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|---------|-------------------|----|-----|----------|
| DATE IN | J.                | 1. | 111 | SUSPENSE |

ENGINEER (F

LOGGED IN 5, 9,//

ТУРЕ

APP NO. 1117957743

ABOVE THIS LINE FOR DIVISION USE ONLY

### NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



LimeRock 255333

(LWells

| AID 2  | 24 STATE #7, #9,               |                                                                                                                                                          |                                                                                                                                                                                                                      | ywells                                                 |
|--------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|        |                                | ADMINISTRATIVE A                                                                                                                                         | APPLICATION CHECK                                                                                                                                                                                                    | LIST '                                                 |
| Т      | THIS CHECKLIST IS M            |                                                                                                                                                          | APPLICATIONS FOR EXCEPTIONS TO DIVISI<br>ING AT THE DIVISION LEVEL IN SANTA FE                                                                                                                                       | <i>a</i>                                               |
| Appli  | [DHC-Dow<br>[PC-Pa             | ndard Location] [NSP-Non-Stan<br>nhole Commingling] [CTB-Lea<br>ol Commingling] [OLS - Off-Lo<br>[WFX-Waterflood Expansion]<br>[SWD-Salt Water Disposal] | ndard Proration Unit] [SD-Simultar<br>ase Commingling] [PLC-PoollLea<br>ease Storage] [OLM-Off-Lease &<br>[PMX-Pressure Maintenance Expa<br>[] [IPI-Injection Pressure Increase<br>ertification] [PPR-Positive Produ | nse Commingling) # # # # # # # # # # # # # # # # # # # |
| [1]    | TYPE OF AF<br>[A]              | PLICATION - Check Those W. Location - Spacing Unit - Simu NSL NSP S                                                                                      |                                                                                                                                                                                                                      | 30-015-38187<br>" "38188<br>" 11 33189                 |
|        | Check<br>[B]                   | One Only for [C] Commingling Storage Meas DHO CTB P                                                                                                      | surement PLC  PC  OLS  O                                                                                                                                                                                             | '' '' 38/90<br>LM                                      |
|        | [C]                            |                                                                                                                                                          | Increase - Enhanced Oil Recovery                                                                                                                                                                                     | = 77                                                   |
|        | [D]                            | Other: Specify                                                                                                                                           |                                                                                                                                                                                                                      | - 5                                                    |
| [2]    | NOTIFICAT<br>[A]               |                                                                                                                                                          | Those Which Apply, or □ Does Not rriding Royalty Interest Owners                                                                                                                                                     |                                                        |
|        | [B]                            | Offset Operators, Leaseho                                                                                                                                | olders or Surface Owner                                                                                                                                                                                              | ¥ 5                                                    |
|        | [C]                            | Application is One Which                                                                                                                                 | n Requires Published Legal Notice                                                                                                                                                                                    | 24178 28E                                              |
|        | [D]                            | Notification and/or Concu                                                                                                                                | nrrent Approval by BLM or SLO missioner of Public Lands, State Land Office                                                                                                                                           |                                                        |
|        | [E]                            | For all of the above, Proof                                                                                                                              | f of Notification or Publication is At                                                                                                                                                                               | tached, and/or,                                        |
|        | [F]                            | ☐ Waivers are Attached                                                                                                                                   |                                                                                                                                                                                                                      |                                                        |
| [3]    |                                | CURATE AND COMPLETE I                                                                                                                                    | INFORMATION REQUIRED TO                                                                                                                                                                                              | PROCESS THE TYPE                                       |
|        | val is <mark>accurate</mark> a | nd complete to the best of my kn                                                                                                                         | nformation submitted with this applacements of the conference of the Division.                                                                                                                                       | , , , , , , , , , , , , , , , , , , ,                  |
|        | Note:                          | Statement must be completed by an i                                                                                                                      | individual with managerial and/or supervis                                                                                                                                                                           | sory capacity.                                         |
| Mike I |                                | Mile Depin                                                                                                                                               | Petroleum Engineer                                                                                                                                                                                                   | Marrch 15 2011                                         |
| rint c | or Type Name                   | Signature                                                                                                                                                | Title<br><u>mike@pippinllc.cor</u><br>e-mail Addr                                                                                                                                                                    |                                                        |

CTB-650

LIME ROCK RESOURCES A, L.P. Mike Pippin 3104 N. Sullivan Avenue Farmington, NM 87401 505-327-4573 (phone) mike@pippinllc.com

May 6, 2011

**NMOCD** c/o Richard Ezeanyim 1220 South St. Francis Drive Santa Fe, NM 87505

RE:

**Application for Surface Commingling** 

AID 24 STATE #7, #9, #10, #11 - API#s: 30-015-38187, 38188, 38190, & 38189

Unit Letters"M, N, 0" Section 24 T17S R28E

Eddy County, New Mexico

Dear Mr. Ezeanyim,

Lime Rock Resources A, L.P. (operator) would like to surface commingle production from the referenced four State oil wells, which will all soon be completed in and produce from the Empire, Glorieta-Yeso oil pool (96210). Attached is a form C-107B, C-102 for each well, a plat showing all the wells and their leases, a plat and testing procedure of the testing facility, and letters to the interest owners, the BLM, and the NM Public Lands, along with the other necessary supporting data.

This surface commingle will eliminate redundant surface equipment thus preventing waste. It will eliminate a gas meter, oil tank, water tank, heater treater, and installation costs on three of the four wells for a savings of about \$150,000 per well and a total savings of \$450,000 to the interest owners. The common tank battery will be built on well #9's well pad.

However, the ownership in these four State wells is not identical. Therefore, Lime Rock plans to test each of these wells when they are ready for production on a weekly basis in order to establish the oil & gas allocation per well. When these weekly tests stabilize, the wells will be tested for their allocations on a quarterly basis. All the interest owners have been notified.

To date, only the AID 24 STATE #7 has been completed. The #7 IP tested for 63 BOPD, but is making less than that now. The #9 has been drilled but not completed, and the #10 & #11 will be spudded soon. All four wells will be completed in a very similar way to the #7. See the attached wellbore diagram.

Should you have any questions or concerns, please contact me at 505-327-4573.

Very truly yours

Mike Pippin PE Petroleum Engineer

<u>District I</u> 1625 N. French Drive, Hobbs, NM 88240

District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410

District IV 1220 S. St Francis Dr, Santa Fe, NM 87505 State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B Revised June 10, 2003

### **OIL CONSERVATION DIVISION**

1220 S. St Francis Drive Santa Fe, New Mexico 87505 Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

| APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FOR SURFACE                                 | COMMINGLING                            | (DIVERSE            | OWNERSHIP)                  |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------|---------------------|-----------------------------|----------------|
| OPERATOR NAME: LIME RO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OCK RESOURCES A                             | , L.P.                                 |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Pippin LLC, 3104 N.                         | Sullivan, Farmington,                  | NM 87401            |                             |                |
| APPLICATION TYPE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                             |                                        |                     |                             |                |
| ☐ Pool Commingling ☐ Lease Commingli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ng Pool and Lease Co                        | ommingling Off-Lease                   | Storage and Measu   | rement (Only if not Surface | ce Commingled) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State                                       |                                        |                     |                             |                |
| Is this an Amendment to existing Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ? ∐Yes ⊠No If                               | "Yes", please include t                | he appropriate C    | order No.                   | • 1•           |
| Have the Bureau of Land Management<br>⊠Yes □No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (BLM) and State Land                        | d office (SLO) been not                | tified in writing   | of the proposed comm        | ingling        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | OL COMMINGLIN ts with the following in |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gravities / BTU of                          | Calculated Gravities /                 | 1                   | Calculated Value of         |                |
| (1) Pool Names and Codes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Non-Commingled<br>Production                | BTU of Commingled<br>Production        |                     | Commingled<br>Production    | Volumes        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                        |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                        |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                        |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                        |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                        | <u></u>             |                             |                |
| <ul> <li>(2) Are any wells producing at top allowa</li> <li>(3) Has all interest owners been notified to the description of the</li></ul> | y certified mail of the pr  Other (Specify) |                                        | Yes No.             |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (B) LEA                                     | SE COMMINGLIN                          | (G                  |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | ts with the following in               |                     |                             |                |
| (1) Pool Name and Code. Empire, Glor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·       |                                        |                     |                             |                |
| (2) Is all production from same source of (3) Has all interest owners been notified by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             |                                        | ⊠Yes □N             | Jo                          |                |
| (4) Measurement type: Metering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _                                           | posca comminging:                      | <b>2</b> 103 L1     | 10                          |                |
| , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                        |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (C) POOL and                                | I LEASE COMMIN                         | ICLINC              |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | ts with the following is               |                     |                             |                |
| (1) Complete Sections A and E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             | 9                                      |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                        |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | TORAGE and MEA                         |                     |                             |                |
| (1) Is all made the form some source of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             | ets with the following                 | information         |                             |                |
| <ul><li>(1) Is all production from same source of</li><li>(2) Include proof of notice to all interest</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | 10                                     |                     |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                        |                     |                             |                |
| (E) A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             | ORMATION (for al                       |                     | ypes)                       |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | ts with the following i                | ntormation          |                             |                |
| <ol> <li>A schematic diagram of facility, included</li> <li>A plat with lease boundaries showing</li> <li>Lease Names, Lease and Well Number</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | all well and facility local                 | tions. Include lease numb              | ers if Federal or S | ate lands are involved.     |                |
| I hereby certify that the information above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | true and complete to th                     | e best of my knowledge ar              | nd belief.          |                             |                |
| SIGNATURE: Miles to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ppin T                                      | TTLE: Petroleum Engi                   | neer - Agent        | DATE:5/6/                   | 11             |
| TYPE OR PRINT NAME Mike Pippin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                             |                                        | TELEPHO             | NE NO.: 505-327-4573        | <u> </u>       |
| F-MAII. ADDRESS: mike@nipp:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nlic com                                    |                                        |                     |                             |                |

District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV

State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised October 12, 2005 Submit to Appropriate District Office State Lease - 4 Copies

Fee Lease - 3 Copies

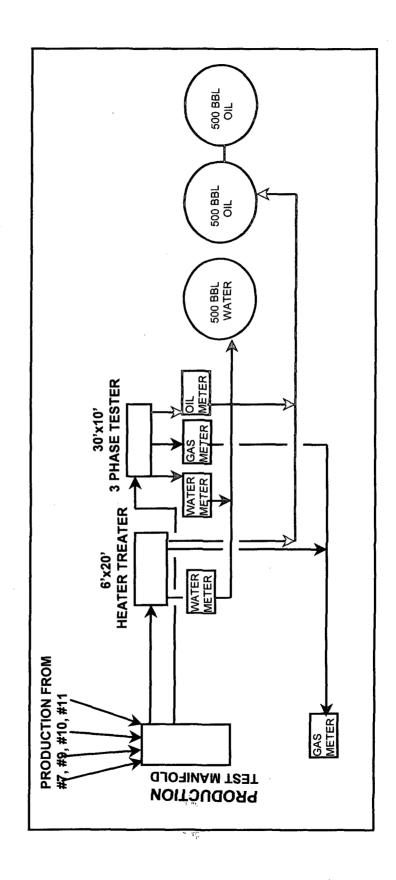
| 1220 S. St. Franci          | is Dr., Santa            | Fe, NM 87505  |                   |                        |                          | ٠                         |                           | L                    | AME           | NDED REPORT                                                |
|-----------------------------|--------------------------|---------------|-------------------|------------------------|--------------------------|---------------------------|---------------------------|----------------------|---------------|------------------------------------------------------------|
| T 1                         | 4 DV 31                  |               | VELL LO           |                        |                          | REAGE DEDIC               |                           |                      |               |                                                            |
| -                           | API Numbe                | r             |                   | <sup>2</sup> Pool Code |                          |                           | <sup>3</sup> Pool Na      |                      |               |                                                            |
| 4-                          | 30-015-                  |               |                   | 96210                  |                          |                           | Empire, Glori             | eta- y eso           | 6             |                                                            |
| <sup>4</sup> Property       |                          |               |                   |                        | <sup>5</sup> Property    |                           |                           |                      |               | ell Number                                                 |
| 3068                        |                          |               |                   |                        | AID 24 S                 |                           |                           |                      |               | 9, #10, #11                                                |
| <sup>7</sup> OGRID<br>25533 |                          |               |                   | T TRATE                | 8 Operator               |                           |                           |                      | ·             | Elevation                                                  |
| 2333.                       | 00                       |               |                   | Livie                  | 10                       | OURCES A, L.P.            | •                         |                      |               |                                                            |
| UL or lot no.               | Santian                  | Township      | Dance             | Lot Idn                | Surface<br>Feet from the | Location North/South line | Feet from the             | East/West            | lina          | Country                                                    |
| M, N, O                     | 24                       | 17-S          | Range<br>28-E     | Lot lun                | reet from the            | North/South line          | reet from the             | East west            | ine           | County                                                     |
|                             | 24                       | 17-3          | 11                |                        |                          | ICD:CC · D                | G C                       |                      |               |                                                            |
|                             | 6-4-                     | Tan           | Bo                |                        |                          | If Different Fro          |                           | E ARV.               | r. I          | 6 4                                                        |
| UL or lot no.               | Section                  | Township      | Range             | Lot Idn                | Feet from the            | North/South line          | Feet from the             | East/West            | line          | County                                                     |
| 12 Dedicated Acre           | es <sup>13</sup> Joint o | r Infill 14 ( | Consolidation C   | Code 15 Or             | der No.                  |                           | <u> </u>                  |                      |               |                                                            |
| }                           |                          |               |                   |                        |                          |                           |                           |                      |               |                                                            |
| No allowable<br>division.   | will be ass              | signed to th  | nis completi      | ion until al           | l interests have         | been consolidated         |                           |                      |               |                                                            |
|                             |                          |               |                   |                        |                          |                           | 17 <b>O</b>               | PERATOR              | CERT          | IFICATION                                                  |
| ;                           |                          |               |                   |                        |                          | 1                         | ll · ·                    | •                    |               | herein is true and complete<br>at this organization either |
|                             |                          |               |                   |                        |                          |                           | II -                      | -                    |               | n ous organization etiner<br>nterest in the land including |
|                             |                          |               |                   |                        |                          |                           | l <del>l</del>            | •                    |               | that to drill this well at this                            |
|                             |                          |               |                   |                        |                          |                           | location pursu            | iant to a contract w | ith an owner  | of such a mineral or worki                                 |
|                             |                          |               |                   |                        |                          |                           | interest, or to           | a voluntary pooling  | g agreement o | or a compulsory pooling                                    |
|                             |                          |               |                   |                        |                          |                           | order heretofo            | re entered by the di | ivision.      |                                                            |
|                             |                          |               |                   | Ì                      |                          |                           | " Ms                      | to tipe              | in            | 3/11/11                                                    |
|                             |                          |               |                   |                        |                          |                           | Signature                 |                      |               | Date                                                       |
|                             |                          |               |                   |                        |                          |                           | Adilas Dias               | :                    |               |                                                            |
|                             |                          |               |                   |                        |                          |                           | Mike Pipp<br>Printed Name |                      |               |                                                            |
|                             |                          |               |                   |                        |                          |                           |                           |                      |               |                                                            |
|                             |                          |               |                   | 24 —                   |                          |                           |                           |                      |               | IFICATION                                                  |
|                             |                          |               |                   |                        |                          |                           | 1                         |                      |               | ion shown on this                                          |
|                             |                          | ,             |                   |                        |                          |                           |                           |                      |               | f actual surveys                                           |
|                             | •                        |               |                   |                        | - <b></b>                |                           |                           |                      |               | ion, and that the                                          |
| Lease #L                    | G6340                    | <b>.</b><br>I |                   | Lease #                | B6251                    |                           | same is tri               | ue and correct       | to the bes    | st of my belief.                                           |
|                             |                          |               |                   |                        | <u></u>                  |                           | Date of Surv              | <i>r</i> ey          |               |                                                            |
|                             |                          | 2310'         | -#11 <sub>Q</sub> | ,                      | #10 <sub>0</sub> —       | 1630'                     | Signature an              | d Seal of Profess    | sional Surve  | eyor:                                                      |
| 1                           |                          |               | "- <b>"</b> \     | :                      | • •                      |                           | 1                         |                      |               |                                                            |
|                             |                          |               |                   | ŀ                      |                          | V.                        |                           |                      |               |                                                            |
|                             | 1650'                    | #9            | 9                 | 2                      | .68                      | •                         | 1                         |                      |               |                                                            |
|                             |                          | 」サナプ          | 10                | ) <b>T</b>             | <i>⊙</i> ।               |                           | II.                       |                      |               |                                                            |

Certificate Number

# LIME ROCK RESOURCES A, L.P. AID 24 STATE CENTRAL TANK BATTERY AID 24 STATE #9 WELL PAD N SEC. 24 T17S R28E EDDY COUNTY, NM

5/5/11 P.M. PIPPIN

Normally, all production from all four wells goes through the test manifold to the heater treater & sales. To test one well, only the production from that one well is routed separately through the test maniflold to the 3 phase tester where its oil, gas & water are recorded separately.



DISTRICT I 1625 N FRENCH DR . HOEBS, NM B8240

### Energy, Minerals and Natural Resources Department

Form C-102

DISTRICT II
1301 W GRAND AVENUE, ARTESIA, NM 88210

OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR.

Revised October 12, 2005 Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

DISTRICT III 1000 Rao Brazos Rd , Aztec, NM 87410 Santa Fe, New Mexico 87505

STATE LEASE # LG 6340

DISTRICT IV

WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

| 30-015- 78187         | Pool Code<br>96210 |                        |                    |  |  |
|-----------------------|--------------------|------------------------|--------------------|--|--|
| Property Code         | Proper             | Vell Number            |                    |  |  |
| 306812 <i>30681</i> 1 | AID 24             | STATE                  | 7                  |  |  |
| OGRID No              |                    | or Name                | Elevation<br>3679' |  |  |
| 255333                | LIMEROCK RES       | ROCK RESOURCES A, L.P. |                    |  |  |

### Surface Location

|   | UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 1 | М             | 24      | 17-S     | 28-E  |         | 330           | SOUTH            | 330           | WEST           | EDDY   |

### Bottom Hole Location If Different From Surface

| UL or lot No. Se | ection Towns    | hip Range     | Lot idn | Feet from the | North/South line | Feet from the | East/West line | County |
|------------------|-----------------|---------------|---------|---------------|------------------|---------------|----------------|--------|
| Dedicated Acres  | Joint or Infili | Consolidation | Code Or | der No.       |                  | <u> </u>      |                |        |

|                                          | OR A NON-STANDARD UNIT HAS BEE                                                                    | EN APPROVED BY THE | DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          |                                                                                                   |                    | OPERATOR CERTIFICATION  I hereby certify that the information berein is true and complete to the best of my knowledge and behel, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the dinision  Determined The Ceorge R. Smith, agent  Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 330° 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | GEODETIC COORDINATES NAD 27 NME  Y=660141 4 N X=560358 8 E  LAT.=32 814663' N LONG =104 136867' W |                    | SURVEYOR CERTIFICATION  I bereby certify that the well location shown on this plat was plotted from field potes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief true and correct to the best of my belief |

DISTRICT I 1625 N FRENCH DR . HOEBS, NW 68240

Energy, Minerals and Natural Resources Department

DISTRICT II 1301 W. GRAND AVENUE, ARTESIA, NW 86210

OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR.

Form C-102 Revised October 12, 2005 Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

DISTRICT III 1000 Rio Brazos Rd., Aztec. NM 87410 Santa Fe, New Mexico 87505 STATELEASE

#: LG6340

| DISTRICT IV<br>1220 S ST PRANCIS DR., SANTA PE, NW 87505 | WELL LOCATION AND  | ACREAGE DEDICATION            | PLAT                       |
|----------------------------------------------------------|--------------------|-------------------------------|----------------------------|
| 30-019-38188                                             | Pool Code<br>96210 | 1                             | Pool Name<br>Glorieta-Yeso |
| Property Code<br>306812 70681                            | •                  | perty Name<br>24 STATE        | Well Number                |
| OGRID No.<br>255333                                      | -                  | rator Name<br>SOURCES A, L.P. | Elevation<br>3682'         |

### Surface Location

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County | ĺ |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|---|
| N             | 24      | 17-S     | 28-E  |         | 330           | SOUTH            | 1650          | WEST           | EDDY   |   |

### Bottom Hole Location If Different From Surface

| UL or lot No.   | Section  | Township    | Range        | Lot Idn | Feet from the | North/South line | Feet from the | East/West line                        | County |
|-----------------|----------|-------------|--------------|---------|---------------|------------------|---------------|---------------------------------------|--------|
|                 |          |             |              |         |               |                  |               | ,                                     |        |
| Dedicated Acres | Joint of | r Infili Co | solidation ( | ode Ore | der No        |                  |               | · · · · · · · · · · · · · · · · · · · |        |
| 40              |          |             |              |         |               |                  |               |                                       |        |

|         | OR A NON-STANDARD UNIT H                          | IAS BEEN APPROVEI | D BY THE DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------|---------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Т       |                                                   | T                 | OPERATOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         |                                                   |                   | I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|         |                                                   |                   | or unlessed mineral interest in the land meluding the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|         |                                                   |                   | or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         |                                                   | 1                 | Delry R. Smith 9/9/10 Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|         |                                                   | •                 | George R. Smith, agent Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1       |                                                   | 1                 | SURVEYOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|         | GEODETIC COORDINATES NAD 27 NME                   |                   | I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         | Y=660158 8 N<br>X=561678 7 E<br>LAT =32 814704° N | 1                 | OLA JARONO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ×       | LONG = 104 132571* W                              |                   | Date Surveyed C 1A Signature & Sedi of Signatu |
| XXXXXXX | XXXXXXXX                                          |                   | honald seidson en fre /2010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1650    |                                                   |                   | Certificate No GARY EIDSON 12641<br>RONALD J. EIDSON 3239                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

DISTRICT I LESS N FRENCH DR . HOBBS, NM 88240

Energy, Minerals and Natural Resources Department

DISTRICT II

DISTRICT III

1301 W GRAND AVENUE, ARTESIA, NM 88210

OIL CONSERVATION DIVISION 1220 SOUTH ST. FRANCIS DR.

Revised October 12, 2005 Submit to Appropriate District Office State Lease - 4 Copies

Santa Fe, New Mexico 87505

Fee Lease - 3 Copies

Form C-102

STATE LEASE# : 1000 Rto Brazos Rd., Aztec. NM 87410 B6251 DISTRICT IV WELL LOCATION AND ACREAGE DEDICATION PLAT AMENDED REPORT 1220 S ST PRANCIS DR. SANTA PC, NM 67505 Pool Code API Number Pool Name 70-015- 38 Property Code 96210 Empire: Glorieta-Yeso Property Name Well Number 306812 70881 AID 24 STATE 10 Operator Name Elevation OGRID No. 255333 LIMEROCK RESOURCES A, L.P. 3684'

### Surface Location

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 0             | 24      | 17-S     | 28-E  |         | 890           | SOUTH            | 1630          | EAST           | EDDY   |

### Bottom Hole Location If Different From Surface

| UL or lot No.   | Section  | Township | Range           | Lot Ida | Feet from the | North/South line | Feet from the | East/West line | County |
|-----------------|----------|----------|-----------------|---------|---------------|------------------|---------------|----------------|--------|
|                 |          |          |                 |         |               |                  |               |                | ,      |
| Dedicated Acres | Joint of | r Infili | Consolidation ( | Code Or | der No.       |                  |               |                |        |
| 40              |          |          |                 |         |               |                  |               |                |        |

| OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE | HE DIVISION                                                                                                                                                                                                       |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | OPERATOR CERTIFICATION                                                                                                                                                                                            |
|                                                 | I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land      |
|                                                 | including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a |
|                                                 | compulsory pooling order heretofore entered<br>by the division                                                                                                                                                    |
|                                                 | bescarfismett 9/9/10 Signature Date                                                                                                                                                                               |
|                                                 | George R. Smith, agent<br>Printed Name                                                                                                                                                                            |
|                                                 |                                                                                                                                                                                                                   |
|                                                 | SURVEYOR CERTIFICATION                                                                                                                                                                                            |
| GEODETIC COORDINATES<br>NAD 27 NME              | I bereby certify that the well location<br>shown on this plat was plotted from field<br>notes of actual surveys made by me or<br>under my supervision, and that the same is                                       |
| Y=660741 8 N<br>X=563622 3 E                    | true and correct to the best of my belief.                                                                                                                                                                        |
| LAT = 32 816296" N                              | DY DOMESTO                                                                                                                                                                                                        |
| LONG =104 126241° W                             | Date Surveyed                                                                                                                                                                                                     |
|                                                 | Signature & Scal of 239 Professional Surveyor                                                                                                                                                                     |
| Q × 1630'                                       | Some Del San Dela se                                                                                                                                                                                              |
|                                                 | 10 hand 68 8 128 120 16                                                                                                                                                                                           |
|                                                 | Certificate No. GARY EIDSON 12641<br>RONALD J EIDSON 3239                                                                                                                                                         |
| ××××××××××××××××××××××××××××××××××××××          |                                                                                                                                                                                                                   |

DISTRICT I 1625 N. FRENCH DR. HOBBS, NM 88240

### Energy, Minerals and Natural Resources Department

Form C-102

OIL CONSERVATION DIVISION

Revised October 12, 2005 Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

DISTRICT II
1301 W. GRAND AVENUE, ARTESIA, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505

STATE LEASE # LG 6340

| DISTRICT IV<br>1220 S ST FRANCIS DR., SANTA PE, NM 87505 | WELL LOCATION AND  | ACREAGE DEDICATION              | PLAT                   | AMENDED REPORT     |
|----------------------------------------------------------|--------------------|---------------------------------|------------------------|--------------------|
| 30-015-38190                                             | Pool Code<br>96210 | 1                               | Pool Name<br>Glorieta- | -Yeso              |
| Property Code<br>306812 70681/                           |                    | operty Name<br>24 STATE         |                        | Well Number<br>11  |
| OGRID No.<br>255333                                      |                    | erator Name<br>ESOURCES A, L.P. |                        | Elevation<br>3692' |

### Surface Location

| UL or lot No | Section | Township | Range | lot idn | Feet from the | North/South line | Feet from the | East/West line | County | ļ |
|--------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|---|
| Ν            | 24      | 17-S     | 28-E  |         | 990           | SOUTH            | 2310          | WEST           | EDDY   |   |

### Bottom Hole Location If Different From Surface

| UL or lot No    | Section  | Township    | Range         | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|-----------------|----------|-------------|---------------|---------|---------------|------------------|---------------|----------------|--------|
| Dedicated Acres | Joint of | r Infill Co | asolidation ( | Code Or | der No.       |                  |               | L              |        |
| 40              |          |             |               |         |               |                  |               |                |        |

| T                   |                                                   |                | OPERATOR CERTIFICATION                                                                                                                                                                                                                                                                             |
|---------------------|---------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     |                                                   |                | I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unlessed mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this |
|                     |                                                   |                | location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division                                                                                                            |
|                     |                                                   |                | Levry & Smith 9/9/10<br>Signature Date                                                                                                                                                                                                                                                             |
|                     |                                                   |                | George R. Smith, agent Printed Name                                                                                                                                                                                                                                                                |
|                     |                                                   |                | SURVEYOR CERTIFICATION                                                                                                                                                                                                                                                                             |
|                     | GEODETIC COORDINATES<br>NAD 27 NME                | a Transmission | I hereby certify that the well location shown on this plat was plotted from held notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief                                                                                        |
| 1                   | Y=660827.4 N<br>X=562344.5 E<br>LAT.=32 816538* N |                | John J. E/Ostan                                                                                                                                                                                                                                                                                    |
|                     | LONG = 104 130400° W                              |                | Date Surveyed  Signature & Seal of Professional Surveyer                                                                                                                                                                                                                                           |
| 2310 <sup>,</sup> T |                                                   |                | Small & Marie Des /2010                                                                                                                                                                                                                                                                            |
| XXXXX               |                                                   |                | Certificate No. GARY EIDSON 12641 RONALD J EIDSON 3239                                                                                                                                                                                                                                             |

### LIME ROCK RESOURCES A, L.P.

Mike Pippin
3104 N. Sullivan Avenue
Farmington, NM 87401
505-327-4573 (phone) mike@pippinllc.com

May 2, 2011

New Mexico Commissioner of Public Lands Attention: Jami Bailey 310 Old Santa Fe Trail PO Box 1148 Santa Fe, NM 87504-1148

RE: Notification of Surface Lease Commingling

AID 24 STATE #7, #9, #10, #11

Unit Letter "M, N, O" Section 24 T17S R28E

Eddy County, New Mexico

### Dear Jami Bailey:

This letter is to notify you of Lime Rock's application to the NMOCD to surface commingle the following oil wells:

| Lease Name & Well Number | Lease Number | API Number   |
|--------------------------|--------------|--------------|
| AID 24 STATE #7          | LG6340       | 30-015-38187 |
| AID 24 STATE #9          | LG6340       | 30-015-38188 |
| AID 24 STATE #10         | B6251        | 30-015-38190 |
| AID 24 STATE #11         | LG6340       | 30-015-38189 |

All these wells are on State leases, and all wells will produce from the Empire, Glorieta-Yeso oil pool (96210). A common tank battery will be constructed on well #9's well pad

Since the ownership in these wells is not common, Lime Rock plans to test each of these wells when they are ready for production on a weekly basis in order to establish the oil & gas allocation per well. When these weekly tests stabilize, the wells will be tested for their allocations on a quarterly basis.

Please contact me at 505-327-4573 should you have any questions.

Very truly yours,

Mike Pippin

Petroleum Engineer

### LIME ROCK RESOURCES A, L.P.

Mike Pippin 3104 N. Sullivan Avenue Farmington, NM 87401 505-327-4573 (phone) mike@pippinllc.com

May 2, 2011

Bureau of Land Management Attention: Wesley Ingram 620 E. Greene St. Carlsbad, NM 88220

> RE: **Notification of Surface Lease Commingling**

> > AID 24 STATE #7, #9, #10, #11

Unit Letter "M, N, O" Section 24 T17S R28E

Eddy County, New Mexico

### Dear Mr. Ingram:

This letter is to notify you of Lime Rock's application to the NMOCD to surface commingle the following oil wells:

| Lease Name & Well Number | Lease Number | API Number   |
|--------------------------|--------------|--------------|
| AID 24 STATE #7          | LG6340       | 30-015-38187 |
| AID 24 STATE #9          | LG6340       | 30-015-38188 |
| AID 24 STATE #10         | B6251        | 30-015-38190 |
| AID 24 STATE #11         | LG6340       | 30-015-38189 |

All these wells are on State leases, and all wells will produce from the Empire, Glorieta-Yeso oil pool (96210). A common tank battery will be constructed on well #9's well pad

Since the ownership in these wells is not common, Lime Rock plans to test each of these wells when they are ready for production on a weekly basis in order to establish the oil & gas allocation per well. When these weekly tests stabilize, the wells will be tested for their allocations on a quarterly basis.

Please contact me at 505-327-4573 should you have any questions.

Very truly yours,

Mike Pippin

Petroleum Engineer

# LIME ROCK RESOURCES A, L.P. Mike Pippin 3104 N. Sullivan Avenue Farmington, NM 87401 505-327-4573 (phone) mike@pippinllc.com

March 25, 2011

RE: Application to Surface Commingle

AID 24 STATE #7, #9, #10, #11 - API#s: 30-015-38187, 38188, 38190, & 38189

Unit Letters "M, N, O" Section 24 T17S R28E

Eddy County, New Mexico

VIA CERTIFIED MAIL
To all Interest Owners:

In accordance with the New Mexico Oil Conservation Division Rule 303.B governing surface commingling, you are hereby notified that Lime Rock Resources A, L.P., as operator of the above-referenced wells, has submitted an application to surface commingle production from four oil wells producing from the Empire, Glorieta-Yeso oil pool (96210).

This surface commingle will eliminate redundant surface equipment thus preventing waste. It will eliminate a gas meter, an oil tank, a water tank, a heater treater, and installation costs on three of the four wells for a savings of about \$150,000 per well for a total savings of \$450,000 to the interest owners. The common tank battery will be built on well #9.

However, the ownership in these four State wells is not identical. Therefore, Lime Rock plans to test each of these wells on a weekly basis in order to establish the oil & gas allocation per well. When these weekly tests stabilize, the wells will be tested for their allocations on a quarterly basis.

Should you have any questions or concerns, please contact me at 505-327-4573 and/or the NMOCD at 505-476-3467, 1220 South St. Frances Drive, Santa Fe, NM 87505 within 20 days.

Very truly yours,

LIME ROCK RESOURCES A, L.P.

Mike Pippin PE

Petroleum Engineer

State of New Mexico 310 Old Santa Fe Trail Santa Fe, New Mexico 87504

Lime Rock Resources A, LP Heritage Plaza, Suite 4600 1111 Bagby Houston, TX 77002

Fasken Acquisition 02, LTD 303 W. Wall Ave. Ste. 1800 Midland, TX 79701

COG Operating LLC 550 W. Texas Ave., Ste. 1300 Midland, TX 79701

Jane B. Ramsland Oil & Gas Partnership Ltd. 1004 N. Big Springs #500 Midland, TX 79705

Charles (Chuck) Holstrom 606 W. Tennessee Ave. Ste. 107 Midland, TX 79701 Bob Blundell, Jr. P. O. Box 386 Carlsbad, NM 88220

Childress Royalty Company P. O. Box 66 Joplin, MO 64802

Bill O. Simmons 704 Sunrise Ave. Sunrise Beach, TX 87643 (325) 338-6764

Maxine B. Hannifin, Trustee of the Robert and Maxine Hannifin Trust Agreement dated March 1, 2005
P. O. Box 218
Midland, TX 79712-0218

Don Jones 2000 Gulf Avenue Midland, TX 79705-8619

Richard W. Stump and his wife, Catherine F. Stump 214 W. Texas Ave., Suite 714 Midland, TX 79701

Walter Lay, as his separate property 613 E. 45<sup>th</sup> Street San Angelo, TX 76903

Lauren Michelle Holder, as her separate property 103 Oak Bluff Lane May, TX 76857

Klomah Fletcher, as her separate property 409 West Mesquite Dr. Hobbs, NM 88240

Jacquelyn Dodson, as her separate property 228 West Llano Hobbs, NM 88240

SDX Properties, Inc. 507 N. Marienfeld St. #10 Midland, TX 79701-4356

Tay-Mor Enterprises, Inc. P.O. Box 4723 Midland, TX 79704

Poco Royalties Company 2602 Terrace Midland, TX 79705

BNM, Inc. 4032 US Hwy 82 Mayhill, NM 88339

ConocoPhillips Company P. O. Box 2197 Houston, TX 77252-2197

The Fort Worth National Bank, Trustee of John Warne Herbert 4920 Briarwood Place Dallas, TX 75209

John Warne Herbert , Joanne Stroud Bilby and JPMorgan Chase Bank, N.A., as Co-Trustees of the Joanne Stroud Bilby Trust 4920 Briarwood Place Dallas, TX 75209

John Warne Herbert , Joanne Stroud Bilby and JP Morgan Chase Bank, N.A., as Co-Trustees of the John Warne Herbert Trust 4920 Briarwood Place Dallas, TX 75209

John Warne Herbert , Joanne Stroud Bilby and JP Morgan Chase Bank, N.A., as Co-Trustees of the Joyce Herbert Mann Trust 4920 Briarwood Place Dallas, TX 75209

Mark Wilson 4501 Green Tree Blvd. Midland, TX 79707

Boling Enterprises, LTD 200 W. 1<sup>st</sup> Street, Ste. 530 Roswell, NM 88203

ML Boling Development LLC 200 W. 1<sup>st</sup> Street, Ste. 530 Roswell, NM 88203

Petco Limited P. O. Box 911 Breckenridge, TX 76424-0911

Southern Cross Royalty, L.P. P. O. Box 100 Davis, OK 73030

Baren Healey, as Trustee of the Baren Healey 1998 Trust under Trust Agreement dated April 25, 1998
P. O. Box 888
Davis, OK 73030

Headington Royalty, Inc. 2711 N. Haskell Ave. Ste. 2800 Dallas, TX 75204

The Devisees Under the Will of W. W. Harvey c/o Jason Beck, Mineral Property Manager J. P. Morgan Chase Bank 420 Throckmorton Street, Floor 2 Fort Worth, TX 76102-3713

Bank One, Texas, N.A., Sue Harvey Secker and Barbara Jane Harvey, Successor Co-Trustees of the Barbara Jane Harvey Trust c/o Jason Beck, Mineral Property Manager J. P. Morgan Chase Bank 420 Throckmorton Street, Floor 2 Fort Worth, TX 76102-3713

Bank One, Texas, N.A., Sue Harvey Secker and Barbara Jane Harvey, Successor Co-Trustees of the Sue Harvey Secker Testamentary Trust c/o Jason Beck, Mineral Property Manager J. P. Morgan Chase Bank 420 Throckmorton Street, Floor 2 Fort Worth, TX 76102-3713

Wanda Jungman, Trustee under Trust Agreement dated February 22, 1985, created by Charles Edward Schmidt and Gretchen Schmidt Finney P. O. Box 6506
San Antonio, TX 70209

Werner Fred Heilig, Life Estate- "Deceased" "This interest appears conveyed"

Guadalupe Land Co., LLC P. O. Box 460604 San Antonio, TX 78246-0604

| Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State of New Mexico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Form C-103                                                                                                                                                                                                                                                                                                                                                                     |
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| Office District I Energ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y, Minerals and Natural Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | June 19, 2008                                                                                                                                                                                                                                                                                                                                                                  |
| 1625 N. French Dr., Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WELL API NO.                                                                                                                                                                                                                                                                                                                                                                   |
| District IX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 30-015-38187                                                                                                                                                                                                                                                                                                                                                                   |
| 1301 W. Grand Avc., Artesia, INV 66210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CONSERVATION DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5. Indicate Type of Lease                                                                                                                                                                                                                                                                                                                                                      |
| District III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1220 South St. Francis Dr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE FEE                                                                                                                                                                                                                                                                                                                                                                      |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Santa Fe, NM 87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                   |
| District IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Santa I C, INIVI 67505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6. State Off & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                   |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| SUNDRY NOTICES AND R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DEDODTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7. Lease Name or Unit Agreement Name                                                                                                                                                                                                                                                                                                                                           |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                              |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AID 24 STATE                                                                                                                                                                                                                                                                                                                                                                   |
| PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ERWIT (FORWIC-101) TOR SCEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                |
| 1. Type of Well: Oil Well Gas Well [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. Well Number #7                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. OGRID Number 255333                                                                                                                                                                                                                                                                                                                                                         |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. OGRID Number 255333                                                                                                                                                                                                                                                                                                                                                         |
| LIME ROCK RESOURCES A, L.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Pool name or Wildcat:                                                                                                                                                                                                                                                                                                                                                      |
| c/o Mike Pippin LLC, 3104 N. Sullivan, Farmin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ngton, NM 87401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Empire, Glorieta-Yeso (96210)                                                                                                                                                                                                                                                                                                                                                  |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
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| Unit Letter M : 330 feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | t from the <u>SOUTH</u> line and <u>330</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | feet from the <u>WEST</u> line                                                                                                                                                                                                                                                                                                                                                 |
| Section 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Township 17-S Range 28-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NMPM Eddy County                                                                                                                                                                                                                                                                                                                                                               |
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| 3679° GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
| 3079 UL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
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| 12. Check Appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | e Box to Indicate Nature of Notice,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Report or Other Data                                                                                                                                                                                                                                                                                                                                                           |
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| NOTICE OF INTENTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ITO: SUB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                |
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| PERFORM REMEDIAL WORK PLUG ANI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del>-</del> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLANS COMMENCE DRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                |
| and the control of th | PLANS COMMENCE DRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PLANS COMMENCE DRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                |
| TEMPORARILY ABANDON CHANGE PULL OR ALTER CASING MULTIPLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PLANS COMMENCE DRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                |
| TEMPORARILY ABANDON CHANGE PULL OR ALTER CASING MULTIPLE DOWNHOLE COMMINGLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                |
| TEMPORARILY ABANDON CHANGE PULL OR ALTER CASING MULTIPLE DOWNHOLE COMMINGLE  OTHER: Surface Commingle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PLANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | T JOB                                                                                                                                                                                                                                                                                                                                                                          |
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| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMENCE DRI CASING/CEMEN  OTHER:  Ons. (Clearly state all pertinent details, an ULE 1103. For Multiple Completions: At to surface commingle the production from rom Empire, Glorieta-Yeso (96210). The or trace equipment & maximize productivity wnership, Lime Rock plans to test the wells per well until the wells stabilize. After the twe been notified.  order in Santa Fe.  TITLE Petroleum Engineer - Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d give pertinent dates, including estimated date tach wellbore diagram of proposed completion four wells into a common tank battery: AID common battery will be on #9.  while not hindering the recovery of liquids & s (when they are ready for production) on a sy stabilize, they will be tested on a quarterly e and belief.                                               |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMENCE DRICASING/CEMEN  OTHER:  Ons. (Clearly state all pertinent details, an ULE 1103. For Multiple Completions: At to surface commingle the production from rom Empire, Glorieta-Yeso (96210). The or trace equipment & maximize productivity wnership, Lime Rock plans to test the wells per well until the wells stabilize. After the trace been notified.  order in Santa Fe.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d give pertinent dates, including estimated date tach wellbore diagram of proposed completion four wells into a common tank battery: AID common battery will be on #9.  while not hindering the recovery of liquids & s (when they are ready for production) on a sy stabilize, they will be tested on a quarterly e and belief.                                               |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMENCE DRI CASING/CEMEN  OTHER:  Ons. (Clearly state all pertinent details, an ULE 1103. For Multiple Completions: At to surface commingle the production from rom Empire, Glorieta-Yeso (96210). The or trace equipment & maximize productivity wnership, Lime Rock plans to test the wells per well until the wells stabilize. After the twe been notified.  order in Santa Fe.  TITLE Petroleum Engineer - Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d give pertinent dates, including estimated date tach wellbore diagram of proposed completion four wells into a common tank battery: AID common battery will be on #9.  while not hindering the recovery of liquids & s (when they are ready for production) on a sy stabilize, they will be tested on a quarterly e and belief.                                               |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMENCE DRI CASING/CEMEN  OTHER:  ons. (Clearly state all pertinent details, an ULE 1103. For Multiple Completions: At to surface commingle the production from rom Empire, Glorieta-Yeso (96210). The or a surface equipment & maximize productivity wnership, Lime Rock plans to test the wells per well until the wells stabilize. After the two been notified.  order in Santa Fe.  and complete to the best of my knowledged.  TITLE Petroleum Engineer - Age.  E-mail address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d give pertinent dates, including estimated date tach wellbore diagram of proposed completion four wells into a common tank battery: AID common battery will be on #9.  while not hindering the recovery of liquids & s (when they are ready for production) on a ey stabilize, they will be tested on a quarterly e and belief.  ent DATE 3/15/11  lc.com PHONE: 505-327-4573 |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COMMENCE DRI CASING/CEMEN  OTHER:  Ons. (Clearly state all pertinent details, an ULE 1103. For Multiple Completions: At to surface commingle the production from rom Empire, Glorieta-Yeso (96210). The or trace equipment & maximize productivity wnership, Lime Rock plans to test the wells per well until the wells stabilize. After the twe been notified.  order in Santa Fe.  TITLE Petroleum Engineer - Age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d give pertinent dates, including estimated date tach wellbore diagram of proposed completion four wells into a common tank battery: AID common battery will be on #9.  while not hindering the recovery of liquids & s (when they are ready for production) on a sy stabilize, they will be tested on a quarterly e and belief.                                               |

| Submit 3 Copies To Appropriate District Office        | State of New Mexico                                                                         | Form C-103                                         |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------|
| District I<br>1625 N. French Dr., Hobbs, NM 88240     | Energy, Minerals and Natural Resources                                                      | June 19, 2008<br>WELL API NO.                      |
| District II                                           | OIL CONSERVATION DIVISION                                                                   | 30-015-38188                                       |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III | 1220 South St. Francis Dr.                                                                  | 5. Indicate Type of Lease STATE  FEE               |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV   | Santa Fe, NM 87505                                                                          | 6. State Oil & Gas Lease No.                       |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505        |                                                                                             |                                                    |
| SUNDRY NOT                                            | TICES AND REPORTS ON WELLS                                                                  | 7. Lease Name or Unit Agreement Name               |
|                                                       | OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH     | AID 24 STATE                                       |
| 1. Type of Well: Oil Well                             | Gas Well  Other                                                                             | 8. Well Number #9                                  |
| 2. Name of Operator                                   | Y D                                                                                         | 9. OGRID Number 255333                             |
| LIME ROCK RESOURCES A,  3. Address of Operator        | L.P.                                                                                        | 10. Pool name or Wildcat:                          |
| c/o Mike Pippin LLC, 3104 N. Su                       | llivan, Farmington, NM 87401                                                                | Empire, Glorieta-Yeso (96210)                      |
| 4. Well Location                                      |                                                                                             |                                                    |
| Unit Letter N :                                       | 330 feet from the <u>SOUTH</u> line and <u>16</u>                                           | 50 feet from the <u>WEST</u> line                  |
| Section 24                                            | Township 17-S Range 28-E                                                                    |                                                    |
|                                                       | 11. Elevation (Show whether DR, RKB, RT, GR, 3682' GL                                       | etc.)                                              |
|                                                       | 3002 32                                                                                     |                                                    |
| 12. Check                                             | Appropriate Box to Indicate Nature of Noti                                                  | ce, Report or Other Data                           |
| NOTICE OF IN                                          | NTENTION TO: S                                                                              | UBSEQUENT REPORT OF:                               |
| PERFORM REMEDIAL WORK                                 |                                                                                             |                                                    |
| TEMPORARILY ABANDON DULL OR ALTER CASING              |                                                                                             | DRILLING OPNS. P AND A                             |
| DOWNHOLE COMMINGLE                                    | <del></del>                                                                                 |                                                    |
|                                                       | 57                                                                                          | <b></b>                                            |
| OTHER: Surface Com                                    | mingle OTHER: pleted operations. (Clearly state all pertinent details                       | and give pertinent dates including estimated date  |
|                                                       | ork). SEE RULE 1103. For Multiple Completions:                                              |                                                    |
| or recompletion.                                      |                                                                                             | •                                                  |
|                                                       | ests approval to surface commingle the production fr                                        |                                                    |
| 24 STATE #7, #9, #10, #11, which                      | all produce from Empire, Glorieta-Yeso (96210). T                                           | The common battery will be on #9.                  |
| Surface commingling will eliminate                    | redundant surface equipment & maximize producti                                             | vity while not hindering the recovery of liquids & |
|                                                       | ve common ownership, Lime Rock plans to test the                                            |                                                    |
| basis. All the interest owners of both                | as allocation per well until the wells stabilize. After<br>th intervals have been notified. | they stabilize, they will be tested on a quarterly |
|                                                       |                                                                                             |                                                    |
| Lime Rock has applied for a Surface                   | e Commingle order in Santa Fe.                                                              |                                                    |
| I hereby certify that the information                 | above is true and complete to the best of my knowled                                        | edge and belief.                                   |
| SIGNATURE MAO                                         | TITLE Petroleum Engineer -                                                                  | Agent DATE 3/15/11                                 |
| Type or print name Mike Pippin                        | E-mail address: mike@pip                                                                    | pinllc.com PHONE: 505-327-4573                     |
| For State Use Only                                    | E man addressmike(app)                                                                      | 1110HL. <u>303-327-4313</u>                        |
|                                                       | Annuary -                                                                                   |                                                    |
| APPROVED BY: Conditions of Approval (if any):         | TITLE                                                                                       | DATE                                               |
|                                                       |                                                                                             |                                                    |

| Submit 3 Copies 10 Appropriate District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State of New Me                                                                                                                                                                                                                                                                                                                                                                                                      | xico                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Form C-103                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office<br>District I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Energy, Minerals and Natu                                                                                                                                                                                                                                                                                                                                                                                            | ral Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | June 19, 2008                                                                                                                                                                                                                                                                                                                  |
| 1625 N. French Dr., Hobbs, NM 88240                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      | ( W)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ELL API NO.                                                                                                                                                                                                                                                                                                                    |
| District II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                      | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -015-38189                                                                                                                                                                                                                                                                                                                     |
| 1301 W. Grand Ave., Artesia, NM 88210                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | OIL CONSERVATION                                                                                                                                                                                                                                                                                                                                                                                                     | DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Indicate Type of Lease                                                                                                                                                                                                                                                                                                         |
| District III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1220 South St. Fran                                                                                                                                                                                                                                                                                                                                                                                                  | ncis Dr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STATE FEE                                                                                                                                                                                                                                                                                                                      |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Santa Fe, NM 87                                                                                                                                                                                                                                                                                                                                                                                                      | 7505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                      |
| District IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Banta I C, INIVI 67                                                                                                                                                                                                                                                                                                                                                                                                  | 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State Off & Gas Lease No.                                                                                                                                                                                                                                                                                                      |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      | [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                            | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lease Name or Unit Agreement Name                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ICES AND REPORTS ON WELLS<br>ISALS TO DRILL OR TO DEEPEN OR PLU                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del>                                                                                                                                                                                                                                                                                                                   |
| (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CATION FOR PERMIT" (FORM C-101) FO                                                                                                                                                                                                                                                                                                                                                                                   | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | D 24 STATE                                                                                                                                                                                                                                                                                                                     |
| PROPOSALS.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CATION TORTERWIT (TORWIC-101) TO                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                |
| 1. Type of Well: Oil Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Gas Well  Other                                                                                                                                                                                                                                                                                                                                                                                                      | 8.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Well Number #10                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Gas Wen 🔲 Galer                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OGRID Number 255333                                                                                                                                                                                                                                                                                                            |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · •                                                                                                                                                                                                                                                                                                                                                                                                                  | ١٩.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OGKID Nulliber 255555                                                                                                                                                                                                                                                                                                          |
| LIME ROCK RESOURCES A,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | L.P.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                |
| 3. Address of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . Pool name or Wildcat:                                                                                                                                                                                                                                                                                                        |
| c/o Mike Pippin LLC, 3104 N. Sul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | livan, Farmington, NM 87401                                                                                                                                                                                                                                                                                                                                                                                          | En En                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | npire, Glorieta-Yeso (96210)                                                                                                                                                                                                                                                                                                   |
| 4. Well Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |
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| Unit Letter O :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 890 feet from the SOUTH                                                                                                                                                                                                                                                                                                                                                                                              | _ line and <u>1630</u> f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | eet from the <u>EAST</u> line                                                                                                                                                                                                                                                                                                  |
| Section 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Township 17-S                                                                                                                                                                                                                                                                                                                                                                                                        | Range 28-E NM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IPM Eddy County                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. Elevation (Show whether DR,                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3684' GL                                                                                                                                                                                                                                                                                                                                                                                                             | 10.10, 101, 014, 010./                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3084 UL                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      | , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                |
| 12. Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Appropriate Box to Indicate N                                                                                                                                                                                                                                                                                                                                                                                        | ature of Notice, Ren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | oort or Other Data                                                                                                                                                                                                                                                                                                             |
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| NOTICE OF IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ITENTION TO:                                                                                                                                                                                                                                                                                                                                                                                                         | SUBSEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | QUENT REPORT OF:                                                                                                                                                                                                                                                                                                               |
| PERFORM REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PLUG AND ABANDON                                                                                                                                                                                                                                                                                                                                                                                                     | REMEDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ☐ ALTERING CASING ☐                                                                                                                                                                                                                                                                                                            |
| LELLIOVINI VEINITRINE MOVY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | · -                                                                                                                                                                                                                                                                                                                                                                                                                  | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                |
| TEMPODADU V ADAMOON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CHANGE PLANS                                                                                                                                                                                                                                                                                                                                                                                                         | COMMENCE DRILLIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>_</del>                                                                                                                                                                                                                                                                                                                   |
| TEMPORARILY ABANDON DULL OR ALTER CASING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CHANGE PLANS   MULTIPLE COMPL                                                                                                                                                                                                                                                                                                                                                                                        | COMMENCE DRILLIN CASING/CEMENT JO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>_</del>                                                                                                                                                                                                                                                                                                                   |
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| PULL OR ALTER CASING DOWNHOLE COMMINGLE  OTHER: Surface Com  13. Describe proposed or compost starting any proposed we or recompletion.  Lime Rock Resources A, L.P. reque 24 STATE #7, #9, #10, #11, which Surface commingling will eliminate gas. Since the four wells do not have weekly basis to establish the oil & g basis. All the interest owners of both Lime Rock has applied for a Surface I hereby certify that the information SIGNATURE  Type or print name Mike Pippin                                                                                                                   | mingle  mingle  Detected operations. (Clearly state all pork). SEE RULE 1103. For Multiple sts approval to surface commingle the all produce from Empire, Glorieta-Y redundant surface equipment & maxic common ownership, Lime Rock plas allocation per well until the wells h intervals have been notified.  Commingle order in Santa Fe.  above is true and complete to the beautiful to the part of the periods. | OTHER: Destributed the completions: Attach The production from four (eso (96210)). The communities productivity while lans to test the wells (while stabilize. After they stated the completions of my knowledge and the completions of my knowledge a | e pertinent dates, including estimated date wellbore diagram of proposed completion wells into a common tank battery: AID non battery will be on #9.  e not hindering the recovery of liquids & ten they are ready for production) on a shilize, they will be tested on a quarterly belief.  DATE 3/15/11                      |

| Submit 3 Copies To Appropriate District                                                                                                         | State of New Mexico                                                 | Form C-103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office District I                                                                                                                               | Energy, Minerals and Natural Res                                    | Sources June 19, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1625 N. French Dr., Hobbs, NM 88240                                                                                                             |                                                                     | WELL API NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| District II 1301 W. Grand Ave., Artesia, NM 88210                                                                                               | OIL CONSERVATION DIVI                                               | SION 30-015-38190                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| District III                                                                                                                                    | 1220 South St. Francis Dr                                           | 5. Indicate Type of Lease STATE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                            | Santa Fe, NM 87505                                                  | 6. State Oil & Gas Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM                                                                                            | <del></del>                                                         | o. State on & das Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 87505                                                                                                                                           | CORO LA PROPERTO CALLETTE O                                         | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                 | CES AND REPORTS ON WELLS<br>SALS TO DRILL OR TO DEEPEN OR PLUG BACK | 7. Lease Name or Unit Agreement Name AID 24 STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                 | CATION FOR PERMIT" (FORM C-101) FOR SUCH                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PROPOSALS.)                                                                                                                                     | 0 W II C 01                                                         | 8. Well Number #11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1. Type of Well: Oil Well                                                                                                                       | Gas Well Other                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. Name of Operator LIME ROCK RESOURCES A, 1                                                                                                    | 'n                                                                  | 9. OGRID Number 255333                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3. Address of Operator                                                                                                                          | Jo I o                                                              | 10. Pool name or Wildcat:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| c/o Mike Pippin LLC, 3104 N. Sul                                                                                                                | ivan, Farmington, NM 87401                                          | Empire, Glorieta-Yeso (96210)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 4. Well Location                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Unit Letter N : 990 feet from the SOUTH line and 2310 feet from the WEST line                                                                   |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                 |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Section 24 Township 17-S Range 28-E NMPM Eddy County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3692' GL                                                                                                                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                 |                                                                     | production of the control of the con |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data                                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 12. Check Appropriate Box to findicate Nature of Notice, Report of Other Data                                                                   |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:                                                                                                   |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PERFORM REMEDIAL WORK                                                                                                                           | PLUG AND ABANDON REME                                               | EDIAL WORK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| TEMPORARILY ABANDON                                                                                                                             | <del></del>                                                         | MENCE DRILLING OPNS. P AND A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PULL OR ALTER CASING                                                                                                                            | MULTIPLE COMPL   CASII                                              | NG/CEMENT JOB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| DOWNHOLE COMMINGLE                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| OTHER: Surface Comr                                                                                                                             | ningle 🕅 OTHE                                                       | R:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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.                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lime Rock Resources A, L.P. requests approval to surface commingle the production from four wells into a common tank battery: AID               |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 24 STATE #7, #9, #10, #11, which all produce from Empire, Glorieta-Yeso (96210). The common battery will be on #9.                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 27 511112 117, 119, 1111, Which all produce from Emphe, Gioriea 1 200 (5 0210). The contains according to                                       |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Surface commingling will eliminate redundant surface equipment & maximize productivity while not hindering the recovery of liquids &            |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| gas. Since the four wells do not have common ownership, Lime Rock plans to test the wells (when they are ready for production) on a             |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| weekly basis to establish the oil & gas allocation per well until the wells stabilize. After they stabilize, they will be tested on a quarterly |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| basis. All the interest owners of both                                                                                                          | intervals have been notified.                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Lime Rock has applied for a Surface                                                                                                             | Commingle order in Cente Es                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Line Rock has applied for a Surface                                                                                                             | Commingle order in Santa Fe.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.                                        |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                 | f                                                                   | , 1110 //10150 11110 0011011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| SIGNATURE MARKET                                                                                                                                | TITLE Petroleum En                                                  | gineer - Agent DATE 3/15/11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                 |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Type or print name Mike Pippin                                                                                                                  | E-mail address: mi                                                  | ke@pippinllc.com PHONE: 505-327-4573                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| For State Use Only                                                                                                                              |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| APPROVED BY:                                                                                                                                    | TITLE                                                               | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Conditions of Approval (if any):                                                                                                                | THEE                                                                | DAIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ( in mil)                                                                                                                                       |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## AID 24 STATE #7

### LIME ROCK RESOURCES NEW WELL

Today's Date: 3/24/11

API#: 30-015-38187 - M. PIPPIN

330' FSL & 330' FWL (M) Section 24, T-178-S, R-28-E, Eddy County, NM

Spud: 12/20/10 Completed: 3/11/11

Elevation: 3679' GL

12-1/4" hole

8-5/8" 24# J-55 Casing @ 350'

Cmt w/375 sxs. Circ 150 sx to Surface

Queen @ 1479'

Grayburg @ 1871"

San Andres @ 2172'

Glorieta @ 3582'

Yeso @ 3668'

Tubb @ 5093'

PBTD 5224' 7-7/8" hole

2-7/8" tbg @ 5108'.

Perfed Yeso 4039'-5088' & fraced in 3 stgs w/total 491,880# sand in X-linked gel

5-1/2" 17# Csg @ 5269' Cmt with 1200 sx Circ 183 sx cmt to Surface

TD 5280'

