Denoture this form for proposals to drill not be dependent of another proposals to drill not proposals to drill not be dependent of another proposals. Trust of CA. Appropriate Designation	LINITED	STATES	FORM APPR OVED
SURDAY NOTICES AND REPORTS ON WELLS Denotuse this form for proposals to diffi or to deepen or rearry to a different reservor. Use "APPLICATION FOR ERRINT — for such proposals SUBMIT IN TRIPLICATE Type of Now SUBMIT IN TRI	DEBART		Budget Bureau No. 1004-0135
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to did or to deepen or rearrity to a different reservor. Use "APPLICATION FOR PERMIT— for such proposals SUBMIT IN TRIPLICATE 1 Type or West SUBMIT IN TRIPLICATE SUBMIT IN TRI	(Julie 1999)		
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill on to deepen or rearrify to a different reservoir. Use "APPLICATION FOR PERMITT —" for such proposals SUBMIT IN TRIPLICATE Type of Well SUBMIT IN TRIPLICATE	50.12.19		
Do not use this form for proposals to drill or to despon or reemby to a different reservor. Use *APPLICATION FOR PERMIT for such proposals 7 Function of Augmentation Function			
Use "APPLICATION FOR PENMIT "- for such proposals SUBMIT IN TRIPLICATE Guar Guar			6. If Indian, Allottee or Tibe Name
Use "APPLICATION FOR PENMIT " for such proposals SUBMIT IN TRIPLICATE Class X NUBECTION WELL Code Man Code Cod	Do not use this form for proposals to drill or to	deepen or reentry to a different reservoir.	
SUBMIT IN TRIPLICATE Type of Well Composition Composit	Use "APPLICATION FOR PERMIT"	for such proposals	7 If Unit or CA. Agreement Designation
Type of Submission Type of Action Submission Type of Action Submission	SUBMI	T IN TRIPLICATE	
Design			
2 (Amre of Carefax CONOCC INC. 30 - O25 - 09080 10 DESTA DR. STE 100W. MIDLAND, TX. 79705 (915) 696 - 5424 Locational Well Englosupe Sec. T. R. M. or Survey Description) 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 17 Describe Proposed or Compress Operations (Clearly State and personal description) 13 Describe Proposed or Compress Operations (Clearly State and personal description) 14 Thorstly certify that the Proposed or Compress of Proposed or Compress of Research and Tuse white Collegeth for all malesters and 2 charge personal to the Carefact of Proposed or Compress of Research and Tuse white Collegeth for all malesters and 2 charge personal to the Carefact of Proposed or Compress and Research and Tuse white Collegeth for all malesters and 2 charge personal to the Carefact of Proposed or Compress and Research and Tuse white Collegeth for all malesters and 2 charge personal to the Carefact of Proposed or Compress and Research and Tuse white Collegeth for all malesters and 2 charge personal to the Carefact of Proposed or Compress of Research and Tuse white Collegeth for all malesters and 2 charge personal to the Carefact of Proposed or Compress and Research and Tuse white Collegeth for all malesters and 2 charge personal to the Carefact of Proposed or Compress with Tired 5 charges and 2 charges personal to the Carefact of Proposed or Compress and Research and Tuse white Collegeth for all malesters and 2 charges personal to the Carefact of Proposed or Compress of Research and Carefact of Proposed or Compress and Research and Carefact of Proposed or Carefact or Car			
CONDICO INC. 3. Address and Telephone No. 10 CESTAPR. STE 100W, MIDIAND, TX. 79705. (915) 696 – 5424 4. Location of Well Proteins, Sec., T.N., M., or Survey beare favor. 10. CESTAPR. STE 100W, MIDIAND, TX. 79705. (915) 696 – 5424 4. Location of Well Proteins, Sec., T.N., M., or Survey beare favor. 10. CHECK APPROPRIATE BOX(5) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Insent Subsequent Report Prot Abandonment, Notice Prot Abandonment, Notice Prot Abandonment Notice Prot Abandonment Notice Prot Abandonment Notice Prot Abandonment Notice REPLACE FACKER Report Casing Report Costing Report Costing Report REPLACE FACKER Replace FACKER Ass. Abundones of Comprised Operations (Charry state all perinant deaths, and give notice) and interest and drone perinant distance and or Stating any proposed work. If well is distributed and or Stating any proposed work if well is distributed and or Stating any proposed work. If well is distributed and of Stating any proposed work. If well is a stating and protection of the work; if the work of the stating and protection of the work; if the work of the stating and protection of the work; if the work of the work is a stating and proposed work. If well is a stating and proposed work if well is a stating and proposed work. If well is a stating and proposed work if well is a stating and proposed work if well is a stating and proposed work. If well is a stating and proposed work if well is a stating and proposed wor	1 19" []		
30 -025 -99980 10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424 10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424 10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424 11 Coulinor Will (150cage, 356). T. A. M. of survey Description) SURFACE: 660° FNL & 1980° FWL, SEC. 45°, T. 228, R. 356, UNIT LTR 'C' 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Abandonment Subsequent Report Propaging Back New Construction Abandonment Notice Recompletion Water Shut-Off Casing Repair Water Shut-Off Casing Repair Water Shut-Off Casing Repair Completed Operations (Clearly pilos) all periodic despite (as a linear series and cross periment to the work.)* 13 DESCRIPPOPACE PACKER CHIRD, PACKER SET (23) 366° & 2 1/16° TBG. CIRCULATED 60 bbls PACKER, FLUID, TEST CSG TO 500# FOR 30 MIN., HELD GOOD. SEE ATTACHED CHART. 6-25-95 RDMO. RETURN WELL TO INJECTION. Built Newshy The San REGULATORY SPECIALIST Date 7-5-95 Cities space for Federal or Since office (46). The San REGULATORY SPECIALIST Date 7-5-95 Date The San REGULATORY SPECIALIST Date 7-5-95 Date Papinoed by Constituted day Representation for the special periodic day of the sp	2. Name of Operator		
10 DESTADR. STE 100W, MIDLAND, TX. 79705 (015) 686 - 5424 Licosion Viwil (Footage, Sec. 1. ft. M. v. Servey Descriptor) SURFACE: 660'FNL & 1980'FWL, SEC. 65, T22 R, 36E, UNITLITA 'C' TD: 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Notice of Infant Subsequent Report Final Abandonment Notice Abandonment Final Abandonment Notice Of Final Abandonment Notice Office Office Office Office Office O			
## Location of Will (Floodings, See, T., R. M., & Servery Description) SURFACE: 650° F.N. & 1980° F.W., SEC.45. T.23. R. 36E, UNIT LTR 'C' TO: CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION Notice of Irright Security	·		
SURFACE: 660° FNL & 1960° FWL, SEC. #5. T 228, R 36E, UNIT LTR 'C' TOP: County or Parish. State	10 DESTA DR. STE 100W, MIDLAND, TX. 7970	05 (915) 686 - 5424 on)	
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Notice of Intent			
TYPE OF SUBMISSION TYPE OF ACTION Notice of Irrient	SURFACE: 660' FNL & 1980' FWL, SEC. 25, 13	228, H 36E, UNITETH C	
TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent	28		LEA, IVM
TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent	TO THE PROPERTY OF THE PROPERT	INDICATE NATURE OF NOTICE REPO	RT. OR OTHER DATA
Notice of Infent	12. CHECK APPROPRIATE BOX(S) TO		
Notice of Infant	TYPE OF SUBMISSION	TYPE OF AC	IION
Reconstitution New Constitution New Constitut	Notice of Intent	Abandonment	Change of Plans
Subsequent Report		Recompletion	New Construction
Gaing Repair Water Shut-Off Allaring Casting Goneration Generation Gene	X Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice X Other Check Per Notice Reports and multiple complete on Water REPLACE PACKER Check Replace Reports and multiple complete on Water Replace Reports and multiple complete on water Replace Reports and some supplement datas, and glue per nimer datas, and glue per nimer datas, including estimated date of starting any proposed work. If well is decisionally differed, give substrates occasions and measured and true vertical depths for all markers and zones pertinent to this work.)* 6 - 20 - 95 MIRU. POOH W/ TBG & PACKER. SHUTDOWN W/O TBG & PARTS FOR PACKER. GIH W/ PACKER SET @ 3565 & 2 1/16* TBG. CIRCULATED 60 bbls PACKER FLUID, TEST CSG TO 500 # FOR 30 MIN., HELD GOOD. SEE ATTACHED CHART. 6 - 25 - 95 RDMO. RETURN WELL TO INJECTION. Bill R, Keathy SR, REGULATORY SPECIALIST Date 7 - 5 - 95 (This space for Federal or State office (ge)) Titler SR, REGULATORY SPECIALIST Date 7 - 5 - 95 Approved by Conditions of approval, if any	ا مصحوب	Casing Repair	Water Shut-Off
Note Dispose Waler PEPLACE PACKER Dispose Waler Percent	Final Abandonment Notice	Altering Casing	Conversion to Injection
13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of statiting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to time work.) 6—20—95 MIRU. POOH W/ TBG & PACKER. SHUTDOWN W/O TBG & PARTS FOR PACKER. GIH W/ PACKER SET @ 3565' & 2 1/16' TBG. CIRCULATED 60 bbls PACKER FLUID, TEST CSG TO 500# FOR 30 MIN., HELD GOOD. SEE ATTACHED CHART. 6—25—95 RDMO. RETURN WELL TO INJECTION. 14 Thereby certify that the foregoing is true and correct Signed And Analysis of State office see. (This space for Federal or State office see) Title Title Title Title Date 7—5—95 Date			
13 Describe Proposed or Completed Operations (Clearly state all pertinent detais, and give pertinent dates, including estimated date of starting any proposed work. If well is describedly diffed, give subsurface locations and measured and true vertical depths for all markers and cores pertinent to this work.)* 6—20—95 MIRU. POOH W/ TBG & PACKER. SHUTDOWN W/O TBG & PARTS FOR PACKER. GIH W/ PACKER SET @ 3565' & 2 1/16' TBG. CIRCULATED 60 bbls PACKER FLUID, TEST CSG TO 500# FOR 30 MIN., HELD GOOD. SEE ATTACHED CHART. 6—25—95 RDMO. RETURN WELL TO INJECTION. 14. Investly certify that the foregoing is true and correct Signed Advanced by SR REGULATORY SPECIALIST Date 7—5—95 Approved by Conditions of approval, if any		REPLACE PACKER	
dectorally diffied, give sinsurface locations and interesting the structure structure structure structures and content of the space for Federal or State office see 1. Titles 1.		the state of the s	·
Signed Title Bill R. Keathly SR. REGULATORY SPECIALIST Date 7-5-95 Approved by Conditions of approval, if any:	GIH W/ PACKER SET @ 3565' & 2 1/ CSG TO 500# FOR 30 MIN., HELD G	16" TBG. CIRCULATED 60 BBIS PACKER FL OOD. SEE ATTACHED CHART.	UID, TEST
to audicable and willfully to make to any department or agency of the United States any false, fictitious or fraudulent			
The state of the s	(This space for Federal or State office use) Approved by		

Paganto

16. 1 3 1995

