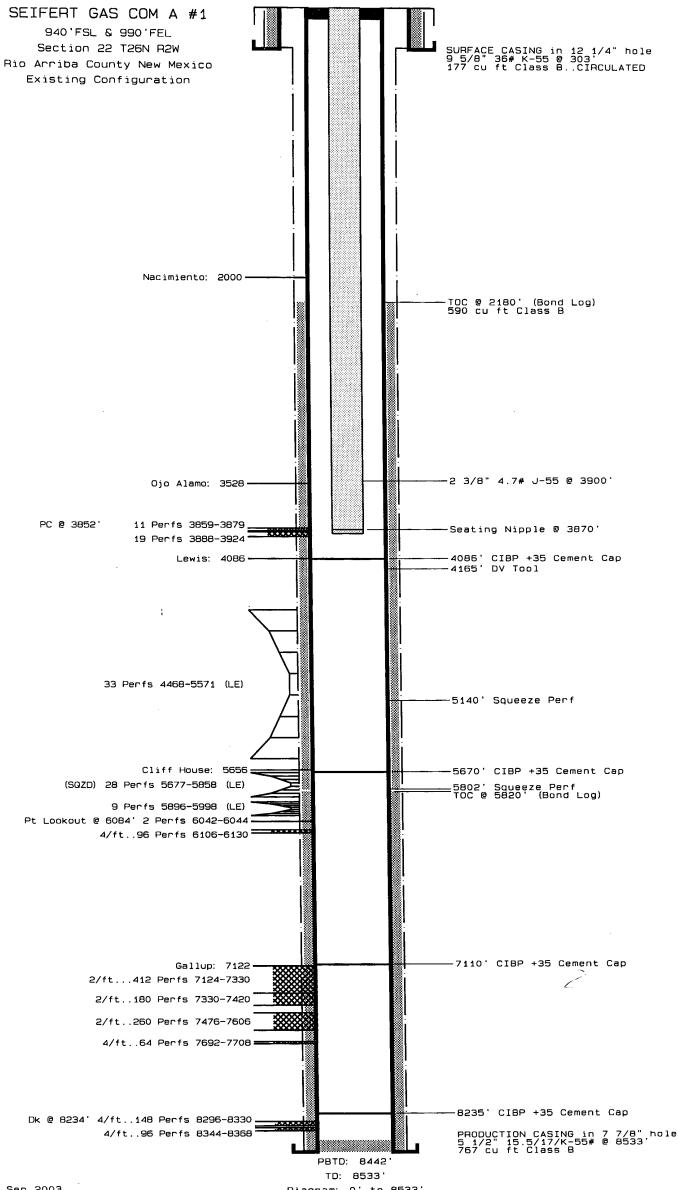
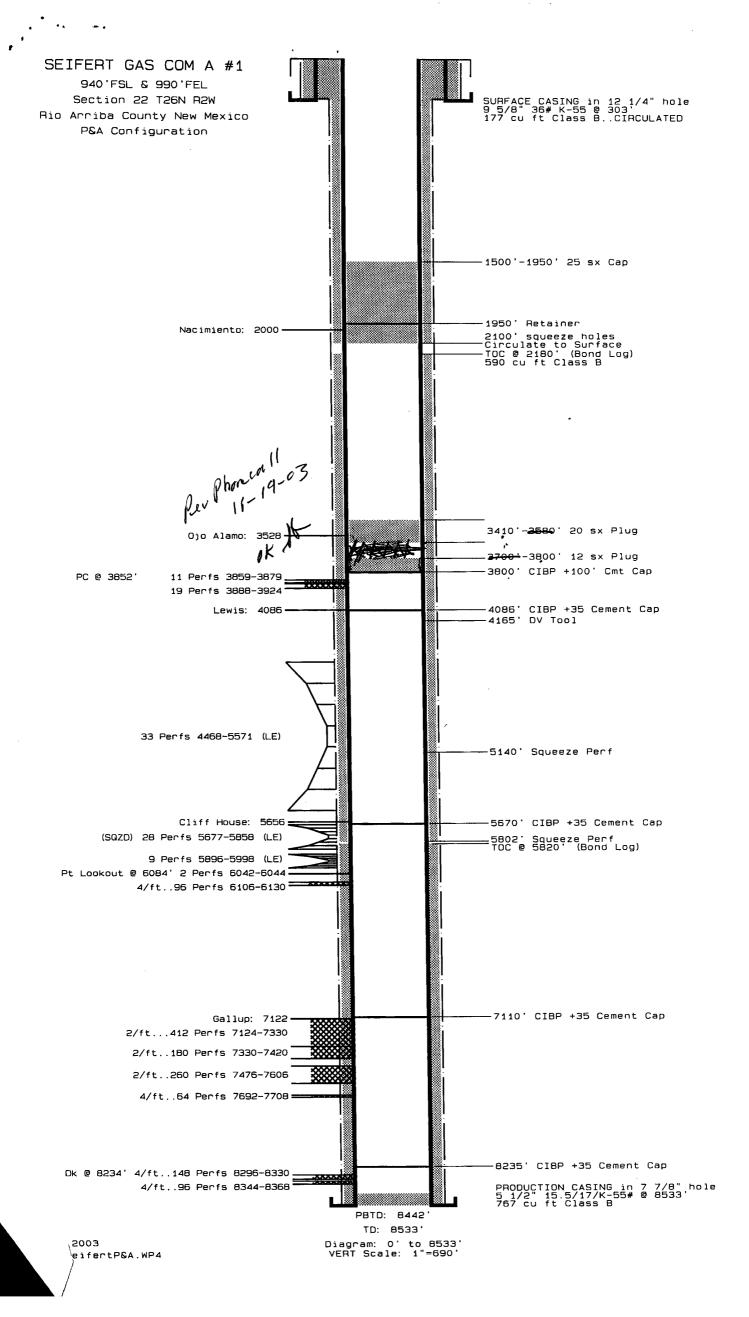
| State of New Mexico   Series   State of New Mexico   Series   Se   |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                          |
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| Mode   March   |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                          |
| Designation of Rd, Aree, NM 87410 Design | District I                                  | Energy, Minerals as                          | nd Natural Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | WELL API NO.          | Revised May 08, 2003     |
| Description      | District II                                 | OIL CONSERVA                                 | ATION DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 30-                   |                          |
| Definition of the proposed work). Set and Fe, NM 87505  Santa Fe, NM 87505  6. State Oil & Gas Lease No. 1219 & St. Francis Dr., Smala Fe, NM 87505  SUNDRY NOTICES AND REPORTS ON WELLS. 7. Lease Name or Unit Agreement Name Definition of the Part of Core of the Core of t | District III                                |                                              | and the second s |                       |                          |
| SUNDRY NOTICES AND REPORTS ON WELLS  ON NOT USE THIS ROME FOR PROPOSALS TO DRILL OR TO DEFERNO BY ELECTRICATE TO A DEFERRANT FORM COLONDOT USE THIS ROME FOR PROPOSALS.  I Type of Well: OIL Well Gas Well Other  I Type of Well: OIL Will Cation  Unit Letter P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | District IV                                 | Santa Fe,                                    | NM 87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                          |
| ODD TO USE THIS PORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR ## ## ## ## ## ## ## ## ## ## ## ## ##                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                          |
| DIFFERENT RESERVOIR USE 'APPLICATION FOR PERMIT" (FORM C-101)FOR SUCI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SUNDRY NOTICE                               | ES AND REPORTS ON<br>LS TO DRILL OR TO DEEPE | WELLS<br>NOR PLUGIBACK TO AP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7. Lease Name or U    | Jnit Agreement Name      |
| 1. Type of Well: Oil Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DIFFERENT RESERVOIR. USE "APPLICA           | TION FOR PERMIT" (FORM                       | C-101) FOR SUCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Gas Com A                |
| 2. Name of Operator McElvain Oil & Gas Properties, Inc.  2. Name of Operator McElvain Oil & Gas Properties, Inc.  3. Address of Operator 1050 17th Street #1800 Denver, CO 80265  4. Well Location  Unit Letter P 940 feet from the South line and 990 feet from the East line Section 22 Township 26N Range 2W NMPM County Rio Arriba  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 7570 GL  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLUG AND ABANDON   COMMENCE DRILLING OPNS   PLUG AND ABANDON   CHANGE PLUG AND ABANDON   CHANGE PLUG AND ABANDON   CHANGE PLUG AND ABANDON   CHANGE PLUG AND CHANGE | 1. Type of Well:                            |                                              | OCT 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Well Number        | _                        |
| 3. Address of Operator 1050 17th Street #1800 Denver, CC:80265  4. Well Location  Unit Letter P: 940 feet from the South line and 990 feet from the East line Section 22 Township 26N Range 2W NMPM County Rio Arriba  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  7570 GL  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON EMENDED ALTERING CASING COMMENCE DRILLING OPINS ALTERING CASING COMMENCE DRILLING OPINS ABANDONMENT  TEMPORARILY ABANDON CHANGE PLANS OTHER: CASING STEST AND CEMENT JOB  OTHER: OTHER: SIDENCIPLE OF TOWN ABANDON SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  McElvain Oil & Gas Properties, Inc. proposes to P&A this well as per the attached procedure.  The land owner has requested to take over the well for use as a water well. McElvain intends to comply with this request. The land owner has requested to take over the well for use as a water well. McElvain intends to comply with this request. The necessary documents are attached.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE The Republic Signature Signat |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OCDID Novel           |                          |
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| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3. Address of Operator                      |                                              | 1.2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                          |
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| 11. Elevation (Show whether DR, RRB, RT, GR, etc.)  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Omi Letter                                  | reet from the                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | nnc                      |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK  PLUG AND ABANDON  COMMENCE DRILLING OPNS  ALTERING CASING  ABANDON  COMMENCE DRILLING OPNS  ABANDONMENT  ABANDONMENT  CASING TEST AND  CEMENT JOB  CEMENT JOB  CEMENT JOB  CEMENT JOB  CEMENT JOB  ABANDONMENT  CEMENT JOB  CEMENT JOB  ABANDONMENT  CEMENT JOB  CEMENT J  |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | County Rio Arriba        |
| NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PLUG AND ABANDONMENT   PULL OR ALTER CASING   MULTIPLE   COMPLETION   CASING TEST AND   CEMENT JOB    OTHER:   |                                             | 11. Elevation (Show when                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                          |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING    TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PLUG AND ABANDONMENT    PULL OR ALTER CASING   MULTIPLE   COMPLETION   CASING TEST AND CEMENT JOB    OTHER:   OTHER:   OTHER:   OTHER:    13. 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 Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  McElvain Oil & Gas Properties, Inc. proposes to P&A this well as per the attached procedure.  The land owner has requested to take over the well for use as a water well. McElvain intends to comply with this request. The necessary documents are attached.  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE TITLE Engineering Manager DATE 10/22/2003  Type or print name John D. Steuble Telephone No. 303-893-0933  Type or print name John D. Steuble Telephone No. 303-893-0933  OCT 2 7 2003  APPPROVED BY NTILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                          |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                          |
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| OTHER:  OTHER:  OTHER:  OTHER:  I3. 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 Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  McElvain Oil & Gas Properties, Inc. proposes to P&A this well as per the attached procedure.  The land owner has requested to take over the well for use as a water well. McElvain intends to comply with this request. The necessary documents are attached.  I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE Engineering Manager  DATE  10/22/2003  Type or print name  John D. Steuble  Telephone No. 303-893-0933  OEPUTY OIL & GAS INSPECTOR, DIST. OD  DATE  DATE  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <del>-</del>                                | ·                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                          |
| OTHER:    OTHER:     OTHER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID 🗖                  |                          |
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| (This space for State use)  APPPROVED BY  DEPUTY OIL & GAS INSPECTOR, DIST. (27 2003)  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Jahn I                                      |                                              | <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                          |
| APPPROVED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Type of print name                          | O. Steuble                                   | College                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       | 00-                      |
| APPPROVED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | Mala                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | 27 2003                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                             | TIT                                          | LE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                     | ATE                      |



2 Sep 2003 File: SEIFPC.WP4 Diagram: 0' to 8533' VERT Scale: 1"=690'





William S. Seifert P.O. Box 1364 Farmington, NM 87499 (505) 334-3826



Joe Elledge ATTN: Mcelvain Oil & Gas P.O. Box 111 Farmington, NM 87499

July 13, 2002

To whom it may concern:

This is in regards to Seifert Gas Com A#1 well, E/2 Section 22-26N-2W in Rio Arriba County, New Mexico. I want to keep said well as a private water well and want it plug at 1500 ft. from surface. I also want to be notified when this will take place as I want to be present and have access to the well log.

Sincerely,

William S. Seifert

### **Assignment and Release**

Seifert Gas Com #1 (API #30-039-24068) Conversion to Water Well SE/4SE/4 Section 22, T26N-R2W Rio Arriba County, New Mexico

This Assignment and Release is entered into this 4H day of Septen, 2003 by and between McElvain Oil & Gas Properties, Inc., whose address is 1050 17th Street, Suite 1800, Denver, CO 80265 ("McElvain") and William S. Seifert and Sheila F. Seifert, his wife, whose address is P. O. Box 1364, Farmington, NM 87499 ("Seifert").

### Recitals.

- A. McElvain is the current operator of the Seifert Gas Com #1 wellbore located in the SE/4SE/4 of Section 22, Township 26 North, Range 2 West, Rio Arriba County, New Mexico (the "Well"). Seifert has requested and McElvain has agreed to transfer ownership and responsibility for the Well to Seifert for the purpose of converting it to a water-well.
- B. In exchange for the Well, Seifert agrees to assume all obligations for the Well and to fully release and indemnify McElvain from any and all claims, present and future, subject to obtaining all required approvals and to acceptance and agreement of the parties to the following terms and conditions: For purposes of this release and indemnification, the term "McElvain" shall include any affiliates or related entities of McElvain and all non-operators in the Well.

### Assignment.

McElvain hereby transfers of all its rights in the Well to Seifert. This transfer is made without warranty either express or implied. Seifert accepts the Well and the surrounding area AS IS WHERE IS AND WITHOUT ANY WARRANTY OR REPRESENTATION, WHETHER EXPRESS, IMPLIED, STATUTORY, OR OTHERWISE RELATING TO THE CONDITION, QUANTITY, QUALITY, FITNESS OR MERCHANTABILITY OF THE WELL FOR A PARTICULAR PURPOSE.

#### Release and Indemnification.

Seifert hereby releases "McElvain" from any and all obligations and liabilities to Seifert. Further, Seifert indemnifies and holds "McElvain" harmless against any and all costs, expenses, claims, demands and causes of action of whatsoever kind or character, including court costs and attorneys' fees, arising out of any operations conducted, commitment made or any action taken or omitted by Seifert with respect to the Well and surface use.

### **Effective Date**

This Assignment and Release shall become effective ("Effective Date") immediately after McElvain removes its personal property, tanks and equipment from the surface at the location of the Well and Seifert executes the Statement of Compliance under Paragraph 5 of the Affidavit of Responsibility Conversion to Water-Well form filed with the New Mexico Oil Conservation Commission that McElvain has complied with the provisions of Paragraph 4 thereunder.

Recording of this Assignment and Release in the real property records of Rio Arriba County, New Mexico shall be conclusive evidence that the Effective Date and delivery of this instrument occurred.

This Assignment and Release is binding upon, and shall inure to the benefit of, the parties hereto and their respective successors and assigns.

Executed as of the date first above written, but effective as of the Effective Date.

| McElvain Oil & Gas Properties, Inc.                                                                                                                                                                 |                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| BY: L. O. Van Ryan, Senior Vice-President                                                                                                                                                           |                                                                                                                                   |
| William S. Seifert                                                                                                                                                                                  | Sheila F. Seifert Sheila F. Seifert                                                                                               |
| STATE OF COLORADO )                                                                                                                                                                                 |                                                                                                                                   |
| COUNTY OF DENVER )                                                                                                                                                                                  |                                                                                                                                   |
| The foregoing instrument was acknowledged be as Senior Vice President of McElvain Oil & Gas P corporation.  DENISE R. GREER NOTARY PUBLIC STATE OF COLORADO  M. M. Chamississipa finates 05/08/2007 | fore me this Hay of Septembre 2003, by L. O. Van Ryan, roperties, Inc., a New Mexico corporation, in behalf of such Notary Public |
| STATE OF NEW MCKICO                                                                                                                                                                                 |                                                                                                                                   |
| COUNTY OF Juan ) ss                                                                                                                                                                                 |                                                                                                                                   |
| The foregoing instrument was acknowledged be Seifert and heila. F.Serfert                                                                                                                           | efore me this 10 day of 100 londo 2003, by William S.  Notary Public                                                              |
| My commission expires                                                                                                                                                                               |                                                                                                                                   |
| June 4, 2005                                                                                                                                                                                        |                                                                                                                                   |

## NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

### AFFIDAVIT OF RESPONSIBILITY CONVERSION TO WATER-WELL

| STATE OF <u>Colorado</u> ss.                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County of <u>Denver</u> )                                                                                                                                                                                                                                                                                                                                                           |
| John Steuble , being first duly sworn according to law, upon his oath                                                                                                                                                                                                                                                                                                               |
| deposes and says:                                                                                                                                                                                                                                                                                                                                                                   |
| 1. That he is Operations Manager of McElvain Oil & Gas Properties, Inc.  (Title) (Operator)                                                                                                                                                                                                                                                                                         |
| whose address is 1050 17 <sup>th</sup> Street, Suite 1800, Denver, Colorado 80265                                                                                                                                                                                                                                                                                                   |
| 2. That McElvain Oil & Gas Properties, Inc. is the operator of a well drilled on land                                                                                                                                                                                                                                                                                               |
| be-longing to William S.&Sheila F.Seifert, whose address is P.O. Box 1364, Farmington, NM 87499                                                                                                                                                                                                                                                                                     |
| (Landowner), said well being drilled to test for hydrocarbons and/or                                                                                                                                                                                                                                                                                                                |
| carbon dioxide gas and described as the Seifert Gas Com No. 1, being located 940 feet                                                                                                                                                                                                                                                                                               |
| from the <u>north</u> line and <u>990</u> feet from the <u>east</u> line of Section <u>22</u> ,                                                                                                                                                                                                                                                                                     |
| Township 26 North, Range 2 West, NMPM, Rio Arriba                                                                                                                                                                                                                                                                                                                                   |
| County, New Mexico.                                                                                                                                                                                                                                                                                                                                                                 |
| 3. That said well was drilled to a total depth of 8,533 feet, and that casing has been set and cemented as follows:                                                                                                                                                                                                                                                                 |
| ing has been set and comented as follows.                                                                                                                                                                                                                                                                                                                                           |
| SEE ATTACHED                                                                                                                                                                                                                                                                                                                                                                        |
| 4. That operator and landowner have made an agreement whereby operator (is) (is not) to back fill pits, level location, and clear it of all junk. The agreement further provides that operator is to plug said well back to a plugged-back total depth of 1,500 feet and transfer well to landowner for his use as a water-well. Operator will leave casing in the well as follows: |
| SEE ATTACHED                                                                                                                                                                                                                                                                                                                                                                        |
| 5. That when operator has complied with the provisions of Paragraph 4 above it will so notify the Oil Conservation Commission of the State of New Mexico on Commission form C-103, together with a signed statement from the landowner that the provisions of Paragraph 4 above have been complied with to his satisfaction.                                                        |
| McElvain Oil & Gas Properties, Inc.                                                                                                                                                                                                                                                                                                                                                 |
| (Operator)                                                                                                                                                                                                                                                                                                                                                                          |
| DENISE R. GREEK                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                     |
| My Commission Expires 05/08/2007  Notary Public in and for the County of Denver                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF Hew Merico ss.                                                                                                                                                                                                                                                                                                                                                             |
| County of Mn Juan                                                                                                                                                                                                                                                                                                                                                                   |
| his oath deposes and says that when the provisions of paragraphs 4 and 5 have been                                                                                                                                                                                                                                                                                                  |
| complied with, he will accept the above described well for his use as a water-well, and                                                                                                                                                                                                                                                                                             |
| that he will assume all responsibility for the well, the location and the conversion of the well to a water-well.                                                                                                                                                                                                                                                                   |
| well to a water-well.                                                                                                                                                                                                                                                                                                                                                               |
| A Sulling of Sulf of Condovers                                                                                                                                                                                                                                                                                                                                                      |
| Subscribed and sworn to before me this // day of soft Mor. A. D. 20 03                                                                                                                                                                                                                                                                                                              |
| Mana & July                                                                                                                                                                                                                                                                                                                                                                         |
| Notary Public in and for the County of Sanuan                                                                                                                                                                                                                                                                                                                                       |
| Notary Public in and for the County of <u>Sarroyarr</u>                                                                                                                                                                                                                                                                                                                             |

# APPLICATION TO APPROPRIATE UNDERGROUND WATERS IN ACCORDANCE WITH SECTION 72-12-1 NEW MEXICO STATUTES

| . Maine and mailting address of applicant:                                                 | File No                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sheila Seifert                                                                             |                                                                                                                                                                |
| P.O. Box 1364                                                                              | DRILLER'S                                                                                                                                                      |
| Farmington, NM 87499                                                                       | COPY                                                                                                                                                           |
| 2. Describe well location under one of the following                                       | subheadings:                                                                                                                                                   |
| CE NU SE                                                                                   | 011                                                                                                                                                            |
| inRio Arriba                                                                               | 22 Twp. <u>26N</u> Rge. <u>2W</u> NMPM,                                                                                                                        |
| b. X = feet, Y =<br>Zone in the                                                            | feet, New Mexico Coordinate System Grant.                                                                                                                      |
| 3. Approximate depth (if known) fe                                                         | et; outside diameter of casing inches.                                                                                                                         |
| Name of driller (if known)                                                                 |                                                                                                                                                                |
| 4. Use of water (check use applied for):                                                   |                                                                                                                                                                |
|                                                                                            | garden not to exceed one scre.                                                                                                                                 |
| Livestock watering.                                                                        | '03 0<br>STATE<br>AZ'                                                                                                                                          |
| More than one household, non-commercial trees                                              | , lawns and gardens not to exceed a total of one sere.                                                                                                         |
| Drill and test a well intended to be used for in conjunction with the building or dwelling | domestic, drinking and sanitary or stock water purposes unit.                                                                                                  |
| Drinking and sanitary purposes and the irrigation conjunction with a commercial operation. | ntion of non-commercial trees, shrubs and aggree in re                                                                                                         |
| Prospecting, mining or drilling operations to                                              | <del></del>                                                                                                                                                    |
| Construction of public works, highways and r                                               | oads.                                                                                                                                                          |
| If any of the last three items were marked, give                                           | name and nature of business under Remarks (Item 5).                                                                                                            |
| 5. Remarks: This is a former natural g                                                     | as and oil well.                                                                                                                                               |
|                                                                                            |                                                                                                                                                                |
|                                                                                            |                                                                                                                                                                |
|                                                                                            | that the foregoing statements are true to the best of my of commence until approval of the permit has been obtained.                                           |
| Sheila Seisert                                                                             | , Applicant                                                                                                                                                    |
| Sheila Seigert  By:                                                                        | Date:October 8, 2003                                                                                                                                           |
|                                                                                            |                                                                                                                                                                |
|                                                                                            |                                                                                                                                                                |
| ACTION OF                                                                                  | STATE ENGINEER                                                                                                                                                 |
| conditions numbered 12 & 4                                                                 | nted, subject to all general conditions and to specific<br>on the reverse side hereof. This permit will<br>ed or driven and the well record filed on or before |
| JOHN R. D'ANTONIO, JR., P.E., STATE                                                        | ENGINEER                                                                                                                                                       |
| J. Hubbard                                                                                 |                                                                                                                                                                |
| Date: October 8, 2003                                                                      | File Wa SJ-3425                                                                                                                                                |

H

and county of water

amount and uses municipal

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- The maximum amount of water that may be appropriated under this permit is 3 acre-feet in any year.
- The well shall be drilled by a driller licensed in the State of New Mexico in accordance with Section 72-12-12 New Mexico Statutes Annotated. A licensed driller shall not be required for the construction of a driven well; provided, that the casing shall not exceed two and three-eights (2 3/8) inches outside diameter (Section 72-12-12).
- Driller's well record must be filed with the State Engineer within 10 days after the well is drilled or driven. Failure to file the well record within that time shall result in automatic cancellation of the permit. Well record forms will be provided by the State Engineer upon request.
- The casing shall not exceed 7 inches outside diameter except under specific conditions in which reasons satisfactory to the State Engineer are shown.
- If the well under this permit is used at any time to serve more than one household or livestock in a commercial feed lot operation, or for drinking and sanitation purposes in conjunction with a commercial operation, the permittee shall comply with Specific Conditions of Approval number 5(b).
- in the event this well is combined with other wells permitted under Section 72-12-1 New Mexico Statutes Annotated, the total outdoor use shall not exceed the irrigation of one acre of non-commercial trees, lawn, and garden, or the equivalent outside consumptive use, and the total appropriation for household and outdoor use from the entire water distribution system shall not exceed 3 acre-feet in any year.
- If artesian water is encountered, all rules and regulations pertaining to the drilling and casing of artesian wells shall be complied with.
- H & 1 See side margins.

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to such limitations as may be imposed by the courts applicable State Engineer Regulations and the

ermitted under this Application are subject ordinances which are more restrictive than

permitted under this Application are

#### SPECIFIC CONDITIONS OF APPROVAL

(Applicable only when so indicated on the other side of this form.)

- 1. Depth of the well shall not exceed the thickness of the (a) valley fill or (b) Ogaliala formation.
- The well shall be constructed to artesian well specifications and the State Engineer shall be notified 2. before casing is landed or cemented.
- Appropriation and use of water under this permit shall not exceed a period of one year from the date of approval.
- ۷. Use shall be limited to household, non-commercial trees, lawn and garden not to exceed one acre and/or stock use.
- A totalizing meter shall be installed before the first branch of the discharge line from the well and the installation shall be acceptable to the State Engineer; the Engineer shall be advised of the make, model, serial number, date of installation, and initial reading of the meter prior to appropriation of water; pumping records shall be submitted to the District Supervisor: (a) for each calendar month, on or before the 10th day of the following month (b) on or before the 10th of January, April, July and October of each year for the three preceding calendar months (c) for each calendar year on or before the 10th day of January of the following year.
- The well shall be plugged upon completion of the permitted use, and a plugging report shall be filed with the State Engineer within 10 days.
- Final approval for the use of the well shall be dependent upon a leakage test made by the State Engineer.
- Use shall be limited strictly to household, drinking and sanitary purposes; water shall be conveyed from the well to the place of use in closed conduit and the effluent returned to the underground so that it will not appear on the surface. No irrigation of lawns, gardens, trees or use in any type of pool or pond is authorized under this permit.
- No water shall be used from this well unless and until a permit has been issued to an applicant who intends to use the water for any of the purposes described in § 72-12-1.

### INSTRUCTIONS

The application shall be made in the name of the actual user of the well for the purpose specified in the application.

The application shall be filed in triplicate and forwarded with a \$5.00 filing fee to the State Engineer. A separate application must be filed for each well to be drilled or used.

if well to be used is an existing well, an explanation (and the file number, if possible) should be given under Remarks (Item 5).

Applications for appropriation, well records and requests for information in the following basins should be addressed to the State Engineer at the location indicated.

Bluewater, Estancia, Rio Grande, Sandia, Gallup and XXXXXX Basins District No. 1. SENIXONNEKACEK XNEX SUICE AX ANXALLEKKA XMK XNEXINEX

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Capitan, Carlsbad, Curry County, Fort Summer, Hondo, Jal, Lea County, Penasco, Portales, Roswell, Tucumcari and Upper Pecos Basins District No. 2, 1900 West Second Street, Roswell, NM 88201

Animas, Gila-San Francisco, Lordsburg, Mimbres, Nutt-Hockett, Playas, San Simon and Virden Valley Basins District No. 3, P.O. Box 844, Deming, NH 88031

Lower Rio Grande, Tularosa, Hueco, Las Animas Creek and Hot Springs Basins District No. 4, 133 Wyatt Drive, Suite 3, Las Cruces, NM 88005

Canadian River Basin State Engineer Office, P.O. Box 25102, Santa Fr., NM 87504-5102

San Juan Basin State Engineer Office 100 S. Oliver Aztec, NM 87410

### SUPPLEMENTAL INSTRUCTION

If the well under this permit is to be used for livestock watering on state or federal land, proof of the following must be provided as part of this application: (1) applicant is legally entitled to place his livestock on the land where the water is to be used; (2) applicant has been granted access to the drilling site and has permission to occupy the portion of the land as is necessary to drill and operate the well.