11 **ED STATES** Dudget Dureau N. Toda- e UI ED STATES

SUBMIT IN TRI
(Other instructions on reverse side)

LATE* (November 1983) Expires August 31, 1985 (Formerly 9-331) 5. LEASE DESIGNATION AND SERIAL NO LC-069052 BUREAU OF LAND MANAGEMENT 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals.) 7. UNIT AGREEMENT NAME WELL WELL X WDOSU OTRER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME west Bollushedi Gue Sirgo-Collier, Inc. 3. ADDRESS OF OPERATOR 9. WBLL NO. P.O. Box 3531, Midland, TX 34 - 74LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 10. PIBLD AND POOL, OR WILDCAT 1250 FNL, 2500 FEL, Sec. 31, T24S, R38E Sec. 31, T24S, R38E 14. PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 18. STATE 245 3108 GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO TEST WATER SHUT-OFF PULL OR ALTER CARING WATER SHUT-OFF

(Nork: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

PRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud, Cmt. Surf.,

Spud well 7-10-87 w/12½" bit. Drill to 398'.

NULTIPLE COMPLETE

ABANDON⁴

1-11 全7 * Set 398' of 24# 8-5/8" csg.

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZA

- Cemented w/250 sx. Class "C", Circ to surface.
- Tested 8-5/8" csg to 600# for 1.5 hrs. 7-12-87*
 - Drill out w/7-7/8" bit to 3866'.
- Ran 3866' of $5\frac{1}{2}$ " 15.5# csg. 7-18-87
 - Cemented w/1000 sx. + 15.5# salt, circ. to surface.

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POCEPTED FOR RECORD

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REPAIRING WELL

Prod.

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18. I hereby certify that the foregoing is true and correct TITLE Agent (This space for Federal or State office use) APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY: