14. I hereby certify Signed (This space for Approved by Conditions of ap	that the foregoing is true and correct <u>hum MC. Lut</u> redyral or State office use) proval, if any:		A.C. Ritchie, Jr. LATORY AGENT	Date	3-25-96		
Signed	pun fr. c. Red			Date	3-25-96		
	that the foregoing is true and correct				3.05.00		
14. I hereby certify	that the foregoing is true and correct						
				en state and the state of the second state of the second state of the second state of the second state of the s			
			film				
			10	8 996	NUTERS 000 M		
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					HAR ZI		
	one joint 17# N-80. Total pip	pe in hole is 3533.47'. v/ 6# salt & 1/4# flocel	Ran 12 centralizers every other join e/sack, followed by 443 sx Premium	nt from bottom up. Rigged up	cementers and cement	ed	
		1/2" casing as follows	:: Guide shoe, one joint of 17# N-80,	finat collar: 34 its: 17# N-20	52 its 15 5# 1.55		
2-28-96	Spudded well.		an ang ang ang ang ang ang ang ang ang a				
13. Describe Prop directional	osed or Completed Operations (Clearly drilled, give subsurface locations an	ly state all pertinent details, d measured and true vertice	and give pertinent dates, including estimated al depths for all markers and zones pertinent	Completion or Recompletion R date of starting any proposed work to this work )*			
			Set production casing	(Note: Report results of multip			
Final Abandonment Notice			Altering Casing       X     Other	Conversion to Inje	ection		
			Casing Repair	Water Shut-Off	-		
X	Subsequent Report		Recompletion Plugging Back	New Construction			
	Notice of Intent		Abandonment P&A	Change of Plans			
TYPE OF SUBMISSION			TYPE OF AC	TION			
12. CHECK	( APPROPRIATE BOX(s	) TO INDICATE N	ATURE OF NOTICE, REPOR	T, OR OTHER DATA			
				LEA,	NM		
SURFACE: 330' FNL & 2970' FEL of Section 34, T-26S, R-37E TD: Same					Rhodes, Yates 11. County or Parish, State		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					10. Field and Pool, or Exploratory Area		
3. Address and Te P.O. BOX 6	Bephone No. 587, MONAHANS, TEXAS 79	756 (915) 943-2501					
Well Well Other 2. Name of Operator MR DRILLING COMPANY					6. Well Name and No. Wills Federal WELL # 3 9. AP! Well No.		
1. Type of Well	Gas Temporarily Ab	headace					
	S	SUBMIT IN TRIPLI	CATE	7. If Unit or CA, Agree	ment Designation		
	his form for proposals to dr se "APPLICATION FOR PEF		reentry to a different reservoir.				
SUNDRY NOTICES AND REPORTS ON WELLS					LC-050107B 6. If Indian, Allottee or Tribe Name		
				5. Lease Designation			
	UNB 1990) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			1 -	Budget Bureau No. 1004-0135 Expires: March 31, 1993		
(June 1990)		UNITED ST	ATES	FORM APPE	ROVED		

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