

**Rhombus Operating Co., Ltd**

P.O. Box 8316  
Midland, TX 79708-8316  
(970) 349-7555; (915) 683-8873  
greg@adelphia.net

AMESO-435238547

December 6, 2004

New Mexico Oil Conservation District  
Attn: Michael Scogner  
1220 S. St. Francis Dr.  
Santa Fe, NM 87505

**RECEIVED**

DEC 8 2004

RE: Request for Non-Standard Location  
Pennzoil Federal #1  
1980' FSL & 1780' FEL  
Sec 29, T-18-S, R-34-E  
Lea County, NM

Oil Conservation Division  
1220 S. St. Francis Drive  
Santa Fe, NM 87505

Dear Mr. Scogner:

Rhombus Operating Company would like to recomplete the subject well from the Morrow formation to the E-K Bone Springs formation. My understanding is that since the Bone Springs is on 80 Acre proration units, this would be a Non-Standard Location. We are requesting that the New Mexico Oil Conservation Division approve this as a Non-Standard Location since the wellbore is already drilled in this location.

Sincerely,



Gregory D. Cielinski  
President of the General Partner

12-14-2004

- Greg Cielinski called David about this application, who gave me the message.
- 10:35 AM talk w/ Greg N/2 3E/4 dedication, no notification since the NSL is internal.

**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**  
1220 S. St. Francis Dr., Santa Fe, NM 87505

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 June 10, 2003  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|   |  |   |  |  |                               |
|---|--|---|--|--|-------------------------------|
| <sup>1</sup> API Number<br>30-025-27013 |  | <sup>2</sup> Pool Code<br>21650                           |  | <sup>3</sup> Pool Name<br>E-K BONE SPRINGS |                               |
| <sup>4</sup> Property Code<br>009598    |  | <sup>5</sup> Property Name<br>PENNZOIL FEDERAL COM        |  |  | <sup>6</sup> Well Number<br>1 |
| <sup>7</sup> OGRID No.<br>019111        |  | <sup>8</sup> Operator Name<br>RHOMBUS OPERATING CO., LTD. |  |  | <sup>9</sup> Elevation        |

<sup>10</sup> Surface Location

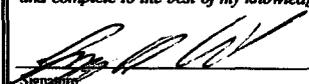
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| J             | 29      | 18S      | 34E   |         | 1980          | SOUTH            | 1780          | EAST           | LEA    |

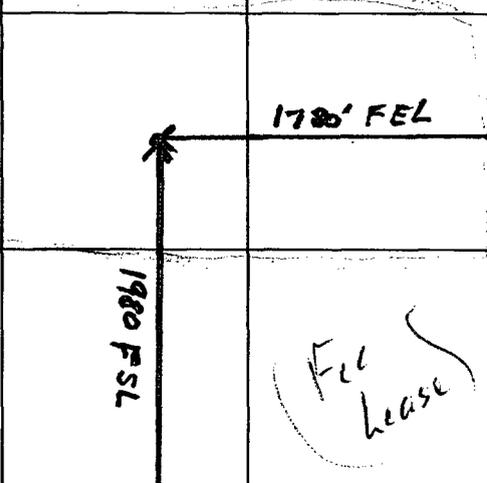
<sup>11</sup> Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
|               |         |          |       |         |               |                  |               |                |        |

|                               |                               |                                  |                         |
|-------------------------------|-------------------------------|----------------------------------|-------------------------|
| <sup>12</sup> Dedicated Acres | <sup>13</sup> Joint or Infill | <sup>14</sup> Consolidation Code | <sup>15</sup> Order No. |
|                               |                               |                                  |                         |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

|    |  |  |  |  |   |
|----|--|--|--|--|---|
| 16 |  |  |  |  | <b>17 OPERATOR CERTIFICATION</b><br>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.<br><br>Signature   |
|    |  |  |  |  | GREGORY D. CIELINSKI<br>Printed Name<br>PRESIDENT OF THE GENERAL PARTNER<br>rhombuson@cox.net<br>Title and E-mail Address   |
|    |  |  |  |  | 12-7-04<br>Date   |
|    |  |  |  |  | <b>18 SURVEYOR CERTIFICATION</b><br>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.<br><br>Date of Survey<br>Signature and Seal of Professional Surveyor:<br><br>Certificate Number |



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**

*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

|  |  |  |
|--|--|--|
| <b>SUBMIT IN TRIPLICATE- Other instructions on reverse side.</b>   |  | 5. Lease Serial No.<br><b>NMNM88498</b>                            |
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other |  | 6. If Indian, Allottee or Tribe Name                               |
| 2. Name of Operator<br><b>RHOMBUS OPERATING CO., LTD</b>   |  | 7. If Unit or CA/Agreement, Name and/or No.<br><b>NMNM88498</b>    |
| 3a. Address<br><b>P.O. BOX 8316, MIDLAND TX 79708-8316</b>   | 3b. Phone No. (include area code)<br><b>432-683-8873</b> | 8. Well Name and No.<br><b>PENNZOIL FEDERAL COM 1</b>              |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><b>1980 FSL, 1780 FEL, Sec 29, T-18-S, R-34-E</b>      |  | 9. API Well No.<br><b>30-025-27013</b>                             |
|  |  | 10. Field and Pool, or Exploratory Area<br><b>E-K Bone Springs</b> |
|  |  | 11. County or Parish, State<br><b>LEA COUNTY, NEW MEXICO</b>       |

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |   |  |   |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat       | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction     | <input checked="" type="checkbox"/> Recomplete     | <input type="checkbox"/> Other _____    |
|  | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon     | <input type="checkbox"/> Temporarily Abandon       |   |
|  | <input type="checkbox"/> Convert to Injection | <input checked="" type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal            |   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Rig up as soon as possible. Install BOP Set CIBP at 13,288' (current Morrow perms are at 13,388-400'). Dump 35' cement on top. Perforate Bone Spring 9,902-18' w/ 4 SPF. Acidize. Put on pump if necessary**

|  |   |
|--|---|
| 14. I hereby certify that the foregoing is true and correct                                      |   |
| Name (Printed/Typed)<br><b>GREGORY D. CIELINSKI</b>  | Title <b>PRESIDENT OF THE GENERAL PARTNER</b> |
| Signature<br> | Date <b>12-3-09</b>                           |

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

|   |             |            |
|---|-------------|------------|
| Approved by _____   | Title _____ | Date _____ |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. |             |            |
| Office _____  |             |            |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)