	5 <u>*</u>						
Form 9-331	UNIT STATES	SUBMIT IN TRIPLICA	Form approved.				
(May 1963)	DEPARTMENT OF THE INTERIO	Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.					
	GEOLOGICAL SURVEY		FC-021100-101111722				
	SUNDRY NOTICES AND REPORTS O	N WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
(D) = == t m	SUINDRY INCINCES AND REPORTS OF PARTY AND THE PARTY OF TH	ck to a different reservoir					
(170 not 1	use this form for proposals to drill or to deepen or plug ba Use "APPLICATION FOR PERMIT—" for such pro-	posals.)					
1.			7. UNIT AGREEMENT NAME				
WELL	CAS WELL OTHER						
2. NAME OF OPER		8. FARM OR LEASE NAME					
			Prichard "A"				
	Natural Gas Company	9. WELL NO.					
3. ADDRESS OF O	PERATOR	0. Wada 1101					
1800 Wi	lco Building, Midland, Texas 79701	, , , , , , , , , , , , , , , , , , , ,	1				
4. LOCATION OF See also space	WELL (Report location clearly and in accordance with any S	State requirements.*	10. FIELD AND POOL, OR WILDCAR				
At surface	11 0000 1117	:3i7					
	1980 FNL & 1980 FEL Of Section	11. SEC., T., R., M., OR BLK AND SURVEY OR AREA					
			Sec. 9, T-25-S,R-37-E				
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE				
	3153 Gr.						
16.			Oshar Data				
10.	Check Appropriate Box To Indicate N						
	NOTICE OF INTENTION TO:	SUBSEQ	UENT REPORT OF:				
TEST WATER	SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL				
FRACTURE T		FRACTURE TREATMENT	ALTERING CASING				
SHOOT OR A		ABANDONMENT*					
REPAIR WEL							
	en additional Yates Sections X	s of multiple completion on Well letion Report and Log form.)					
	Clearly state all portinguis	dataily and give portinent dates	including estimated date of starting any				
proposed v nent to thi	work. If well is directionally drilled, give subsurtace locat s work.) *	ions and measured and true vertic	at depths for an markets and zones perci-				
Plan is	to remove wellhead, install BOP and	d spot 350 gallons ac	cid from 3111 to 2900				
through	tubing. Perforate intervals with	1 SPF: 3050-38, 303	28-16, 2985-79, 2942-				
28. Set	RTTS packer at 2900 and swab test	t. If additional gas	s is indicated, foam				
	intervals in 3 stages using 10,00						
500 gallons 15% acid and 1000 gallons gelled KCL water per stage. Blow well back							
ove gali	tely unitl cleaned up, remove packet	r. land tubing with	disc, replace wellhead.				
	sc and return well to production.	,					

Proposed starting date: August 10, 1977, subject to unit availability.

18 I hereby certify that the foregoing is true and correct SIGNED C. C. Goodwin	TITLE _	Adm.	Prod.	Service	NED.	ATE	July	14,	1977
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE _		A	JUL 1	- 1 /5 V 1	A)E			
*Se	e Instruct	ions on	Reverse	AKIHUR Side — Side —	R. BROWN				

CIL CONSTRUCTION COMM.