NN OIL CONS. COMMISSION Form 9-331 (May 1963) L .TED STATES Drawer DDUBMIT IN THE Form approved. Budget Bureau No. 42-R1424. DEPARTMENT OF THE INTERNOR WHITE SIGN STORE OF THE 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM 17216 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS ī. 7. UNIT AGREEMENT NAME OII. WELL X GAS WELL OTHER ____ JAN 1 3 1983 2. NAME OF OPERATOR 8. FARM OR LEASE NAME BRUCE ANDERSON PETERSON-FEDERAL O.C.D. 3. ADDRESS OF OPERATOR 77002 9. WELL NO. 900 ALLIED BANK PLAZA, 1000 LARUESAANATACHOUSTON, TX LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 10. FIELD AND POOL, OR WILDCAT 1980' FSt, 660' FEL, SE¼NE¼ WILDCAT At surface UNIT H FAL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 16S, 27E نSEC.22 14. PERMIT NO 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH | 13. STATE 3513 G.L. EDDY NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON SHOOTING OR ACIDIZING SPUD SURFACE CSG. 3 REPAIR WELL CHANGE PLANS (Other) _ (Note: 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.)* proposed work. If nent to this work.) 12-29-82 SPUD 12-1/4" HOLE @ 12:30 P.M. 12 - 30 - 82T.D. 365 FEET. RAN 9 JOINTS 8-5/8" 24# J55 NEW CASING SET AT 360 FEET. CEMENTED WITH 200 SACKS CLASS "C" WITH 4 SX CACL, 5 SX GEL AND 2 SX PAPER. PLUG DOWN 3:45 P.M. W.O.C. 18 HRS. TESTED @ 1000#- 30 MIN. DRILLED OUT. 12 - 31 - 821383 OIL & GAS U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

18. I hereby gertify that the foregoing is true and correct OPERATOR'S AGENT DATE 1-3-83 SIGNED _/ TITLE . Federal or State Since RECORD (This space for (ORIG. SGD.) DAVID R. GIASSLE conditions of approvan DATE

MINERALS MANAGEMENT SERVICES | Instructions on Reverse Side ROSWELL, NEW MEXICO