(November 1983)	UNITED STA		UBMIT IN TRIPLICATE Other instructions re	L Expires nugues 31, 1983
	BUREAU O. LAND MA		rse side)	5. LEASE DESIGNATION AND SESIAL NO.
SUN	IDRY NOTICES AND R	EPORTS ON Peepen or plug back to a	ELESVED	6. IF INDIAN, ALLOTTER OR TRIBE NAME
OIL SAB	OTHER	Apr 1	9 10 05 AM '91	7. UNIT AGREEMENT NAME
1 HAMB OF OPERATOR	ENERGY	CARL	Standard URCE S	8. FARM OR LEASE NAME EXXON"A" FEDERA
4000 N BIG	Spaing Sure 109	MINERA	74 7970Z	9. WBLL NO.
See also space 17 bel At surface	Report location clearly and in accord ow.)	ance with any State rec	gdirements.•	Double & Delawre
<u></u>	\$ 1980 FWL		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11. SEC. T. B. M. OR BLE. AND SURVEY OR AREA SOC. 27. 24-C 3.2-S
14. PERMIT NO.	15. ELEVATIONS (S	how whether DF, RT, GR, e	le.)	12. COUNTY ON PARCE 18. SOLTE
16.	Check Appropriate Box To	Indicate Nature o	f Notice, Report, or C	Other Data
	NOTICE OF INTENTION TO:		SUBSEQ	UBNT REPORT OF:
TEST WATER SHUT-O	PULL OR ALTER CASIN	ic 🔣 w	ATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	NULTIPLE COMPLETE	NT P1	SACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON®	X. s	HOOTING OR ACIDIZING	PTHEMRODIAGA
(Other)	CHANGE PLANS		Other)	of multiple completion on Well
17. DESCRIBE PROPOSED OF	COMPLETED OPERATIONS (Clearly state	te all pertinent details	completion or Recompl	etion Report and Log form.)
Dlint)	1-51/2 abl c	4700' W/	35' Oemen	including estimated date of starting and idepths for all markers and zones perti
Dunt	3-60 sks aer	oss 978.	Stor 106	0-960-Jug
flug#	4 40 SKS 30	0 - 200		
Plug HS	50 FEET Hostes Sur	face		
LICE CINC	id between		p f	lugge
Install	dry hole Man	cher	Smil be	s Br Reles
SIGNED SIGNED	y Julib 1	TITLE LINE	f	DATE 4/17/91
(This space for Federa	or State office use)			
CONDITIONS OF APP	PROVAL, IF ANY:	TITLE SETTING		DATE 4-29 9/
A BLH TEC	HNICIAM MUST BE	PRESENT		

988 J.

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	P.O. BOX 10019		Bros. Casing Z Midland, Texas	ellers _		045\ 602 0722	
	MIDLAND, TEXAS	79702 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		3	24 Hours • (915) 683-9722)	
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	OPERATOR //	MPD ENBLY		WELL NAME	EMON A	FEVER	
	LEASE // M	-16353	COUNTY	LEA	STATE_	N.M.	
	COMPL. DATE	MPO ENERGY -16353 84 TD 486	Z PBTD	TYPE	_FIELD_Doc	ble & Det	ou moe
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