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| LAND OFFICE | |
| OPERATOR | |

| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. | |
| 7. Unit Agreement Name | |
| 8. Farm or Lease Name | |
| Richardson | |
| 9. Well No. | |
| 1 | |
| 10. Field and Pool, or Wildcat | |
| Wildcat | |
| 12. County | |
| Curry | |

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
The Desana Corporation

3. Address of Operator
600 Bldg. of the Southwest, Midland, Texas 79701

4. Location of Well
UNIT LETTER E 660 FEET FROM THE North LINE AND 660 FEET FROM
THE West LINE, SECTION 5 TOWNSHIP 4N RANGE 31 E NMPM.

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

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> Backfill pits & clean location |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

All pits have been filled and levelled. Rat hole & cellar have been filled & levelled. Location has been levelled to original contour as near as possible. The dead men & tie downs have been cut & removed. Location is ready for your inspection & approval.

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

SIGNED K. V. Tholstrom TITLE Operations Manager DATE 9/10/86

K. V. Tholstrom

APPROVED BY _____ TITLE _____ DATE SEP 25 1986

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
SEP 24 1986
C.C.S.
HOBBS OFFICE