11 31 31 May June 30 30 11 July 31 31 ** 31 31 Aug. 11 Sept. <u> 30</u> 30 11 Oct. 31 31 .11 30 Nov. 30 STATE COTTOR ' ì 11 31 Dec. 31

*For disposal wells complete page 1 plus section IV page 2. CC ST IN ANS I For enhanced recovery wells (repressuring, secondary, tertiary) complete both pages. Prepare one form for each injection well (SWD and ER) but only one report of Section II and III for each docket (project).

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Well tests and the results during reporting period: