| Do not use this form for proposals to drill or deepen or reentry to a different reservior. 0. If Indian, Allattee or Tree Na Use "APPLICATION FOR PERMIT-" for such proposals N/A 1 Type of well 2. If Indian, Allattee or Tree Na 2. New of Operator 8. Well Name and No. 2. New of Operator 6. If Indian, Allattee or Tree Na 3. Address and Telephone No. 8. Well Name and No. 2. Address and Telephone No. 9. APP Well No. 3. Address and Telephone No. 3. Oo25-10858 P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE , ROOM 2207 10. Field and Pool, or Epiderator 4. Location of Wull (Footee, Sec. T. R. M. or Survey Description) N. TEACUE 2EVONUM SEC. 27, T23S, R37E 10. County or Pavieh, State 1980' FEL & 1980' FNL 11. County or Pavieh, State UNIT G TYPE OF SUBMISSION TYPE OF ACTION Subsequent Report Abandonment Charge of Pare Non-Routine Fristung Abandonment Impeair Non-Routine Fristung 11. Bende Dessee a Completion In Notice X Abandonment Impeair None Routine anamage counter the state of statege and the description to biptetion ND WH, NU BOP, SET CIBP @ 7300, CAP W/35' CMT. TAG TOC @ 7260. PMP 100 BBLS 10# BW, 35 VIS. PMP 25 SX CL-C CMT | BUREAL | UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS | | | | FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. | |
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| SUBMIT IN TRIPLICATE 7. If Unit or CA. Agreement Der NAA I. Type of well B. Well Name and No. 2. Name of Operator C.E. LA MUNYON # 16 2. Name of Operator C.E. LA MUNYON # 16 3. Address and Trabehone No. P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE , ROOM 2207 Io. Field and Pool, or Explorent 4. Location of Well Tortage, Ser. T. R. M., or Survey Description) So.022-10858 Io. Field and Pool, or Explorent 4. Location of Well Tortage, Ser. T. R. M., or Survey Description) N. TEAGUE DEVONIAN II. Contro or Point, State 1. Scalar of Well Tortage, Ser. T. R. M., or Survey Description) SEC. 27, T235, R37E II. Contro or Point, State 1. State of Ministrian Adversamed Terretoring Prove ONANI II. Contro or Point, State UNIT G CHECK AFPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Image: Subsequent Report Adversamed Terretoring Devolution Medicate New Construction Image: Subsequent Report Casing Repair Devolution Medicate or Complete Subsequent Report Devolution Medicate or Complete Subsequent Report 13. Devolut Problete Incluse Adversamed Adversamed Report Devolution Medicate or Complete Subsequent Report Devolution Medicate or Complete Subsequent Re | | | | | | 6. If Indian, Allottee or Tribe Name | |
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