| Office District I  Energy, Minera                                                                                                                        | of New Mexico<br>Is and Natural Resources               | Form C-103<br>May 27, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1625 N. French Dr., Hobbs, NM 88240<br>District II                                                                                                       | N. I. (T. O. I. D. I. IVOY O. I.                        | WELL API NO.<br>30-005-10570                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSEI                                                                                                         | RVATION DIVISION                                        | 5. Indicate Type of Lease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |
| 1000 Dio Drazos Dd. Azton NM 97410                                                                                                                       | th St. Francis Dr.                                      | STATE FEE 6. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505                                                                                                  | S. St. Francis Dr., Santa Fe, NM                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| SUNDRY NOTICES AND REPORTS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DI                                                                         | EEPEN OR PLUG BACK TO A                                 | 7. Lease Name or Unit Agreement Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FO PROPOSALS.)                                                                                        | ORM C-101) FOR SUCH                                     | CATO SAN ANDRES UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
| 1. Type of Well: Oil Well Gas Well Other                                                                                                                 | 8. Well Number 59                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| 2. Name of Operator                                                                                                                                      | 9. OGRID Number 183718                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| United Heritage New Mexico Corp.  3. Address of Operator                                                                                                 |                                                         | 10. Pool name or Wildcat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| 200 N. Loraine, Suite 400, MIDLAND, TX 79701                                                                                                             |                                                         | CATO SAN ANDRES - 10540                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| 4. Well Location                                                                                                                                         |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Unit Letter: N660' feet from theSO                                                                                                                       | UTH line and1980'_                                      | feet from theWEST line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
|                                                                                                                                                          | Range 30-E NM                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                                                                                                                                                          | whether DR, RKB, RT, GR,                                | etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| Pit or Below-grade Tank Application or Closure                                                                                                           |                                                         | Nu 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |
|                                                                                                                                                          | nearest fresh water well                                | Distance from nearest surface water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |
| Pit Liner Thickness: mil Below-Grade Tank:                                                                                                               |                                                         | Construction Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |
| 12. Check Appropriate Box to                                                                                                                             | Indicate Nature of Noti                                 | ce, Report or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |
| NOTICE OF INTENTION TO:                                                                                                                                  | UBSEQUENT REPORT OF:                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                                                                                                                                                          | PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                                                                                                                                                          | TEMPORARILY ABANDON                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| PULL OR ALTER CASING  MULTIPLE COMPL                                                                                                                     | ☐ CASING/CEN                                            | MENT JOB 📙                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
| OTHER:                                                                                                                                                   | OTHER:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| <ol> <li>Describe proposed or completed operations. (Clea<br/>of starting any proposed work). SEE RULE 1103.<br/>or recompletion.</li> </ol>             |                                                         | s, and give pertinent dates, including estimated date  : Attach wellbore diagram of proposed completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| 1) RIH to 75' above the top perf. 2) Set CIBP & Spot 35' Cmt Plug on top of CIBP OR Spot a 3) WOC f/ 4 hrs. RIH & Tap Plug.                              | 25 sx Plug in lieu of CIBP.                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| <ul><li>4) Pump 9.5 - 10 ppg Mud between Plugs.</li><li>5) RIH &amp; Perf w/ Sqz Shots of 4-JSPF for a 1' Interval anywl</li></ul>                       |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| <ul><li>6) Attempt a 45 sx Sqz, If Unable to Sqz, GIH 25' &amp; Spot a 2</li><li>7) WOC f/ 4 hrs. RIH &amp; Tag Plug</li></ul>                           | <u> </u>                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| 8) Pump 9.5 - 10 ppg Mud between Plugs.                                                                                                                  |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| <ol> <li>RIH &amp; Perf w/ Sqz Shots of 4-JSPF for a 1' Interval anywl</li> <li>Attempt a 45 sx Sqz, If Unable to Sqz, GIH 25' &amp; Spot a 2</li> </ol> | ' '                                                     | 00 1/01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| 11) WOC f/ 4 hrs. RIH & Tag Plug  12) RIH & Perf w/ Sqz Shots of 4-JSPF for a 1' Interval snow                                                           | 25 sxs Cmt Plug. 5 Soz. 50 DUTHIN TA                    | 68 730 GREENES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |
| 13) Attempt a 45 sx Sqz, If Unable to Sqz, GIH 25' & Spot a 2                                                                                            |                                                         | AMPS (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| <ul><li>14) WOC f/ 4 hrs. RIH &amp; Tag Plug</li><li>15) Pump 9.5 - 10 ppg Mud between Plugs.</li></ul>                                                  |                                                         | N. Mer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| <ul><li>Spot Cmt f/ 60' to Surf or 10 sx Plug.</li><li>Cut Off Well Head &amp; Cap 3' B.G.L. &amp; Install a Dry Hole M</li></ul>                        | larkor                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| 18) Remove all Rig Anchors & Clean Location.                                                                                                             | THE OIL (                                               | CONSERVATION DIVISION MUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |
|                                                                                                                                                          |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| I hereby certify that the information above is true and comp<br>grade tank has been/will be constructed or closed according to NMOO                      | nete to the pest of mry king w                          | inger Sent and a first first of the first of the sent |  |  |  |  |
| 1                                                                                                                                                        | TTLE: Petroleum Engineer                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Type or print name Jesse K. Lawson E-mail a  For State Use Only                                                                                          | ddress: jklawson@lothian.                               | us Telephone No. 432-686-245 <b>FEB</b> 86-2618007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| APPROVED BY:                                                                                                                                             |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| APPROVED BY: Law W. Works. Conditions of Approval (if any):                                                                                              | TITLE                                                   | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |

## **LOTHIAN OIL, INC.**

## CATO SAN ANDRES UNIT # 59 CATO FIELD

|            | CATO FIELD                                         |            | Spudded:                                              | 12/7/1966             |                   |      |
|------------|----------------------------------------------------|------------|-------------------------------------------------------|-----------------------|-------------------|------|
|            |                                                    |            | Completed:                                            | 12/20/1966            |                   |      |
| Location:  | 660' FSL & 1980' FWL, Unit N, Sec. 10, T-8-S, R-30 | ŀ-E        | API#:                                                 | 30-005-10570          |                   |      |
|            | NMPM, Chaves County, NM                            |            |                                                       |                       |                   |      |
|            |                                                    |            | 12-1/4" Hole                                          |                       |                   |      |
| Elevation: | 4462 KB: ?'                                        |            |                                                       |                       |                   |      |
|            |                                                    |            | Casing:                                               |                       |                   |      |
| Т          | REATMENT HISTORY                                   |            | 22 jts (488') of 8                                    | 8-5/8", 28#, 8rd, Su  | rf Csg.           |      |
| Date       | Description                                        | II IN      | Set Csg at 499'                                       |                       |                   |      |
|            |                                                    |            | Cmt'd w/ 300 sx                                       | xs of Incor 2% CaCl   | and               |      |
|            |                                                    |            | 1/4# flosele pe                                       |                       |                   |      |
| 12/19/66   | IP'd flowed 127 BO plus 3 BAW in 12 hrs,           |            |                                                       |                       |                   |      |
|            | 18/64" chk, FTP 100.                               |            | Tubing;                                               |                       |                   |      |
| 12/18/66   | Perf 3,380'-3,410' and 3,440'-3,464' w/1 JSPF,     |            | 0.                                                    |                       |                   |      |
|            | total 55 holes. Acidized w/120 BA                  |            |                                                       |                       | <del></del>       |      |
|            | and 46 BO, Swabbed 125 BF 9 hrs.                   |            |                                                       |                       |                   |      |
| 12/16/66   | Ran 111 jts (3,578') of 4-1/2", 9.5#, J-55, 8rd    |            | TOC @ 2120'                                           |                       |                   |      |
|            | Set Csg @ 3,588'. Cmt'd w/ 300 sxs of Incor 12     |            | .00@1.10                                              |                       |                   |      |
|            | PC gel w/5 lbs gilsonite and 1/4# flocele per sk   |            |                                                       |                       |                   |      |
|            | 200 sx Incor 1-1 Diamex, 2 PC gel w/10 lbs salt    |            | 7-7/8" Hole                                           |                       |                   |      |
| · I        | and 1/4 lb flocele.                                |            | 7-170 HOIC                                            |                       |                   |      |
|            | TOC @ 2120'                                        |            | Rods:                                                 |                       |                   |      |
| 12/7/66    | Ran 22 jts (488') of 8-5/8", 28#, 8rd, Surf Csg.   |            | Nous.                                                 |                       |                   |      |
|            | Set Csg at 499'.                                   |            |                                                       |                       |                   |      |
|            | Cmt'd w/ 300 sxs of Incor 2% CaCl and              |            | PUMP:                                                 | -                     |                   |      |
|            | 1/4# flosele per sk                                |            | FOWIF.                                                | ·                     |                   |      |
|            | 17 11 1100000 por ox                               |            |                                                       |                       |                   |      |
|            |                                                    |            |                                                       |                       |                   |      |
|            |                                                    |            |                                                       |                       |                   |      |
|            |                                                    |            |                                                       | 7.1                   | r e               |      |
|            |                                                    |            |                                                       | As a                  | , po              |      |
|            |                                                    |            | Perforations:                                         | -1/N                  |                   |      |
|            |                                                    |            |                                                       |                       | Heceived          |      |
|            |                                                    |            | San Andres:                                           |                       | MGC CO.           |      |
|            |                                                    |            |                                                       | \$. <sup>N</sup>      | (100)             |      |
|            |                                                    |            | 0.0001 0.4401                                         |                       | (MA)              |      |
|            |                                                    |            | 3,380' - 3,410'                                       |                       |                   |      |
|            |                                                    |            | 0 4401 0 4001                                         | 4 1005                |                   |      |
|            |                                                    |            | 3,440'- 3,460' w                                      | /1 JSPF               |                   | 1.5  |
|            |                                                    |            |                                                       |                       |                   |      |
|            |                                                    |            |                                                       |                       |                   |      |
|            | PBTD: <u>3,560'</u>                                | $A \mid N$ | Casing:                                               |                       |                   |      |
|            | TD: <u>3,600'</u>                                  |            | 111 jts (3,578')                                      | of 4-1/2", 9.5#, J-55 | i, 8rd, ST&C Proc | Csg. |
|            |                                                    |            | Set Csg @ 3,58                                        |                       |                   |      |
|            |                                                    |            | Cmt'd w/ 300 sxs of Incor 12 PC gel w/5 lbs gilsonite |                       |                   |      |
|            |                                                    |            | and 1/4# flocele per sk, 200 sx Incor 1-1 Diamex,     |                       |                   |      |
|            |                                                    |            | 2 PC gel w/10 lbs salt and 1/4 lb flocele.            |                       |                   |      |
|            |                                                    |            | TOC @ 2120'                                           |                       | ·                 |      |
|            |                                                    |            |                                                       |                       |                   |      |
| Remarks:   | State Lease No.: FEE                               |            |                                                       |                       |                   |      |
|            | Polish Rod:                                        |            |                                                       |                       |                   |      |
|            | Polish Rod Liner:                                  |            |                                                       |                       |                   |      |
|            | Pumping Unit:                                      |            |                                                       |                       |                   |      |