Form 3160-5 (November 1983) (Formerly 9-331)	U*''TED S DEPARTM T OF BUREAU OF LAND	THE INTERIOR	SUBMIT IN TI ICATE (Other instruc on reverse side)	Evnicas Aumia	No. 1004-0135
	NDRY NOTICES AND Torm for proposals to drill or to the control of	o deepen or plug back t	o a different reservoir	6. IF INDIAN, ALLOTTE	
OIL GAB WELL 2. NAME OF OPERATOR HISTORIA TO	OTHER	DL (712) 000 0	APR 8 10 47 A	Langlie Jal	Unit
P. O. BO	X 2120 HOUSTON,	TX 77252-2120	001	9. WBLL NO.	
At surface 17 Bel	Report location clearly and in account ow.) L & 2310' FEL, Unit		requirements.°	Langlie Mat 11. BBC., T., E., M., OR BURYBY OR ARBA Sec. 17, 25	tix (Queen)
30-025-1		S (Show whether DF, RT, G	k, etc.)	12. COUNTY OR PARISE	18. STATE
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE GEPAIR WELL Other) CSG TO DESCRIBE PROPOSED IN proposed work. If nent to this work.) 1. Car Sch Cas 2. An all	PCLL OR ALTER COMPLETED OF FRANCE PLANS Thteghty TEST R COMPLETED OPERATIONS (Clearly well is directionally drilled, given to the complete of the complete o	ill be contact technician must maximum of 50'n equipment is	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report result Completion or Recoupt ils. and give pertinent dates and measured and true vertice ted at least 24 it be on location above open perforemoved.	BEPAIRING CABANDONMS. a of multiple completion oletion Report and Log for all markers all depths for all markers to witness all rations, after	on Well
for	the foregoing is true and correct	s with a 10% al	lowable leak-off.		
SIGNED A	Willette	TITLE Reg. F	Permit Coordinator	DATE 4-4-9)1
(This space for Fede APPROVED BY CONDITIONS OF AF	ral or State office use) PPROVAL, IF ANY:	TITLE		DATE	

*See Instructions on Reverse Side

RECOVED

APR 2 4 1991

100 × 100 ×