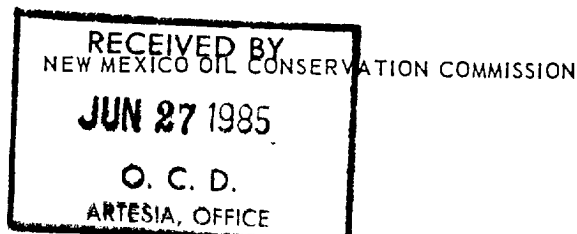


NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>



Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. 30-015-25255

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator TXO Production Corp. ✓	8. Farm or Lease Name Delta Fee "B"
3. Address of Operator 900 Wilco Bldg. Midland, TX 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>B</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>14</u> TOWNSHIP <u>22-S</u> RANGE <u>27-E</u> NMPM.	10. Field and Pool, or Wildcat Undes Strawn
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Eddy

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 JOB ☒  
OTHER ☐

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.

5-28-85 Logging  
5-29-85 Rn 4 1/2 csg  
5-30-85 Cmt w/800 sx "H" TOX @ 9715  
5-31-85 T I H w/tub.  
6-01-85 Drlg. cmt thru 6-5-85  
6-06-85 Logging  
6-08-85 Set net. @ 9511; cmt w/6435sc "H" flo lok, toc @ 7500 woc.  
6-09-85 WOCU 6-19-85.

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

SIGNED Cilicia Henderson

TITLE Engr. Asst.

DATE 6/21/85

APPROVED BY Cilicia Henderson Original Signed By John A. Clements

CONDITIONS OF APPROVAL, IF ANY:

Supervisor District II

**SUPERVISOR, DISTRICT II**

DATE JUL 1 1985  
6/21/85