Form 3160 -5	UNITED STATES	SUBMIT IN CRITICATES Other instructions re-	Pudget Barcon No. 1004-1138 Expires August 31, 1985 5, trans designation and beeral No.
(November 1983) (Formerly 9-331)	DEPARTMEN. OF THE INTERBUREAU OF LAND MANAGEMEN	RT verse #lde)	LC-032510 (b)
	IDDA NOTICES AND REPORTS	on wells	6 IF INDIAN, ALLOTTEE OR TRIBE NAME
SUN (Do not we this	cform for properate to drill or to deopen or plug. Use "AFPLICATION FOR PERMIT" for such	back to a different reservoir.	
i			7. UNIT AGREEMENT NAME
OIL X CAB OTHER  2 NAME OF OPLEATOR			8. FARM OR I TASK NAME
Doyle Hartman			L. L. Gregory
Post Office Box 10426 <u>Midland</u> , Texas 79702 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			Langlie Mattix-7 Rivers
990 FSL & 660 FEL (P)			11. SEC., T., R., M., OR BLE, AND BURNEY OR AREA
			Section 35, T-25-S, R-37-E
Well temporarily abandoned  14. IEBMIT NO (Show whether DF, RT, GR, etc.)			12. COUNTY OR PARISH 13. STATE
	3017.5 D.F.		Lea   NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
	NOTICE OF INTENTION TO:	WATER SHCT-OFF	EEFAIRING WELL
TEST WATER SHUT-	OFF PULL OR ALTER CASING	FRACTURE TERATMENT	ALTERING CASING
FRACTURE TREAT SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other)	s of multiple completion on Well eletion Report and Log form.)
17. DESCRIBE PROPOSED proposed work, nent to this work.		nent details, and give pertinent dates ocations and mensured and true vertice	
1. MIRU WO rig. POH w/rods. Install BOP. POH w/tbg.			
1. MIRU WO rig. Fon wylods. Install 1. Miru wo rig. Fon wylods. Fo			
A DELL ADDR DDC plr on WS			
s cot pro at 3020' Set pkr at 2970'. Test RBP to 300 psr.			
6. Rise pkr and load annulus w/inhibited produced wtr. 7. Test csg to 500 psi.			
a If leak is found, isolate by moving pkr to various depend.			
9. NOTE: Inhibit water w/10 gal/100 bbl KW-79.			
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$\preceq_{\alpha}$	at the foregoing is true and correct	Engineer	DATE December 4, 1985
SIGNED OW			
(This space for Fe	ederal or State office use)		DATE
APPROVED BY _ CONDITIONS OF	APPROVAL, IF ANY:		