I hereby certify that the foregoing is true and correct  SIGNED Kala D. Sahmud TITLE Ager  (This space for Federal or State office use)	nt	DATE 11-30-8	39				
Oklahoma, OK 73102 to CRW-SWD, Inc., but should have been to:	Ralph E. Williamson P.O. Drawer 994 Midland, Texas 994		RECEIVED				
From: Coastal States Oil & Gas 211 N. Robinson One Leadership Square	J Wallet (date 11-	27-09) sent					
FRACTURE TREAT SHOOT OR ACIDIZE  REPAIR WELL  (Other) Change of Operator  DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface location for the most recent State of the change of operator	WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other)  (NOTE: Report results of Completion or Recompletion or Recompletions and give pertipent dates, it one and measured and true vertical	and and all	Well				
Check Appropriate Box To Indicate N	lature of Notice, Report, or O	ther Data					
FERMIT NO. 15. ELEVATIONS (Show whether DE		Sec. 15, T-26-S	R-33-				
Ralph E. Williamson  ADDRESS OF OPERATOR  P.O. Drawer 994 Midland, TExas 79702  LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  At surface  660' FNL & 1710' FEL		7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME  CONOCO FEDERAL  9. WELL NO.  2  10. FIELD AND FOOL, OR WILDCAT  Salado Draw Delaware  11. SEC., T., R., M., OR BLK. AND  SURVEY OR ARKA					
				SUNDRY NOTICES AND REPORTS  (Do not use this form for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such p	back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTEE	
				BUREAU OF LAND MANAGEMEN		Budget Bureau M Expires August 5. LEASE DESIGNATION A NM-02965-A NM-8594	31 1005