ovember 1983) UNITED STATES SUBMIT IN THE LICATED OTHER 1983) DEPARTI NT OF THE INTERIOR (Other Instructure and e)		Expires Augus	u No. 1004-0135 st 31, 1985	
BUREAU OF LAND MAN	5. LEASE DESIGNATION AND SERIAL NO. NM 0766			
SUNDRY NOTICES AND RE	n or plug back to a different reservoir	6. IF INDIAN, ALLOTT	TE OR TEISE NAME	
		7. UNIT AGREEMENT :	NAME	
	713) 968-3654	8. FARM OR LEASE NA Carlson "A		
P. O. BOX 2120 HOUSTON, TX	9. WBLL NO. 1			
LOCATION OF WELL (Report location clearly and in accordan See also space 17 below.) At surface	10. FIELD AND FOOL, OR WILDCAT Justis (Blinebry) 11. BRC. T. B., M., OR BLK. AND SURVET OR AREA Sec. 25, T255, R37E			
2310 FSL & 2310 FEL A-1				
Solution 15. ELEVATIONS (Show whether DF, BT, GR, etc.) 30-025-11756 3059° GL		12. COUNTY ON PARIS	-	
Check Appropriate Box To I	dicate Nature of Notice, Report, or Ot			
SUBSSOUS		INT REPORT OF :		
FRACTURE TREAT MULTIPLE COMPLETE	WATER SHUT-OFF	ESPAIRING WELL		
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ALTERING C	<u> </u>	
REPAIR WELL CHANGE PLANS	(Other)	ABANDONME		
"Inder GG Fridequity TETT	Nors : Report results o	Nors: Report results of multiple completion on Weil Completion or Recompletion Report and Log form.) details, and give pertiment dates, including estimated date of station of the second station of t		

proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones perti-

HOPPI

- 1. Carlsbad BLM office will be contacted at least 24 hrs. prior to scheduled test. A BLM technician must be on location to witness all casing integrity tests.
- 2. An RBP will be set a maximum of 50' above open perforations, after all downhole production equipment is removed.
- 3. Casing will be circulated with inhibited fluid and tested to 500 psi for at least 15 minutes with a 10% allowable leak-off.

18. I hereby certify that the foregoing is plue and correct		
SIGNED All Mute	TITLE _ Reg. Permit Coordinator	DATE 4-4-91
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY :	TITLE	

Al-

*See Instructions on Reverse Side

. :

APR 17 ISH