	Unit H, 2310) FNL 810	' FEL, Sec. 3	30, T-24S,	R38E	-	11. SEC., T., R., M., OR B BURYEY OR AREA Sec. 30, T24		
14.	PERMIT NO.		15. ELEVATIONS (Show whether DF.	RT, GR, etc.)		12. COUNTY OF PARISH		
16.	Check Appropriate box to indicate radiate of facility, Report, of C						Other Data		
17.	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) DESCRIBE PROPOSED of proposed work. I nent to this work.) 11-2-87	Ran 4-1/.5% CRF2% Hala	2" 10.5# cast 2 Mixed w/ 43 d-4 mixed wit	tate all pertinent subsurface locations to 4026 35 sx + 10 th 100 sx.	shorting on actioiz (Other) Cement (Note: Report Completion or details, and give pertiner ons and measured and tru 6'. Cemented wi lbs Microbond p Did not circul casing with 118	1 longs t results of Recomplete dates, in vertical th 535 er sk.	f multiple completion of lon Report and Log for neluding estimated date depths for all markers as Class "C" mixed with 100 ment.	on Well m.) e of starting any and tones perti-	
				**		S	05		
18.	I hereby certify that	the foregoing	is true and correct	TITLE Age	nt		DATE Januar	y 12, 1988	
1.11 ° •	(This space for Fede	eral or State o	ffice use)						
	APPROVED BYCONDITIONS OF A	PPROVAL, IF	ANY:	TITLE			DATE		

*See Instructions on Reverse Side

JAM 25 1000 OFFICE