(June 1990) DEPARTME BUREAU OF SUNDRY NOTICES Do not use this form for proposals to o Use "APPLICATION FO	ITED STATES INT OF THE INTERIOR LAND MANAGEMENT S AND REPORTS ON WELLS drill or to deepen or reentry to a different OR PERMIT'' for such proposals	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. LC054668 6. If Indian, Allottee or Tribe Name 7. If Unit or CA, Agreement Designation
Do not use this form for proposals to o Use "APPLICATION Fo SUBM 1. Type of Well X Well Gas Well Other 2. Name of Operator	drill or to deepen or reentry to a different OR PERMIT'' for such proposals	6. If Indian, Allottee or Tribe Name
1. Type of Well Oil Well Other 2. Name of Operator	T IN TRIPLICATE	7. If Unit or CA, Agreement Designation
X Gas Well Other 2. Name of Operator Other		
3. Address and Telephone No.		8. Well Name and No. FARNSWORTH 4 # 4 9. API Well No. 30-025-11948
P.O. Box 51810 Midland, TX 797		10. Field and Pool, or Exploratory Area LANGLIE MATTIX
 Location of Well (Footage, Sec., T., R., M., or Survey NE/SE SEC. 4, T-26-S, R-37-E 1980 FSL & 2310 FWL 	Unit K	11. County or Parish, State LEA COUNTY, NM
12. CHECK APPROPRIATE BO	K(s) TO INDICATE NATURE OF NOTIC	E, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	ТҮРЕ С	FACTION
Subsequent Report	Abandonment Recompletion Plugging Back Casing Repair Altering Casing	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection
13. Describe Proposed or Completed Operations (Clearly stat	Cother REQUEST TO TA V FOLLOWING PROC	VELL BY Dispose Water EDURES (Note: Report results of multiple completion on Well Completion or Record and Log form.) d date of starting any proposed work. If well is directionally drilled,
1. NOTIFY APPROPRIATE GOVERNMENT 2. DELIVER +\-3206' (106 JTS) OF 2 3. MIRU. ND WH. NU BP POOH W/3228 SET CIBP @ 3150'. TIE INTO MASTE VAI INITIAL AND FINAL PRESSURES. IF CASIN	.VE. PRESSURE UP CASING TO 500 PSI AN G LEAKS, RIH W/WORKSTRING AND PACK TE INHIBITED PRODUCED WATER. POOH V	/ORK RING TO LOCATION LINE UNIT. RIH W/JUNK BASKET TO 3150'. D MONITOR FOR 30 MINUTES. RECORD ER, LOCATE LEAK AND REPORT.
		5000 - 200 - 200 - 200 - 200 - 200
14. I hereby certify that the foregoing is true and correct Signed	ICIAMS Title PRODUCTION ASSISTANT	<u>B/2/93</u>
(This space for Federal or State office use) Approved by Conditions of approval, if any:		

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.