REPLY MESSAGE

First Insurance Agency or Amarillo, Inc
4101 MOCKINGBIRD, SUITE 3
AMARILLO, TEXAS 79109
(806) 355-8201

YOUR Independent Insurance AGENT SERVES YOU FIRST

☐ **URGENT**

☐ Reply Immediately

☐ No Reply Needed

TO: E.T. Rose

Date: 3-25-85

Subject:

MESSAGE

FOLD

Enclosed is a copy of the bond you requested. Please call if you need anything else

Thanks,
Pat

FOLD

REPLY

DATE _____ SIGNED _____

Certificate of Insurance

acord

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY

First Insurance Agency
P.O. Box 10186
Amarillo, Texas 79116

NAME AND ADDRESS OF INSURED

Etheldred T. Ross
Box 476
Panhandle, Texas 79068

COMPANIES AFFORDING COVERAGES

COMPANY LETTER A U.S. Fire

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Limits of Liability in Thousands (000)

GENERAL LIABILITY

AUTOMOBILE LIABILITY

EXCESS LIABILITY

WORKERS COMPENSATION and EMPLOYERS LIABILITY

OTHER

A 6100988148 Oil & Gas Plugging Blanket Bond 12-19-83-84

Cancellation: [illegible] 10 [illegible]

Oil & Gas Commission
Oil Conservation Commission
P.O. Bx 2088
Santa Fe, New Mexico 87501

BONDING - CONTINUATION ADVICE

☒ U.S. Fire Insurance Co. ☐ The North River Insurance Co. ☐ Westchester Fire Insurance Co. ☐ International Insurance Co.

CODING-CHECK ONE

☒ SURETY —

Annual Statement Line of Bus	Subline	Type of Contract	Rate Departure
240	002	0	100

BOND CANCELLED _____

DESTROY _____

☐ FIDELITY — CODING SHEET ATTACHED

☒ AGENCY ISSUED ☐ COMPANY ISSUED

	BRANCH	COMPANY	AGENCY NO.
FIRST INS AGCY-AMAR P O BOX 1112 AMARILLO 79105	DALLAS		21634

SP AGT 20

ANNIVERSARY DATE (INCEPTION) MO.	DAY	YR.	MAJOR PERIL	BOND NUMBER	CLASS	NAME	PREMIUM	COMM.
12	19	84	022	610 158614	429	[illegible]	INC P. 2ND. 500.00 3RD.	30
12	11	05						
EXPIRATION								

☒ Continuous ☐ Continuation Cert. ☐ Definite Expiration

☐ Other

Continuation Premium for the above bond will be due on the date indicated. Please advise whether the Bond is to be continued, and if necessary furnish information to be used in determining the continuation premium.

1. To permit prompt continuation processing of this bond. Please submit:

RECEIVED

☐ Current Financial Statement

☐ Copy of Annual Accounting

☐ Complete Application or Renewal Questionnaire

☐ Bond Form

2. ☒ Your Account has been charged for this Bond.

☐ Other: _____

FM 203.0.304 (1-83)

AGENT'S COPY

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		✓
U.S.G.S.		
LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [ ] Fee [X]

5. State Oil & Gas Lease No.

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 –" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- Carbon Dioxide

7. Unit Agreement Name

2. Name of Operator: E. T. Ross

8. Farm or Lease Name: Hayoz

3. Address of Operator: Box 476 Panhandle Texas 79068

9. Well No.: # 5

4. Location of Well: UNIT LETTER J, 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 19 North RANGE 30 East NMPM.

10. Field and Pool, or Wildcat: Wildcat

15. Elevation (*Show whether DF, RT, GR, etc.*): 4483 MSL

12. County: Harding

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
				OTHER X	[ ]		
OTHER	[ ]						

17. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

Request a 180 day extension of time on drilling permit

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 4-10-86
UNLESS DRILLING UNDERWAY

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED E. T. Ross TITLE Operator DATE 10-2-85

APPROVED BY Roy Johnson TITLE DISTRICT SUPERVISOR DATE 10-10-85

CONDITIONS OF APPROVAL, IF ANY: