| (Forme:1y 9-331) DEPARTN                                                                                                                                                                                                               | UNITED STATES MEN OF THE INTER U OF LAND MANAGEMEN |                                          | Expi  7e 5. LEASE  | get Bureau No. res August 31. DESIGNATION AND                                            | 1985                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|--------------------|------------------------------------------------------------------------------------------|---------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)  I.  OIL GAS WELL OTHER  2. NAME OF OPERATOR |                                                    |                                          |                    | LC-061873-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME Cotton Draw Unit |                                       |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    |                                                                                          |                                       |  |
| 3. ADDRESS OF OPERATOR                                                                                                                                                                                                                 |                                                    |                                          |                    | Cotton Draw Unit                                                                         |                                       |  |
| P.O. Box 730, Hobbs, NM 88240                                                                                                                                                                                                          |                                                    |                                          |                    | 64 **                                                                                    |                                       |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface                                                                                                      |                                                    |                                          |                    | 10. FIELD AND POOL, OR WILDCAT Paduca Devonian 11. SEC. T. B., M., OR BLK. AND           |                                       |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    |                                                                                          |                                       |  |
| 14. PERMIT NO.                                                                                                                                                                                                                         | 15. ELEVATIONS (Show whether DI                    | r, RT, GR, etc.)                         | 12. COUNT          | T OR PARISH 18.                                                                          | STATE                                 |  |
| Regular                                                                                                                                                                                                                                | 3430' DF                                           |                                          | Le                 | a N                                                                                      | M                                     |  |
| 16. Check Ap                                                                                                                                                                                                                           | propriate Box To Indicate N                        | Nature of Notice Report                  |                    |                                                                                          | •                                     |  |
| NOTICE OF INTENT                                                                                                                                                                                                                       |                                                    | •                                        |                    |                                                                                          |                                       |  |
| That wasse such and                                                                                                                                                                                                                    |                                                    | 108                                      | PROPER THEODORS    | <b>07</b> ;                                                                              |                                       |  |
|                                                                                                                                                                                                                                        | CLL OR ALTER CASING                                | WATER SHUT-OFF                           |                    | REPAIRING WELL                                                                           |                                       |  |
|                                                                                                                                                                                                                                        | BANDON*                                            | FRACTURE TREATMENT SHOOTING OR ACIDIZING |                    | ALTERING CASING                                                                          |                                       |  |
| REPAIR WELL C                                                                                                                                                                                                                          | HANGE PLANS                                        | (Other)                                  |                    | ABANDONMENT*                                                                             | <u>X</u>                              |  |
| (Other)                                                                                                                                                                                                                                |                                                    | (NOTE: Report re                         | MANAPH GALLELLY    | and I am dame t                                                                          |                                       |  |
| <ol> <li>DESCRIBE PROPOSED OR COMPLETED OPER<br/>proposed work. If well is direction<br/>nent to this work.)</li> </ol>                                                                                                                | ATIONS (Clearly state all pertinen                 |                                          |                    |                                                                                          | tarting any                           |  |
| nent to this work.) *                                                                                                                                                                                                                  |                                                    | rions and measured and true ve           | ertical depths for | all markers and                                                                          | zones perti-                          |  |
| Work performed 06/22/ 1) RUPU. Instld BOP                                                                                                                                                                                              |                                                    | •                                        | •;                 |                                                                                          |                                       |  |
| <ol> <li>RUPU. Instld BOP. Pld &amp; LD 2-7/8" tbg.</li> <li>Ran 7-5/8" cmt rtnr on WL. Set @ 11,719'.</li> </ol>                                                                                                                      |                                                    |                                          |                    | **                                                                                       |                                       |  |
| 3) TIH w/2-3/8" WS. Rtnr would not open. TOH w/tbg.                                                                                                                                                                                    |                                                    |                                          |                    | ,a*<br>*/                                                                                |                                       |  |
| 4) Ran small 3/4" stiner on 2-3/8" tbg. Washed fill out fr in                                                                                                                                                                          |                                                    |                                          |                    | ton DOII                                                                                 |                                       |  |
| SI 8 hrs. POH.                                                                                                                                                                                                                         |                                                    |                                          |                    | moved dnhl                                                                               |                                       |  |
| 6) On WL, ran 7-5/8" cmt rtnr. P/500 sx cmt. Displ w/30 bbls                                                                                                                                                                           |                                                    |                                          |                    | tnr. WOC 8                                                                               | l hre                                 |  |
| opened rent w/scr                                                                                                                                                                                                                      | uger. tress up to A                                | LUUU# IOP 30 mins.                       | Held O.K.          |                                                                                          | ,                                     |  |
| 7) Mixed 500 bbls fr<br>8) Spt 100 sx Cl H c                                                                                                                                                                                           | esh gel mud. Displ                                 | csg annulus.                             |                    |                                                                                          |                                       |  |
| •                                                                                                                                                                                                                                      | mt on top of rtnr fr                               | : 11,6/5-11,175'.                        |                    |                                                                                          |                                       |  |
| 9) Pld tbg to 8600'. Spt 100 sx Cl H cmt plug fr 8600-8100'. 10) Pld tbg to 4650'. Spt 100 sx Cl H cmt plug fr 4650-4150'.                                                                                                             |                                                    |                                          | 01                 | ARE<br>ARE                                                                               |                                       |  |
| 11) Pld tbg to 1500'. Spt 300 sx Cl H cmt fr 1500' - 0'.                                                                                                                                                                               |                                                    |                                          |                    | <b>≫</b> £-                                                                              |                                       |  |
| 12) RDPU. Instld dry hole marker. Cleaned locn.                                                                                                                                                                                        |                                                    |                                          |                    | - W 03                                                                                   | ET<br>ETI                             |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    | ို က                                                                                     | $\circ$                               |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    | 1 <b>5</b>                                                                               | <u>m</u>                              |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    | ,, -                                                                                     | IVE                                   |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    |                                                                                          | 0                                     |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    | 80 S                                                                                     |                                       |  |
|                                                                                                                                                                                                                                        |                                                    |                                          |                    |                                                                                          |                                       |  |
| 8. I hereby certify that the foregoing is                                                                                                                                                                                              | true, and correct                                  |                                          |                    |                                                                                          |                                       |  |
| SIGNED Ja Neas                                                                                                                                                                                                                         | TITLE A                                            | rea Manager                              |                    | 07/21/0                                                                                  | 10                                    |  |
|                                                                                                                                                                                                                                        |                                                    |                                          | DATE               | 07/31/9                                                                                  | U                                     |  |
| (This space for Federal or State office                                                                                                                                                                                                |                                                    | Plitos                                   |                    |                                                                                          | · · · · · · · · · · · · · · · · · · · |  |
| APPROVED BY                                                                                                                                                                                                                            | TITLE                                              | PETROLEUM ENGINEER                       | DATE               | 8-15 %                                                                                   | 10                                    |  |
| CONDITIONS OF APPROVAL, IF AN                                                                                                                                                                                                          | 1:                                                 |                                          |                    |                                                                                          |                                       |  |

API 30-025-2172 Se Instructions on Reverse Side