

NO. OF COPIES RETURNED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
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	
9. Well No.	
10. Field and Pool, or Wildcat	
12. County	

**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- Dry hole

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 H 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 4N RANGE 31E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
4652 KB 4641 G.L.

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 OPS. <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 <u>Backfill pits &amp; clean location</u> <input checked="" type="checkbox"/>

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 & levelled, rat hole & cellar have been filled & levelled. Location has been levelled to original contour as near as possible. The dead men & the 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

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

As indicated in attached letter dated 9/25/89

SEP 25 1989

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

1986 9 24

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION