

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



REPLY MESSAGE

☐ **URGENT**

☐ Reply Immediately

☐ No Reply Needed

Date: 3-25-85

Subject: _____

TO: E.T. Ross

MESSAGE

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

Thanks,

Dat

REPLY

DATE _____ SIGNED _____

RETURN ORIGINAL TO SENDER AND KEEP COPY

OHIO ENVELOPE CO. CINC. OHIO 45219-PTD. IN U.S.A. CAT. NO. 420



Certificate of Insurance

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

COMPANIES AFFORDING COVERAGES

COMPAN- A
LETTER U.S. Fire

COMPAN- B
LETTER

COMPAN- C
LETTER

COMPAN- D
LETTER

COMPAN- E
LETTER

NAME AND ADDRESS OF INSURED

Etheldred T. Ross
Box 476
Panhandle, Texas 79068

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.

MEANS OF TRANSPORTATION TYPE OF RISK NUMBER OF POLICIES LIMITS OF LIABILITY IN THOUSANDS (000)

GENERAL LIABILITY

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AUTOMOBILE LIABILITY

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EXCESS LIABILITY

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WORKERS' COMPENSATION

and

EMPLOYERS' LIABILITY

OTHER

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

IF MORE THAN ONE POLICY IS LISTED, CHECK HERE

Cancellation: This policy and the above described policies be cancelled retroactively to the date of the issuing company's written notice to the insured, provided that the insured has not received notice of cancellation from the issuing company within 10 days of the date of the issuing company's written notice to the insured.

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

12-19-83
828

BONDING - CONTINUATION ADVICE

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

CODING-CHECK ONE

☒ SURETY —☐ FIDELITY — CODING SHEET ATTACHEDAnnual Statement Line of
Bus 240Subline
002Type of Contract
0Rate Departure
100

BOND CANCELLED _____

DESTROY _____

☒ AGENCY ISSUED☐ COMPANY ISSUED

BRANCH

COMPANY

AGENCY NO.

FIRST INS AGCY-AMAR
P O BOX 10118
AMARILLO 79701

DALLAS

21834

SP AGT 20

ANNIVERSARY DATE (INCEPTION)			MAJOR PERIL	BOND NUMBER	CLASS	NAME	PREMIUM	COMM.
MO.	DAY	YR.						
12	19	84	610	68814	429	MESS 21	INC P. 2ND. 3RD.	500.00 30
12	11	05	☒ Continuous ☐ Continuation Cert. ☐ Definite Expiration ☐ Other					
EXPIRATION								

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:

- ☐ Current Financial Statement
☐ Copy of Annual Accounting
☐ Complete Application or Renewal Questionnaire
☐ Bond Form

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

☐ Other: _____

RECEIVED

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease
State ☐ Fee ☒

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 West 14 19 North 30 East THE LINE, SECTION TOWNSHIP RANGE 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:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER X ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 [Signature] TITLE DISTRICT SUPERVISOR DATE 10-10-85

CONDITIONS OF APPROVAL, IF ANY: