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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fee ☒
5. State Oil & Gas Lease No.	

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 ☐	7. Unit Agreement Name
2. Name of Operator Energy Reserves Group, Inc.	8. Farm or Lease Name Bledsoe
3. Address of Operator P. O. Drawer 2437, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>H</u> <u>1874</u> FEET FROM THE <u>North</u> LINE AND <u>766</u> FEET FROM THE <u>East</u> LINE, SECTION <u>11</u> TOWNSHIP <u>6-S</u> RANGE <u>33-E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4402.3 G.L.	12. County Roosevelt

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	OTHER ☐

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.

Spud 17 1/2" hole @ 7:00 P.M. on 3-18-80. Ran 369' of 13 3/8", 48#, H-40 & cmt'd. w/350 sax. Class "C" w/2% CaCl. Cmt. circ. WOC 18 hrs. Nipple up & test BOP & csg. to 800# Okay.

3-24-80 - TD 3300'. Ran 8 5/8", 32#, J-55 csg. to 3293' & cmt'd. w/1200 sax Halliburton Lite w/15# salt & 3# Gilsonite/sack followed w/200 sax Class "C" w/2% CaCl. Cmt. circ. WOC 18 hrs. Nipple up & test BOP & csg. to 1000# Okay.

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

Signed <u>R. L. Robertson</u>	TITLE <u>Production Engineer II</u>	DATE <u>04-09-80</u>
APPROVED BY <u>John Runyan</u>	TITLE <u>Geologist</u>	DATE <u>APR 14 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		