Blinebry per \$ 5105 - 5398.  05/24/88: In 24 hrs pumped 8 BO, 25  18. I hereby certify that the foregoing is true and correct SIGNED Ken W. Johnson (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	BW, 22 MCF.	688-5672 Tech. Spec.	DATE OF PECOSO  DATE  JUN 81888
05/24/88: In 24 hrs pumped 8 B0, 25  18. I hereby certify that the foregoing is true and correct SIGNED Ken W. Joshell	BW, 22 MCF.	688-5672 Tech. Spec.	DATE
05/24/88: In 24 hrs pumped 8 B0, 25  18. I hereby certify that the foregoing is true and correct that the foregoing is true and the foregoing is true and correct that the foregoing is true and the foregoing is tru	BW, 22 MCF.	688-5672	ARECEIVED RECEIVED
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Blinebry per <b>s</b> 5105 - 5398.	. KU PU US/US/OC	3.	ous a pump. rumping for cest
Acidized Blinebry pers 510	t 5509. Press tes 05 - 5398. POH v	st to 3000#. Set pkr v/pkr. Run CA: tbg, r	at 4990. Press test annulus.
(Other)		Completion or Reco	uits of multiple completion on Well outpletion Report and Log form.)
SHOOT OR ACIDIZE		SHOOTING OR ACIDIZING	ABANDONMENT*
TEST WATER SHUT-OFF PULL OR ALTER :  FRACTURE TREAT MULTIPLE COME: F		WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
NOTICE OF INTENTION TO			SEQUENT ESPORT OF:
16. Check Appropriate Box		re of Notice. Report, o	
14. PERMIT NO. 15 ELEVATIONS 30-025-11706 3078 6	(Show whether DF, RT,	GR, etc.)	23-255-37E  12. COUNTY OR PARISH 13. STATE  Lea New Mexico
P. O. Box 1610, Midland, Texas LOCATION OF WELL (Report location clearly and in account of the surface of the surface 1980 FSL & 1650 FEL (Unit Let		e requirements. •	2 10. FIELD AND POOL OR WILDCAT JUST'S Blinebry 11. SEC., T., B., M., OR BLE. AND BURNEY OR ARMA
ARCO Oil and Gas Company 3. ADDRESS OF OPERATOR			Carlson "A" Federal 9. WHILL NO.
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
OIL X GAS OTHER			(: OWIT EGEREMENT NEME
(Do not use this form for proposals to drill or to Use "APPLICATION FOR PERM  OIL GAS	deepen or plug back	ais.)	7. UNIT AGREEMENT NAME
OIL GAS	REPORTS ON	WELLS	CC-060945 6 IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME

**t**: . .

\*See Instructions on Reverse Side

SOS CARLSBAD, NEW MEXICO