Form 9-331 (May 1963)

SUBMIT IN TRIPLICATE

Form a Budget	pproved. Burcau	No.	42	R142

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D	GEOLOGICAL SURVEY	LC 068281 (b)			
(Do not use this form	Y NOTICES AND REPORTS Of for proposals to drill or to deepen or plug bas "APPLICATION FOR PERMIT-" for such pro-	ck to a different reservoir.	6. IF INDIAN, ALLOTTER	OR TRIBE NAME	
OIL GAS WELL GAS	OTHER		7. UNIT AGREEMENT NA	ME	
2. SAME OF OPERATOR	AL DIL COMPANY			30 FEDERAL	
3. ADDRESS OF OPERATOR  Box 460,  A LOCATION OF WELL (Report	HOBBS N. Bl.	\$2 60 tate requirements.	9. WELL NO.	R WILDCAT	
See also space 17 below.) At surface	E, 2310 FEL OF SE		MORTH MASO 11. SEC., T., R., M., OR 1 SURVEY OR ABEA	NDELAWARI S R-32 E	
14. PERMIT NO.	15, ELEVATIONS (Show whether DF,		12. COUNTY OR PARISH	13. STATE	
16.	Check Appropriate Box To Indicate No	ature of Notice, Report, or (	Other Data		
NOTI	CE OF INTENTION TO:	SUBSEQ	UENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V	VELL	

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NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF		PULL OR ALTER CASING	_	WATER SHUT-OFF REPAIRING WELL	_
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT ALTERING CASING	_
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OB ACIDIZING ABANDONMENT*	_
REPAIR WELL		CHANGE PLANS		(Other) SET PROD. USB.	X
(Other)				(Note: Report results of multiple completion on Welf Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) •

Drilled to TD 4345 & set 51/2" K-55 14# C59. @ 4345'. Cemented W/300 sks. Class' C"cmt. Plag down 12-8-75. WOC 72 hrs. TOC 2500' . Tested csq. uf800#, held of.

8. I hereby certify that the toregoing is true and co		Z. ANACYST	DATE /A	2-18-75
(This space for Federal or State office use)		CONTENT FOR	BECOKN /	
APPROVED BY	TITLE			
CONDITIONS OF APPROVAL, IF ANY:		1.6197	GI ONEY	
		J GIC	AL SURVE	
	*See Instructions	on Reverse Side SOLOGIC	1 WEXIO	

11565-5. File