| 2 <sup>2</sup>                                                 |                                                                            |                                                                                                                           | e men                                                                                |
|----------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| NO. OF COPIES RECEIVED                                         |                                                                            | _                                                                                                                         |                                                                                      |
| DISTRIBUTION                                                   | NEW MEXICO OIL                                                             | CONSERVATION COMMISSION                                                                                                   | _                                                                                    |
| SANTA FE                                                       | REQUEST                                                                    | FOR ALLOWARIE                                                                                                             | Men Supersedes Old C-104 and C-1                                                     |
| FILE U.S.G.S.                                                  | AUTHORIZATION TO TR                                                        | AND                                                                                                                       | Supersedes Old C-104 and C-1<br>Supersedes 1-1-65<br>CF FINE Tective 1-1-65          |
| LAND OFFICE                                                    | AUTHORIZATION TO TR                                                        | AND ANSPORT OIL AND NAT                                                                                                   | PAZIGAS<br>2 Se Du so-                                                               |
| TRANSPORTER OIL                                                |                                                                            |                                                                                                                           | - 33 PM -65                                                                          |
| OPERATOR GAS                                                   |                                                                            |                                                                                                                           |                                                                                      |
| I. PRORAT ON OFFICE                                            |                                                                            |                                                                                                                           |                                                                                      |
| Skelly 011 Comp                                                | E then                                                                     |                                                                                                                           |                                                                                      |
| Address                                                        |                                                                            |                                                                                                                           |                                                                                      |
| Bex 730 - Hobbs<br>Reason(s) for filing (Check proper b        | New Hexico                                                                 | Other (Please explain                                                                                                     |                                                                                      |
| New Well                                                       | Change in Transporter of:                                                  | Omer (1 teuse expluit                                                                                                     |                                                                                      |
| Henom; letion                                                  | Oil Dry G                                                                  |                                                                                                                           |                                                                                      |
| Lange in Ownership                                             | Casinghead Gas Conde                                                       | ensate                                                                                                                    |                                                                                      |
| If change of ownership give name and address of previous owner | ;                                                                          |                                                                                                                           |                                                                                      |
| I DESCRIPTION OF WELL AN                                       | D. I. E. A.C.E.                                                            |                                                                                                                           |                                                                                      |
| II. DESCRIPTION OF WELL AN Lease Mame                          |                                                                            | ame, Including Formation                                                                                                  | Kind of Lease                                                                        |
| Hobbs "Q"                                                      | 4 3011                                                                     | mt - Seven Rivers                                                                                                         | State, Federal or Fee                                                                |
| Location                                                       | Manakh                                                                     | - 440                                                                                                                     |                                                                                      |
| Unit Letier;                                                   | Feet From The <b>Lorth</b> Li                                              | ne andFeet                                                                                                                | From The                                                                             |
| Line of Section 16 , 7                                         | Township 34.8 Range                                                        | , NMPM,                                                                                                                   | County                                                                               |
| I. DESIGNATION OF TRANSPO                                      | RTER OF OIL AND NATURAL GA                                                 | AS                                                                                                                        |                                                                                      |
| Name of Authorized Transporter of (                            |                                                                            |                                                                                                                           | approved copy of this form is to be sent)                                            |
| Name of Authorized Transporter of C                            | Casinghead Gas cr Dry Gas                                                  | P. O. Box 3119 - M                                                                                                        | approved copy of this form is to be sent)                                            |
| Yene                                                           |                                                                            |                                                                                                                           | -pp. seed copy of the form is to be semi                                             |
| If well produces oil or liquids,                               | Unit Sec. Twp. Rge.                                                        | Is gas actually connected?                                                                                                | When                                                                                 |
| give location of tanks.                                        | "C" 16 24-8 36-8                                                           | ***                                                                                                                       |                                                                                      |
| If this production is commingled v. COMPLETION DATA            | with that from any other lease or pool,                                    | give commingling order numbe                                                                                              | r:                                                                                   |
| Designate Type of Comple                                       | tion - (X)                                                                 | New Well Workover Deep                                                                                                    | en Plug Back Same Res'v. Diff. Res'v                                                 |
| Date Spudded                                                   | Date Compl. Ready to Prod.                                                 | Total Depth                                                                                                               | P.B.T.D.                                                                             |
| January 8, 1965                                                | January 25, 1965                                                           | 38001                                                                                                                     | 37451                                                                                |
| Pool                                                           | Name of Producing Formation                                                | Top Oil/Gas Pay                                                                                                           | Tubing Depth                                                                         |
| Perforations:                                                  | Seven Rivers                                                               | 37431                                                                                                                     | Depth Casing Shoe                                                                    |
| 3743 - 37501                                                   |                                                                            |                                                                                                                           | 38001                                                                                |
| HOLE SIZE                                                      | TUBING, CASING, AND CASING & TUBING SIZE                                   | D CEMENTING RECORD  DEPTH SET                                                                                             | SACVE CEMENT                                                                         |
| 110                                                            | 2_4/##                                                                     | 3701                                                                                                                      | SACKS CEMENT                                                                         |
| 7-7/8*                                                         | 5-1/2"                                                                     | 38001                                                                                                                     | 200                                                                                  |
|                                                                | 2-3/8"                                                                     | 37301                                                                                                                     |                                                                                      |
| . TEST DATA AND REQUEST                                        | FOR ALLOWABLE (Test must be a                                              | ifter recovery of total volume of loo                                                                                     | ad oil and must be equal to or exceed top allou                                      |
| OIL WELL,  Date First New Oil Run To Tanks                     |                                                                            | epth or be for full 24 hours) Producing Method (Flow, pump,                                                               |                                                                                      |
| Pobreary 19, 1965                                              | February 19, 1965                                                          | Producing Wethod (Prow, pump,                                                                                             | gus tijt, etc.)                                                                      |
| Length of Test                                                 | Tubing Pressure                                                            | Casing Pressure                                                                                                           | Choke Size                                                                           |
| Actual Prod. During Test                                       | Oil-Bbls.                                                                  | Water-Bbls.                                                                                                               | Gas - MCF                                                                            |
| 132 Bbls.                                                      |                                                                            | 124                                                                                                                       | AL                                                                                   |
| <del>-</del>                                                   |                                                                            |                                                                                                                           |                                                                                      |
| GAS WELL Actual Prod. Test-MCF/D                               | Length of Test                                                             | Bbls. Condensate/MMCF                                                                                                     | Gravity of Condensate                                                                |
|                                                                |                                                                            |                                                                                                                           | orally or condensate                                                                 |
| Testing Method (pitot, back pr.)                               | Tubing Pressure                                                            | Casing Pressure                                                                                                           | Choke Size                                                                           |
| . CERTIFICATE OF COMPLIA                                       | NCF                                                                        | 011 00110                                                                                                                 | DVATION COMMISSION                                                                   |
| . CERTIFICATE OF COMPLIA                                       | NCE                                                                        | OIL CONSE                                                                                                                 | RVATION COMMISSION                                                                   |
| I hereby certify that the rules and                            | d regulations of the Oil Conservation                                      | APPROVED                                                                                                                  | , 19                                                                                 |
|                                                                | with and that the information given<br>he best of my knowledge and belief. | ВУ                                                                                                                        |                                                                                      |
|                                                                |                                                                            | TITLE                                                                                                                     |                                                                                      |
| (ORIGINAL                                                      | ) H. E. Aab                                                                |                                                                                                                           | d in compliance with RULE 1104.                                                      |
|                                                                |                                                                            | If this is a request for                                                                                                  | allowable for a newly drilled or deepened                                            |
| (Signature)                                                    |                                                                            | well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |                                                                                      |
|                                                                | Title)                                                                     | All sections of this for able on new and recomplete                                                                       | m must be filled out completely for allow-<br>ed wells.                              |
| Tehru                                                          | Ary 26, 1965                                                               | Fill out Sections I, II                                                                                                   | , III, and VI only for changes of owner,                                             |
| (1                                                             | Date)                                                                      |                                                                                                                           | sporter, or other such change of condition.  must be filed for each pool in multiply |
|                                                                |                                                                            | completed wells.                                                                                                          | must be the for each poor in martiply                                                |

| DISTRIBUTION SANTA FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NEW MEXICA PH CONSERVATION COMMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| U.S.G.S.  LAND OFFICE  OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FEB 26 2 54 PM '65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5a. Indicate Type of Lease State Fee. 5. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| (DO NOT USE THIS FORM FOR POLICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RY NOTICES AND REPORTS ON WELLS ROPDSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| l. OIL F GAS GAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TION FOR PERMIT - (FORM C-101) FOR SUCH PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7. Unit Agreement Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| well well well.  2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | OTHER-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8. Farm or Lease Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Shelly Oil Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Hobbs "Q"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. Well No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Rex 730 - Hobbs, M. Location of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ny Mariae                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10, Field and Pool, or Wildcat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| UNIT LOTTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1960 FEET FROM THE HOTEL LINE AND 660 FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| THE LINE, SECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TON 16 TOWNSHIP 24-5 RANGE 36-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NMPM.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12, County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3386' DP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Les                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Appropriate Box To Indicate Nature of Notice, Report of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or Other Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NOTICE OF !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PLUG AND ABANDON REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ALTERING CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | COMMENCE DRILLING OPNS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | i =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLUG AND ABANDONMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COMMENCE DRILLING OPNS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLUG AND ABANDONMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| TEMPORARILY ABANDON PULL OR ALTER CASING  OTHER  7. Describe Proposed or Completed O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CHANGE PLANS CASING TEST AND CEMENT JQB  OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLUG AND ABANDONMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| other  7. Describe Proposed or Completed Owork) SEE RULE 1103.  Reached total depth 17/ 8-8 SS J-55 R-2, Process. Plug down coment behind 5-1/2* 600/ for 30 mins. as 3760 & 3762-3772 G-2 Facker. Treated Mai Acid. Set Packer Free perfs. 3743-377 (Intervals) with 75 to 3729. Drilled 3743-3750 with 2 pracker owinging at of Mad Acid. Tested Acid, 10,000/ 20/A0 G-2 Facker. Ran tub and packer. Ran tub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHANGE PLANS  COMMENCE DRILLING OPNS.  CASING TEST AND CEMENT JQB  OTHER  Perforat  OTHER  OTHER  Perforat  OTHER  Perforat  OTHER  OTHER  OTHER  Perforat  OTHER  OT | ing & Treating  Luding estimated date of starting any proposed  (3790') of new 5-1/2" OD  sacks by the Pump & Plug  Survey indicated top of hours. Pressured up to sing from 3743-3752', 3757- and 44 shots. Ran Guibercon (Intervals) with 250 gallons tubing and Guibercon G-2  tios of oil or gas recovere  saing perfs. 3743-3772' of 5000 psi. Coment filled  ted 5-1/2" OB casing from  ots. Ran Guibercon G-2  1. 3743-3750' with 250 gals.  1. 3743-3750' with 250 gals.  1. 3743-3750' with 250 gals. |
| other  7. Describe Proposed or Completed Owork) SEE RULE 1103.  Reached total depth 17% S-R SS 3-55 R-2. Process. Plug down conent behind 5-1/2* 600 for 30 mins. as 3760 4 3762-3772* 9-2 Facker. Treated Had Acid. Set Facker Had Acid. Set Facker Intervals with 75 to 3727 Drilled of 3743-3750 with 2 je Facker owinging at 3 of Mad Acid. Tested Acid, 10,000 20/A0 9-2 Facker. Ran two and packer. Ran two and | CHANGE PLANS  CHANGE PLANS  CASING TEST AND CEMENT JOB OTHER  Performs  OTHER  OTHER  Performs  OTHER  Performs  OTHER  OTHER  Performs  OTHER  OTHER  OTHER  Performs  OTHER  OTHER  OTHER  Performs  OTHER   | ing & Treating  Luding estimated date of starting any proposed  (3790') of new 5-1/2" OD  sacks by the Pump & Plug  Survey indicated top of hours. Pressured up to sing from 3743-3752', 3757- and 44 shots. Ran Guiberson (Intervals) with 250 gallone tubing and Guiberson G-2  ties of oil or gas recovere sing perfs. 3743-3772' of 5000 psi. Coment filled ated 5-1/2" OB casing from pts. Ran Guiberson G-2  1. 3743-3750' with 250 gals.  1. 3743-3750' with 250 gals.  1. 3743-3750' with 250 gals.    |
| other  7. Describe Proposed or Completed Owork) SEE RULE 1103.  Reached total depth 17/ 8-8 SS J-55 R-2, Process. Plug down coment behind 5-1/2* 600/ for 30 mins. as 3760 & 3762-3772 of 6-2 Facker. Treated Mai Acid. Set Packer Packer. Hen tubing from perfs. 3743-377 (Intervals) with 75 to 3729 Drilled 3743-3750 with 2 pracker owinging at of Mad Acid. Tested Acid, 10,000/ 20/A0 G-2 Packer. Man tub and packer. Ran red pumped 8 bbls. of ei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CHANGE PLANS  CHANGE PLANS  CASING TEST AND CEMENT JOB OTHER  Performs  OTHER  OTHER  Performs  OTHER  Performs  OTHER  OTHER  Performs  OTHER  OTHER  OTHER  Performs  OTHER  OTHER  OTHER  Performs  OTHER   | ing & Treating  Luding estimated date of starting any proposed  (3790') of new 5-1/2" OD  sacks by the Pump & Plug  Survey indicated top of hours. Pressured up to sing from 3743-3752', 3757- and 44 shots. Ran Guiberson (Intervals) with 250 gallone tubing and Guiberson G-2  ties of oil or gas recovere sing perfs. 3743-3772' of 5000 psi. Coment filled ated 5-1/2" OB casing from pts. Ran Guiberson G-2  1. 3743-3750' with 250 gals.  1. 3743-3750' with 250 gals.  1. 3743-3750' with 250 gals.    |

CONDITIONS OF APPROVAL, IF ANY: