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LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

FEB 20 1980

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-8096	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG RACE HORSE RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator

THRESHOLD DEVELOPMENT COMPANY

Address of Operator

1100 Gihls Tower West, Midland, Texas 79701

Location of Well

UNIT LETTER N 660 FEET FROM THE south LINE AND 1980 FEET FROM

THE west LINE, SECTION 7 TOWNSHIP 19S RANGE 29E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Conoco 7 State

9. Well No.

1

10. Field and Pool, or Wildcat  
Und. Turkey Track Morrow

11. Elevation (Show whether DF, RT, GR, etc.)

3383.7'

12. County

Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

REPAIR OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☒

OTHER ☐

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.

The well was spud at 3:00 p.m. on 2-12-80. A 17-1/2" hole was drilled to 400'. 13-3/8" O.D. 61 #/ft. casing was run and cemented with 550 sacks "C" containing 2% CaCl at 400'. Cement did not circulate. The annulus was filled to surface with 15 yards of ready mix cement. After WOC time of 18 hours, the well was nipples up, casing and BOP rams tested to 1000 psi prior to drilling out.

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

BY [Signature]

TITLE Agent

DATE 2-15-80

APPROVED BY W.A. Gressett

TITLE SUPERVISOR, DISTRICT II

DATE FEB 11 1980

CONDITIONS OF APPROVAL, IF ANY: