

|             |  |
|-------------|--|
| U.S.G.S.    |  |
| LAND OFFICE |  |
| OPERATOR    |  |

|                                |                                         |
|--------------------------------|-----------------------------------------|
| 5a. Indicate Type of Lease     |                                         |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No.   |                                         |

**SECONDARY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. SEE APPLICATION FOR PERMIT TO DRILL FORM C-101 FOR SUCH PROPOSALS.)

|                                                                                                                                                                                                          |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                         | 7. Unit Agreement Name                              |
| 2. Name of Operator<br>Sovereign Gas Corporation                                                                                                                                                         | 8. Farm or Lease Name<br>Hla Kimberly               |
| 3. Address of Operator<br>Drawer 817, Jaminole, Texas                                                                                                                                                    | 9. Well No.<br>3                                    |
| 4. Location of Well<br>UNIT LETTER <u>L</u> <u>990</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM<br>THE <u>South</u> LINE, SECTION <u>24</u> TOWNSHIP <u>25-S</u> RANGE <u>37-E</u> NMPM. | 10. Field and Pool, or Wildcat<br>Justing-Busselman |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br>3064-DF                                                                                                                                                 | 12. County<br>Lee                                   |

|                                                                              |                                           |                                                      |                                                                        |
|------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------|
| 13. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data |                                           |                                                      |                                                                        |
| NOTICE OF INTENTION TO:                                                      |                                           | SUBSEQUENT REPORT OF:                                |                                                                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                               | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>                               |
| TEMPORARILY ABANDON <input type="checkbox"/>                                 | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/>                          |
| PULL OR ALTER CASING <input type="checkbox"/>                                | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <u>Temporarily Abandoned</u> <input checked="" type="checkbox"/> |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

For Record Only - Well closed in and temporarily abandoned with no plans.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Administrative Services Mgr. DATE 10-22-71

APPROVED BY Joe D. Ramey TITLE Dist. I, Supv. DATE NOV 11 1971

CONDITIONS OF APPROVAL: