IITED STATES SUBMIT IN 1 LICATE*

Form approved.
Budget Bureau No. 42-R1424.

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. 1. OIL WELL OTHER Drilling well 2. NAME OF OPERATOR INTEX OIL COMPANY 3. ADDRESS OF OPERATOR P. C. SOX 122, MIDLAND, TEXAS 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FRI. Section 15, T. 20 S; R. 28 E 1. SEC., SU Section 15, T. 20 S; R. 28 E	D AND POOL, OR WILDCAT JILDCAT T., B., M., OR BLK. AND BYBY OR AREA ON 15. T. 20 S: E: IMPH TY OR PARISH 13. STATE dy N,M. C T OF: REPAIRING WELL, ALTERING CASING
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" for such proposals.) 7. UNIT 2 OIL	OR LEASE NAME GG-FEDERAL O AND POOL, OR WILDCAT T., B., M., OR BLK. AND BYEY OR AREA OR 15. T. 20 5: E: HMPH TY OR PARISH 13. STATE dy N,M. C T OF: REPAIRING WELL ALTERING CASING
ONL GAS WELL OTHER Drilling well 2. NAME OF OPERATOR INTEX OIL COMPANY 3. ADDRESS OF OPERATOR F. C. SOX 122, MIDLAND, TEXAS 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FRL, 560 FEL Section 15, T. 20 S: R. 28 E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3243.60 - Ground Level 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dat NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* SHOOTION OF MACIDIZE ABANDON* SUBSEQUENT REPORE WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE ABANDON* SHOOTION OF MICHORITY OF MULTIPLE COMPLETE ABANDON* SUBSEQUENT REPORE (Other) (NOTE: Report results of multiple Completion or Recompletion Report (NOTE: Report results of multiple Completion or Recompletion Report (NOTE: Report results of multiple completion or Recompletion Report (NOTE: Report results of multiple completion or Recompletion or Recompletion Report (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work.) If well is directionally drilled, give subsurface locations and measured and true vertical depths feather to this work.) *	OR LEASE NAME GG-FEDERAL NO. AND POOL, OR WILDCAT JILDCAT T., B., M., OR BLK. AND RUBY OR AREA OR 15. T. 20 5: E: HMPM TY OR PARISH 13. STATE dy N, M. G T OF: REPAIRING WELL ALTERING CASING
INTEX OIL COMPANY 3. ADDRESS OF OPERATOR P. O. BOX 122, MIDLAND, TEXAS 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10. FIEL 11. SEC., SU 12. COUN 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 16. 16. 16. 16. 17. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dat NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOTING OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths function to this work.)*	AND POOL, OR WILDCAT T., B., M., OR BLK. AND BYBY OR AREA OR 13, T. 20 5: E: MPP TY OR PARISH 13. STATE dy N.M. G T OF: REPAIRING WELL ALTERING CASING
9. WELL P. C. SOX 122, MIDLAND, TEXAS 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 1980 PHL, 660 PKL Section 15, T. 20 S: R. 28 E 11. SEC, SU SECTION 15, T. 20 S: R. 28 E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Notice of Intention to: SUBSEQUENT REPORT TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING (Other) (NOTE: Report results of multiple Completion or Recompletion Report or Recompletion Report or Report of March 1890 (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths from to this work.)*	NO. I AND POOL, OR WILDCAT JILDCAT T., B., M., OR BLK. AND RVBT OR AREA ON 15, T. 20 5: E: MIPM TY OR PARISH 13. STATE dy N,M. G T OF: REPAIRING WELL ALTERING CASING
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 11. SEC., 1980 FRL, 660 FEL Section 15, T. 20 S: R. 28 E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dat NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) (Other) (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for next to this work.)*	T. B., M., OR BLK. AND REVEY OR AREA OR 15. T. 20 S: E: HOPM TY OR PARISH 13. STATE dy N.M. G T OF: REPAIRING WELL ALTERING CASING
See also space 17 below.) At surface 1980 FEL, 560 FEL Section 15, T. 20 S; R. 28 E 14. Permit no. 15. Elevations (Show whether DF, RT, GR, etc.) 12. COUN 14. Permit no. 15. Elevations (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dat NOTICE OF INTENTION TO: SUBSEQUENT REPOR WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) (O	T. B., M., OR BLK. AND REVEY OR AREA OR 15. T. 20 S: E: HOPM TY OR PARISH 13. STATE dy N.M. G T OF: REPAIRING WELL ALTERING CASING
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUN 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 16. 17. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Notice of Intention to: 18. Subsequent report 19. Test water shut-off 19. Pull or alter casing Multiple complete 19. Subsequent report 19. Mater shut-off 19. Fracture treat 19. Multiple complete 19. Subsequent report 19. Other) 10. Other) 11. Describe Proposed or completed Operations (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for next to this work.)	T. B., M., OE BLK. AND RVBY OR AREA ON 15, T. 20 5; E: HAPM TY OR PARISH 13. STATE dy N.M. C T OF: REPAIRING WELL ALTERING CASING
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUN 3243.60 - Ground Level 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Dat NOTICE OF INTENTION TO: SUBSEQUENT REPOR WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) (Other) (Other) (Other) (Other) (NOTE: Report results of multiple Completion or Recompletion Report Composed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for the first control of the completion of the completi	TY OR PARISH 13. STATE dy N,M. G T OF: REPAIRING WELL ALTERING CASING
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for next to this work.)*	T OF: REPAIRING WELL. ALTERING CASING
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for next to this work.)*	T OF: REPAIRING WELL. ALTERING CASING
FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for next to this work.)*	ALTERING CASING
SHOOT OR ACIDIZE REPAIR WELL (Other)	
(Other) (Other) (Other) (Other) (Other) (NOTE: Report results of multiple Completion or Recompletion Report R	
(Other) (Note: Report results of multiple Completion or Recompletion Report results of multiple Completion results	ABANDONMENT*
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for nent to this work.)*	e completion on Well
8-5/8" casing had been set at 388' with 50 sacks cement, and 8" hole casing shoe to 1085' TD. Hele was filled with heavy mad. A 30' plug of cement was set from 1085' - 1055'. A 30' plug of cement was set from 390' - 360'. 300' of 8-5/8" casing was cut off and pulled from well leaving 88' of cemented in well from 300' to 388'. A top plug of 15' of cement was set at surface with 10' x 4" trop pin cemented in well with 4' above surface of ground.	s 8- 5/ 8 "
MAR	1.21964
	S.C. C.
18. I hereby certify that the foregoing is true and correct	:
• • •	те 1-2-1964
	1 N
(This space for Federal or State office use)	
(This space for Federal or State office use) APPROVED DA	TE
(This space for Federal or State office use) APPROVED TO USE OF APPROVAL, IF ANY: DA	TE

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Consult local Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. State or Federal office for specific instructions. Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1963—O-685229