• = = •	UNITED STATES RTME OF THE INTER REAU OF LAND MANAGEMER	CIOR seem alde)	5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY N	OTICES AND REPORTS roporals to drill or to deepen or plus LICATION FOR PERMIT—" for such	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS CONTROL OTHE			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Plains Petroleum Operating Company			S. PARM OR LEASE NAME
3. ADDRESS OF OPERATOR	Defacing company		E.C. Hill D Federal 9. Wall NO.
415 W. Wall, Suite	e 1000 Midland	, Texas 79701	6 -
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT
Unit I, 330)' FEL & 2310' FSL		Teague Devonian 11. BEC., T., B., M., OR BLK. AND BURNET OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	Sec. 34, T23S, R37E 12. COUNTY OR PARISE 13. STATE
16. Chl.			Lea NM
	Appropriate Box To Indicate	•	
TEST WATER SHUT-OFF FRACTURE TREAT BIJOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Nots: Report resu	REQUENT REPORT OF: REPAIRING WELL ALTERING CASING ABANDONMENT* Inits of multiple completion on Well Explication Report and Log form.)
	OH w/189 jts 2 3/8" evonian TA'd	tbg. Set 4.5" CIBP	@ 6295' w/2 sx cmt. PBT
BLM APP	ROVAL IS REQUIRED	PRIOR TO PLUGG	INGBACK -
	OH A FEDERAL L		
		11-5-92	O
		accep ted fo r	
		518	992
8. I hereby certify that the foregoin		fice Manager/Tech	DATE 10-29-92
(This space for Federal or State	office use)		
APPROVED BY	F ANY:		DATE