

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other Instructions on re-
verse side)

Budget Bureau No. 1004
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NMNM01917

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL OR WILDCAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

11 & 12-24S-32E

12. COUNTY OR PARISH 13. STATE

NOTICE AND REPORTS ON WELLS

(This form is to be used for proposals to drill or to deepen or plug back to a different reservoir.
See APPLICATION FOR PERMIT for such proposals.)

1. WELL ☒ OTHER

2. NAME OF OPERATOR

Royalty Holding Co.

3. ADDRESS OF OPERATOR

3535 N.W. 58th St., Suite 720, Oklahoma City, OK 73112

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below)

At surface

See 17 below

14. PERMIT NO.

15. ELEVATION (Show whether DT, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

FRACURE TREAT

SHOOT OR ACIDIZ

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Change of Operator

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
operation. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)

Change operator from Leoh Management Co. to Royalty Holding Co.
effective 9/1/89.

Gulf Hanagan #1

Gulf Hanagan #2

Hanagan "D" Federal #2

SE SE Section 11

SW SE Section 11

NW SE Section 12

RECEIVED

NOV 13 11 22 AM '89

ILLEGIBLE

RECEIVED

NOV 13 11 22 AM '89

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side