June 1990) DEPARTMEN June 1990) DEPARTMEN 193 BUREAU OF L SEP 21 10 53 HI 193 BUREAU OF L SUNDRY NOTICES	<ul> <li>M. AL DANS. DAMA IN P. O. GOX 1930</li> <li>FED STATES HOBBS, NEW MEXICO 88240</li> <li>T OF THE INTERIOR LAND MANAGEMENT</li> <li>AND REPORTS ON WELLS</li> <li>III or to deepen or reentry to a different reservoir.</li> <li>R PERMIT—" for such proposals</li> </ul>	FORM APPROVED Budget Bureau No. 1000-01135 Expires: March 31, 393 5. Lease Designation and Serial No. C-03258 C. 6. If Indian, Allottee or Tribe Name 7. If Unit of CA, Agreement Designation
SUBMIT IN TRIPLICATE		
I Type of Well         Image: State of Operator         HAL       Image: Reserve SEEN		8. Well Name and No 2 - 10 - 12 - 2 9. API Well No.
3 Address and Telephone No. 310 W. WALL SUITE 906 MIDLAND, TX 79701 (95)687-1664		30- 025- 09796 10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey De 1980' FSL : 660' FEL, St	escription)	JALMAT TANSILL /ATEST RIM 11. County or Parish, State LEA GUNTY, UM
CHECK APPROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment Recompletion Plugging Back Casing Repair	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
Final Abandonment Notice Final Abandonment Notice 13. Describe Proposed or Completed Operations (Clearly state a give subsurface locations and measured and true verti-	Altering Casing Other <u>INSTALL</u> ARGER Pum Il pertinent details, and give pertinent dates, including estimated date of startin ical depths for all markers and zones pertinent to this work.)*	(Note: Report results of multiple completion on We) Completion or Recompletion Report and Log term (
INSTALL 51/2 He	BPD Pump on 86 STS 2 revies sub x 27/8" well head.	27/8 J-55 Tia.
WORK COMPLETES	D: 7/11/83 CARLSBAD, NE	1 1993
14. I hereby certify that the foregoing is true and correct Signed	Title	GINELR Date <u>7/16/93</u>
(This space for Federal or State office use) Approved by Conditions of approval, if any:		Date

\*See Instruction on Reverse Side