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



TOBBS