| Formerly 9-331) DEPARTI | UN TD STATES MEN. OF THE INTER U OF LAND MANAGEMEN | | Form approved. Budget Bureau No. Expires August 31, LEASE DESIGNATION AND NM 23002 | 1985 |
|--|---|--|--|------------------------------|
| (Do not use this form for propos | ICES AND REPORTS (Talk to drill or to deepen or plug ATION FOR PERMIT—" for such p | back to a different reservoir. | 6. IF INDIAN, ALLOTTEE OR | TRIBE NAME |
| OH, GAS WELL OTHER | | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Woodbine Petroleum, Inc. NOV 30 '90 3. ADDRESS OF OPERATOR | | | 8. FARM OR LEASE NAME Hadson Federal 9. WELL NO. | |
| 1445 Ross Avenue Suite 3660 Dallas, Texas 75202 C. C. D. | | | #1 | |
| 4. Location of well (Report location clearly and in accordance with any State requirements) A, OFFICE See also space 17 below.) At surface 2,180' FEL and 760' FSL | | | Undesignated 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA | |
| | | | | |
| | 3,564 GR | | Eddy N | IM |
| 16. Check Ap | propriate Box To Indicate N | Nature of Notice, Report, or C | Other Data | - |
| NOTICE OF INTEN | UNNT REPORT OF: | | | |
| FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is directionent to this work.) Perforated from 2,6 | naily diffied, give subsurface loca | Completion or Recomplete to details, and give pertinent dates, tions and measured and true vertice that 4" casing gun with | il depths for all markers and | starting any zones perti- |
| | | Me | NOV 16 11 54 AM '90 CARLS AREA HEALTH STERS | RECEIVED |
| 18. I hereby certify that the foregoing is | 1 11 .V | cutive Vice President | DATE 11-13-90 | |
| (This space for Federal or State office APPROVED BY | | | DATE | |