Form 3160-5 (June 1990)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

| FORM APPROVED |         |    |       |    |  |
|---------------|---------|----|-------|----|--|
| Budget Bun    | eau No. | 10 | 04-01 | 35 |  |
| Expires       | March   | 31 | 1003  |    |  |

## 5. Lease Designation and Serial No. IC-030187

6. If Indian, Allottee or Tribe Name

## SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals

N/A

| SUBMIT IN T                     |                                                  |
|---------------------------------|--------------------------------------------------|
| 1. Type of Well   Gas   Other   | LANGLIE-MATTIX 11. County or Parish, State       |
| 12. CHECK APPROPRIATE BOX(s) TO | INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA |
| TYPE OF SUBMISSION              | TYPE OF ACTION                                   |

| X Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Abandonment                                                                  | Change of Plans                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Recompletion                                                                 | New Construction                                                                                         |
| To a second to the second to t | Plugging Back  Casing Repair                                                 | Non-Routine Fracturing Water Shut-Off                                                                    |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Altering Casing                                                              | Conversion to Injection                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other                                                                        | Dispose Water                                                                                            |
| 13. Describe Proposed or Completed Operations (Clearly state al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pertinent details, and give pertinent dates, including estimated date of sta | (Note: Report results of multiple completion on Well<br>Completion or Recompletion Report and Log form.) |
| give subsurface locations and measured and true vertice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | death for all and give pertinent dates, including estimated date of sta      | rting any proposed work. If well is directionally drilled                                                |

IT IS PROPOSED TO:

MIRU, POOH WITH PRODUCTION EQUIP.

SET CIBP AT 5300' AND DUMP 35' OF CEMENT ON TOP.

PERF LANGLIE MATTIX, QUEEN PAY AT 3280-3515.

STIMULATE PAY WITH ACID AND SAND FRAC.

SET PRODUCTION PACKER AT 3200'.

SWAB TUBING AND RETURN TO PRODUCTION.

ABANDON TEAGUE BLINEBRY AND RECOMPLETE IN THE LANGLIE MATTIX.

| 4. I hereby certify that the foregoing is true and correct Signed P.R. Matthew            | Tide TECHNICAL ASSISTANT | 4 <b>-</b> 27 <b>-</b> 92 |
|-------------------------------------------------------------------------------------------|--------------------------|---------------------------|
| (This space for Federal or State office use)  Approved by Conditions of approval, if any: | Title                    | Date 57/4/92              |

Title 18 U.S.C. Section 1901, 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.

locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*