

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

Budget Bureau No. 1004-6111  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-032581A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

2310 ft from the ~~North~~ <sup>South</sup> line and  
2310 feet from the ~~West~~ <sup>East</sup> line

14. PERMIT NO. 30-025-0976

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well 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.)

12-14-89 Set 7" Elder Cont Retainer @ 2275'

Test casing to 500' for 15 min. Chart Attached. Well now TA'd

(SJS)

APPROVED FOR <sup>12</sup> MONTH PERIOD  
ENDING 2/1/91

18. I hereby certify that the foregoing is true and correct

SIGNED

W. A. Baker

W. A. Baker

TITLE

Administrative Supervisor

DATE

Dec. 22, 1989

(This space for Federal or State office use)

APPROVED BY

Sharon L. Shaw

TITLE

PETROLEUM ENGINEER

DATE

1-25-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side