



OVER

C-104 XX _____ Operator OGRID omitted

XX Effective Date should be included in Item 3 Reason
 for Filing Code

_____ Bottom hole location omitted

_____ Transporter name/OGRID omitted or incorrect

_____ Location for new POD requested omitted

XX Well Completion Data incomplete

XX Well Test Data omitted

_____ Form is not properly signed and dated

_____ Operator Change: Signature and OGRID of previous
 operator required

XX Other: UPON completion of the Abo formation
 this form is required by the OCD

C-105 XX _____ Lithology omitted
 XX _____ Tubing record omitted
 _____ Well location incomplete
 _____ Casing record incomplete or omitted
 XX _____ Production data incomplete
 XX Other: UPON completion of the Abo formation
 _____ This form is required by the OCD

Deviation Survey _____ Omitted

Directional Survey ——— Omitted. Directional Drill: required with correctly calculated Bottom Hole Location

Logs _____ Required on all wells: State, Federal and Private

Other: _____

C-139 See Attached Form

C-140 See Attached Form

C-141 See Attached Form

PLEASE NOTE: DELAY IN PROCESSING OF REGULATORY FORMS MAY RESULT IN OPERATOR RECEIVING PRODUCTION AND DISPOSITION ERROR MESSAGES GENERATED BY C-115 REPORTING.