

Submit original plus one copy. This form is to be used for general, technical and environmental sundy information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGC Facility ID. Operator shall send an informational copy of all sundy notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGC Operator Number: 10141	4. Contact Name: Bill Biggs
2. Name of Operator: Coastal Plains Energy, Inc.	Phone: 817-882-5055
3. Address: 420 Throckmorton, Suite 630	Fax: 817-336-3223
City Fort Worth	State TX Zip 76102
5. API Number: 06-121-12638	OGC Facility ID Number:
6. Well/Facility Name: Lick 23	7. Well/Facility Number: 1
8. Location (C/O, Sec, Twp, Rng, Meridian): NW 3/4 Sec 23 T1S R1W 6th PM	Survey Plat:
9. County: Washington	10. Field Name: Wildcat
11. Federal, Indian or State Lease Number:	Other:

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Complete the Attachment Checklist

OF OGC

Survey Plat	
Directional Survey	
Surface Eject Diagram	
Technical Info Page	
Other	

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface right is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines: ☐ FULL ☐ PARTIAL

Change of Surface Footage to Exterior Section Lines: ☐ ☐ ☐ ☐

Change of Bottomhole Footage from Exterior Section Lines: ☐ ☐ ☐ ☐

Change of Bottomhole Footage to Exterior Section Lines: ☐ ☐ ☐ ☐ attach directional survey

Bottomhole location C/O, Sec, Twp, Rng, Mer: _____

Latitude: _____ Distance to nearest property line: _____ Distance to nearest bldg, public rd, utility or RR: _____

Longitude: _____ Distance to nearest lease line: _____ Is location in a High Density Area (rule 603b)? Yes/No: _____

Ground Elevation: _____ Distance to nearest well same formation: _____ Surface owner consultation date: _____

GPS DATA: Date of Measurement: _____ POOP Reading: _____ Instrument Operator's Name: _____

☐ CHANGE SPACING UNIT: Formation: _____ Formation Code: _____ Spacing order number: _____ Unit Acreage: _____ Unit configuration: _____

☐ Remove from surface bond: Signed surface use agreement attached

☐ CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: ☐ Blanket ☐ Individual

☐ CHANGE WELL NAME: From: _____ To: _____ Effective Date: _____ NUMBER: _____

☒ ABANDONED LOCATION: Was location ever built? ☒ Yes ☐ No Is site ready for inspection? ☐ Yes ☐ No Date Ready for inspection: August 1, 2007

☐ NOTICE OF CONTINUED SHUT IN STATUS: Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? ☐ Yes ☐ No M/T required if shut in longer than two years Date of last M/T: _____

☐ SPUD DATE: _____ ☐ REQUEST FOR CONFIDENTIAL STATUS (if more than data reading set)

☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK: Method used: _____ Cementing tool setting/depth: _____ Cement volume: _____ Cement top: _____ Cement bottom: _____ Date: _____

☐ RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately: _____ Final reclamation is completed and site is ready for inspection: ☐

Technical Engineering/Environmental Notice

☐ Notice of Intent: Approximate Start Date: _____ ☐ Report of Work Done: Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> EAP Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of EAP Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	for Spills and Releases

I hereby certify that the statements made in this form are to the best of my knowledge, true, correct and complete

Signed: William A. Biggs Date: 10-27-10 Email: wbiggs@cpes.com
Print Name: William A. Biggs Title: President

COGCC Approved: Daniel S. Nash Date: 2/14/2011
CONDITIONS OF APPROVAL, IF ANY