Form approved. Budget Burgau No. 1004-0135

November 16 November 16 Formerly 9	83) UN D	STATES SUBMIT IN Other inst THE INTERIOR verse side) D MANAGEMENT		
10 E -	SUNDRY NOTICES AN	D REPORTS ON WELLS r to deepen or plug back to a different ERMIT:— for such proposals.)		A 31 E
WELL	AS X OTHER		7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME	
ENTOI	n Oil & Gas Company		Diamond 31 Federal Co	m.
4. LOCATION 0.	Box 2267, Midland, Tex FWELL (Report location clearly and in age 17 below.)	accordance with any State requirements	10. FIELD AND POOL OR WILDCAT Pitchfork Ranch Morrow	
Terit !	·		Sec 31, T24S, R34E	
30 025 2		3456.21 GR	12. COUNTY OR PARISH 13. STATE Lea NM	
16.	Check Appropriate E	Box To Indicate Nature of Notice	e, Report, or Other Data SUBSEQUENT REPORT OF:	
PRACTURE SHOOT OR REPAIR WE OTHER! 17. DENCRIBE PT proposed nent to the Perfora Frac W/ Inte	ACIDIZE ABANDON* CHANGE PLANS ROPUNED OR COMPLETED OPERATIONS (Classwork, If well is directionally drilled, his work.)* te Morrow "A" zone from	SHOOTING OF COTHER SHOOTING OF C	PREATMENT ALTERING CASING Perforate additional Morrow Report results of multiple completion on Well letton or Recompletion Report and Log form.) Pertugent dates, including estimated date of starting and true vertical depths for all markers and zones per the starting of the starting and true vertical depths for all markers and zones per the starting of the starting and true vertical depths for all markers and zones per the starting of the starting and true vertical depths for all markers and zones per the starting of the starting and true vertical depths for all markers and zones per the starting of the starting and true vertical depths for all markers and zones per the starting of the starting and true vertical depths for all markers and zones per the starting of the starting of the starting and true vertical depths for all markers and zones per the starting of the starting of the starting and true vertical depths for all markers and zones per the starting of the starting	an ært
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18. I hereby ce.	Betty allon	TITLE Regulatory An	alyst 1/29/93	
(This space	for Federal or State office use)			

DATE __

APPROVED BY _____CONDITIONS OF APPROVAL, IF ANY: