

SUBMITTED:

REVIEWER:

TYPE:

APP NO:

9/10/2018

SWD

PMAM18254 57305

ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Geological & Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND
 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: OWL SWD Operating, LLCOGRID Number: 308339Well Name: Sholes Deep SWD #1API: 30-025-Pending

Pool:

Pool Code:

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION
 INDICATED BELOW**

1) TYPE OF APPLICATION: Check those which apply for [A]

A. Location - Spacing Unit - Simultaneous Dedication

☐ NSL☐ NSP (PROJECT AREA)☐ NSP (PRORATION UNIT)☐ SD

B. Check one only for [I] or [II]

[I] Commingling - Storage - Measurement

☐ DHC☐ CTB☐ PLC☐ PC☐ OLS☐ OLM

[II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX☐ PMX☒ SWD☐ IPI☐ EOR☐ PPR

Other:

2) NOTIFICATION REQUIRED TO: Check those which apply.

A. ☒ Offset operators or lease holdersB. ☒ Royalty, overriding royalty owners, revenue ownersC. ☒ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☐ Notification and/or concurrent approval by BLMF. ☒ Surface ownerG. ☐ For all of the above, proof of notification or publication is attached, and/or, **TO BE SENT**H. ☐ No notice required

FOR OCD ONLY

☐ Notice Complete
☐ Application
 Content
 Complete

3) CERTIFICATION: I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Ramona Hovey

Print or Type Name

Date

9/4/18

(512) 600-1777

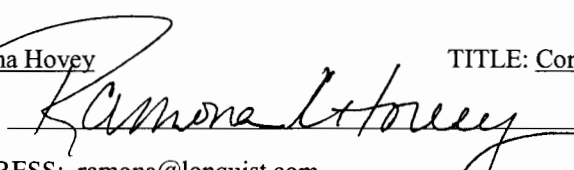
Phone Number

ramona@lonquist.com

e-mail Address

Signature

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: OWL SWD Operating, LLC
ADDRESS: 8214 Westchester Drive, Suite 850, Dallas, TX 75255
CONTACT PARTY: Preston Carr PHONE: (855) 695-7937
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: Ramona Hovey TITLE: Consulting Engineer – Agent for OWL SWD Operating, LLC
SIGNATURE:  DATE: 09/04/2018
E-MAIL ADDRESS: ramona@lonquist.com
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted.
Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: OWL SWD Operating, LLC (OGRID 308339)

WELL NAME & NUMBER: Sholes Deep SWD No. 1

WELL LOCATION: 900' FSL & 2,414' FEL
FOOTAGE LOCATION

Q UNIT LETTER 19 SECTION 25 S TOWNSHIP 37 E RANGE

WELLBORE SCHEMATIC

WELL CONSTRUCTION DATA

Surface Casing

Hole Size: 30" Casing Size: 24"
Cemented with: 3,092 sks *or* _____ ^{ft³}
Top of Cement: surface Method Determined: circulation

Intermediate Casing #1

Hole Size: 20" Casing Size: 16"
Cemented with: 2,953 sks *or* _____ ^{ft³}
Top of Cement: surface Method Determined: circulation

Intermediate Casing #2

Hole Size: 13-1/2" Casing Size: 10-3/4"
Cemented with: 2,159 sks *or* _____ ^{ft³}
Top of Cement: surface Method Determined: circulation

Production Casing

Hole Size: 9-1/2"

Casing Size: 7-5/8"

Cemented with: 999 sks

or _____ ft³

Top of Cement: surface

Method Determined: circulation

Total Depth: 12,170

Injection Interval

10,392 feet to 12,170 feet

(Open Hole)

INJECTION WELL DATA SHEET

Tubing Size: 5.500", 17.0 lb/ft, P-110 UFJ (or equivalent), from 0' – 10,350'

Lining Material: Duoline

Type of Packer: 7-5/8" D&L Oil Tools Permapack Packer – Single Bore

Packer Setting Depth: 10,350'

Other Type of Tubing/Casing Seal (if applicable): _____

Additional Data

1. Is this a new well drilled for injection? X Yes No

If no, for what purpose was the well originally drilled?

2. Name of the Injection Formation: Silurian-Devonian

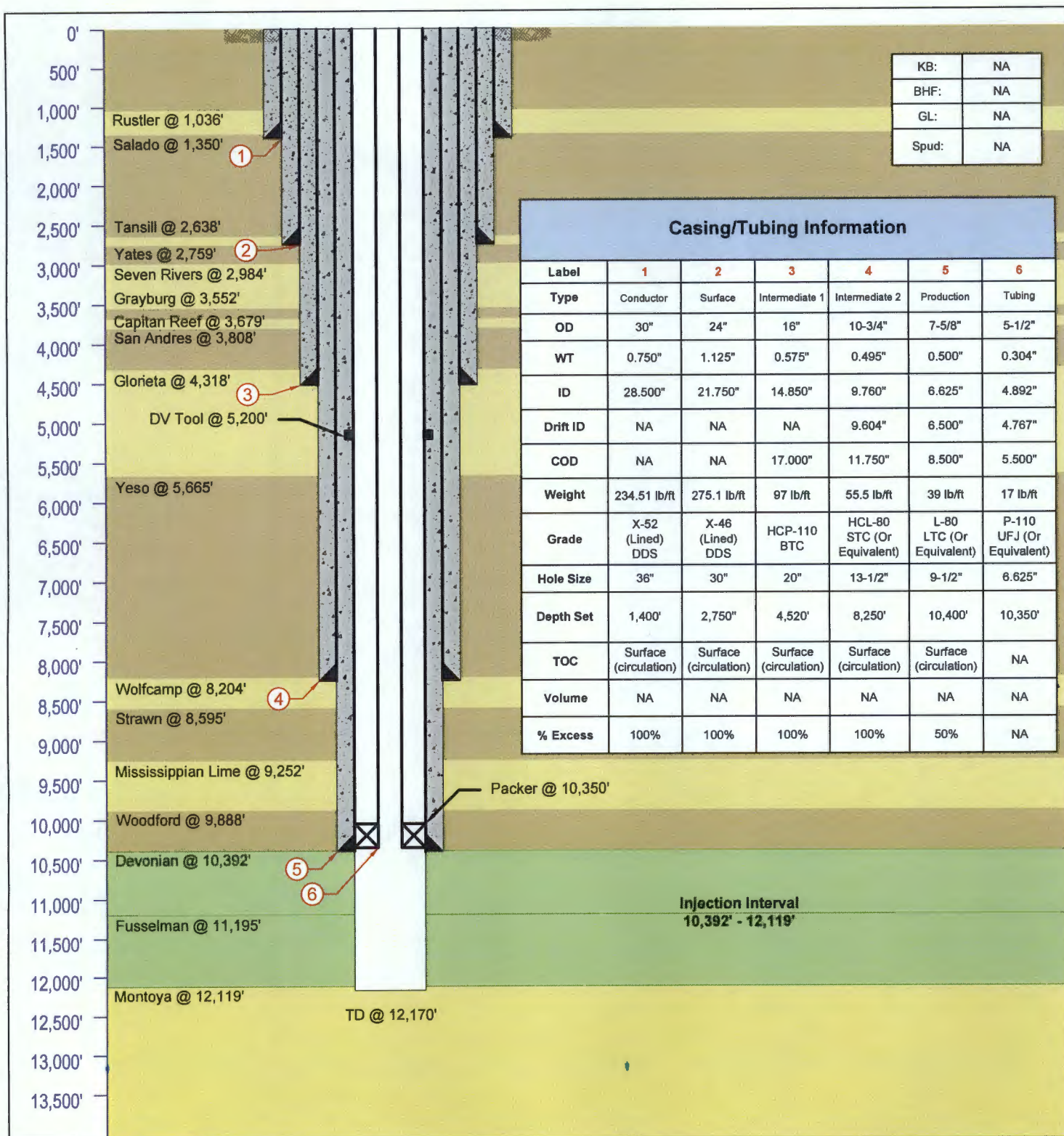
3. Name of Field or Pool (if applicable): _____

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.

No, new drill.

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Formation	Depth
Tansill	2,638'
Yates	2,759'
Seven Rivers	2,984'
Bone Spring	5,669'
Wolfcamp	8,204'
Strawn	8,595'
Devonian	10,392'
Fusselman	11,195'



LONQUIST & CO. LLC PETROLEUM ENGINEERS ENERGY ADVISORS HOUSTON CALGARY AUSTIN WICHITA DENVER Texas License F-9147 12912 Hill Country Blvd. Ste F-200 Austin, Texas 78738 Tel: 512.732.9812 Fax: 512.732.9816	OWL		Sholes Deep SWD No. 1	
	Country: USA		State/Province: New Mexico	County/Parish: Lea
	Location:		Site:	Survey:
	API No: NA		Field:	Well Type/Status: SWD / New Drill
	RRC District No:		Project No: 1751	Date: 1/2/2018
	Drawn: WHG		Reviewed: SLP	Approved:
	Rev No: 7		Notes:	

OWL SWD Operating, LLC.

Sholes Deep SWD No. 1

FORM C-108 Supplemental Information

III. Well Data

A. Wellbore Information

1.

Well information	
Lease Name	Sholes Deep SWD
Well No.	1
Location	Unit O S-19 T-25S R-37E
Footage Location	900' FSL & 2,414' FEL

2.

a. Wellbore Description

Casing Information					
Type	Conductor	Surface	Intermediate 1	Intermediate 2	Production
OD	30	24"	16"	10-3/4"	7-5/8"
WT	0.750"	1.125"	0.575"	0.495"	0.500"
ID	28.500"	21.750"	14.850"	9.760"	6.625"
Drift ID	N/A	N/A	N/A	9.604"	6.500"
COD	N/A	N/A	17.000"	11.750"	8.500"
Weight	234.51 lb/ft	275.1 lb/ft	97 lb/ft	55.5 lb/ft	39 lb/ft
Grade	X-52 (Lined) DDS	X-46 (Lined) DDS	HCP-110 BTC (Or Equivalent)	HCL -80 STC (Or Equivalent)	L-80 LTB (Or Equivalent)
Hole Size	36"	30"	20"	13-1/2"	9-1/2"
Depth Set	1,400'	2,750'	4,520'	8,250'	8,050' -10,400'

b. Cementing Program

Cement Information					
Casing String	Conductor	Surface	Intermediate 1	Intermediate 2	Production Liner
Lead Cement Volume	ECONOCEM	ECONOCEM	NeoCem IL2	NeoCem IL2	VERSACEM H
Lead Cement Volume	2,075 sks	4245 sks	1,665 sks	1,665 sks	505 sks
Tail Cement	HALCEM C	HALCEM C	HALCEM C	VERSACEM H	
Tail Cement Volume	1730 skx	1,365 sks	385 sks	385 sks	
Cement Excess	100%	100%	100%	100%	50%
TOC	Surface	Surface	Surface	Surface	Surface
Method	Circulate to Surface	Circulate to Surface	Circulate to Surface	Circulate to Surface	Circulate to Surface

3. Tubing Description

Tubing	
OD	5-1/2"
WT	0.304"
ID	4.892"
Drift ID	4.767"
COD	5.500"
Weight	17 lb/ft
Grade	P-110 UFJ (Or Equivalent)
Depth Set	10,350'

Tubing will be lined with Duoline.

4. Packer Description

D&L Oil Tools 7-5/8" Permapack Packer – Single Bore

B. Completion Information

1. Injection Formation: Silurian - Devonian
2. Gross Injection Interval: 10,392' – 12,170'

Completion Type: Open Hole

3. Drilled for injection.
4. See the attached wellbore schematic.
5. Oil and Gas Bearing Zones within area of well:

Formation	Depth
Tansill	2,638'
Yates	2,759'
Seven Rivers	2,984'
Wolfcamp	8,204'
Strawn	8,595'
Devonian	10,392'
Fusselman	11,195'

VI. Area of Review

One well within the one-mile AOR penetrated the proposed injection zone. The Sholes B 19 #004 (30-025-27143) was plugged in 2009. The well records and wellbore schematic for this well are attached.

VII. Proposed Operation Data

1. Proposed Daily Rate of Fluids to be Injection:

Average Volume: 20,000 BPD
Maximum Volume: 30,000 BPD

2. Closed System

3. Anticipated Injection Pressure:

Average Injection Pressure: 1,931 PSI (surface pressure)
Maximum Injection Pressure: 2,078 PSI (surface pressure)

4. The injection fluid is to be locally produced water. Attached are produced water sample analyses taken from the closest wells that feature samples from the Devonian and Fusselman formations.

5. As mentioned above, a Devonian produced water sample analysis is attached.

VIII. Geological Data

The Devonian formation is a dolomitic ramp carbonate that occurs below the Woodford shale and above the Fusselman formation. Strata found in the Devonian formation near Jal are two major groups, the Wristen Buildups and the Thirtyone Deepwater Chert, with the Wristen being more abundant. The Wristen Groups is composed of mixed limestone and dolomites with mudstone to grainstone and boundstone textures. Porosity in the Wristen group is a result of both primary and secondary development. Present are moldic, vugular, karstic (including collapse breccia) features that allow for higher porosities and permeabilities. The Thirtyone Formation contains two end-member reservoir facies, skeletal packstones/grainstones and spiculitic chert, with most of the porosity and permeability found in the coarsely crystalline cherty dolomite. These particular characteristics allow for this formation to be a successful Salt Water Disposal horizon.

A. Injection Zone: Devonian Formation

Formation	Depth
Rustler	1,036'
Salado	1,350'
Tansill	2,638'
Yates	2,759'
Seven Rivers	2,984'
Capitan Reef	3,679'
Grayburg	3,552'
San Andres	3,808'
Glorieta	4,318'
Yeso	5,665'
Wolfcamp	8,204'
Strawn	8,595'
Mississippian Lime	9,252'
Woodford	9,888'
Devonian	10,392'
Fusselman	11,195'
Montoya	12,119'

B. Underground Sources of Drinking Water

Water wells in the one-mile surrounding area for the proposed Sholes Deep SWD #1 well are at depths ranging from 38 ft to 495 ft. The Rustler may also be another USDW and will be protected through the top of the Salado Formation at 1,350' by setting surface casing at 1,400'.

IX. Proposed Stimulation Program

No proposed stimulation program.

X. Logging and Test Data on the Well

There are no existing logs or test data on the well. During the process of drilling and completion resistivity, gamma ray, and density logs will be run.

XI. Chemical Analysis of Fresh Water Wells

There are 37 fresh water wells within one mile of the well location, per the New Mexico Office of the State Engineer. A list of all the water wells, a map of these wells and their associated Water Right Summaries are attached. Fresh water samples will be obtained from two of the wells and analysis of these samples will be submitted as soon as possible.

XII. Affirmative Statement of Examination of Geologic and Engineering Data

Based on the available engineering and geologic data we find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.

WATER WELL SUMMARIES

PLUGGED WELL DATA

C-101 APPLICATION FOR PERMIT TO DRILL

C-102 WELL LOCATION PLAT

Sholes Deep SWD No. 1
2 Mile Area of Review
Oilfield Water Logistics

Lea Co., NM

PCS: NAD 1983 SPCS NM-E FIPS 3001 (US FL.)

Drawn by: SJL Date: 8/29/2018 Approved by: ELR

LONQUIST & CO. LLC

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

AUSTIN · HOUSTON · WICHITA · DENVER · CALGARY

+ Sholes Deep SWD No. 1

1/2 Mile Radius

1 Mile Radius

2 Mile Radius

Fueller Ranch Property Boundary

QQ-Section (NM-PLSS 2nd Div.)

Section (NM-PLSS 1st Div.)

TownshipRange (NM-PLSS)

API (30-025-...) SHL Status - Type (Count)

Active - Oil (47)

Active - Gas (9)

Active - Injection (16)

Active - Salt Water Disposal (6)

Canceled Location (1)

Expired TA - Oil (2)

Plugged (Not Released) - Gas (2)

Plugged (Not Released) - Miscellaneous (1)

Permitted - Oil (1)

Permitted - Salt Water Disposal (1)

Plugged (Site Released) - Oil (89)

Plugged (Site Released) - Gas (41)

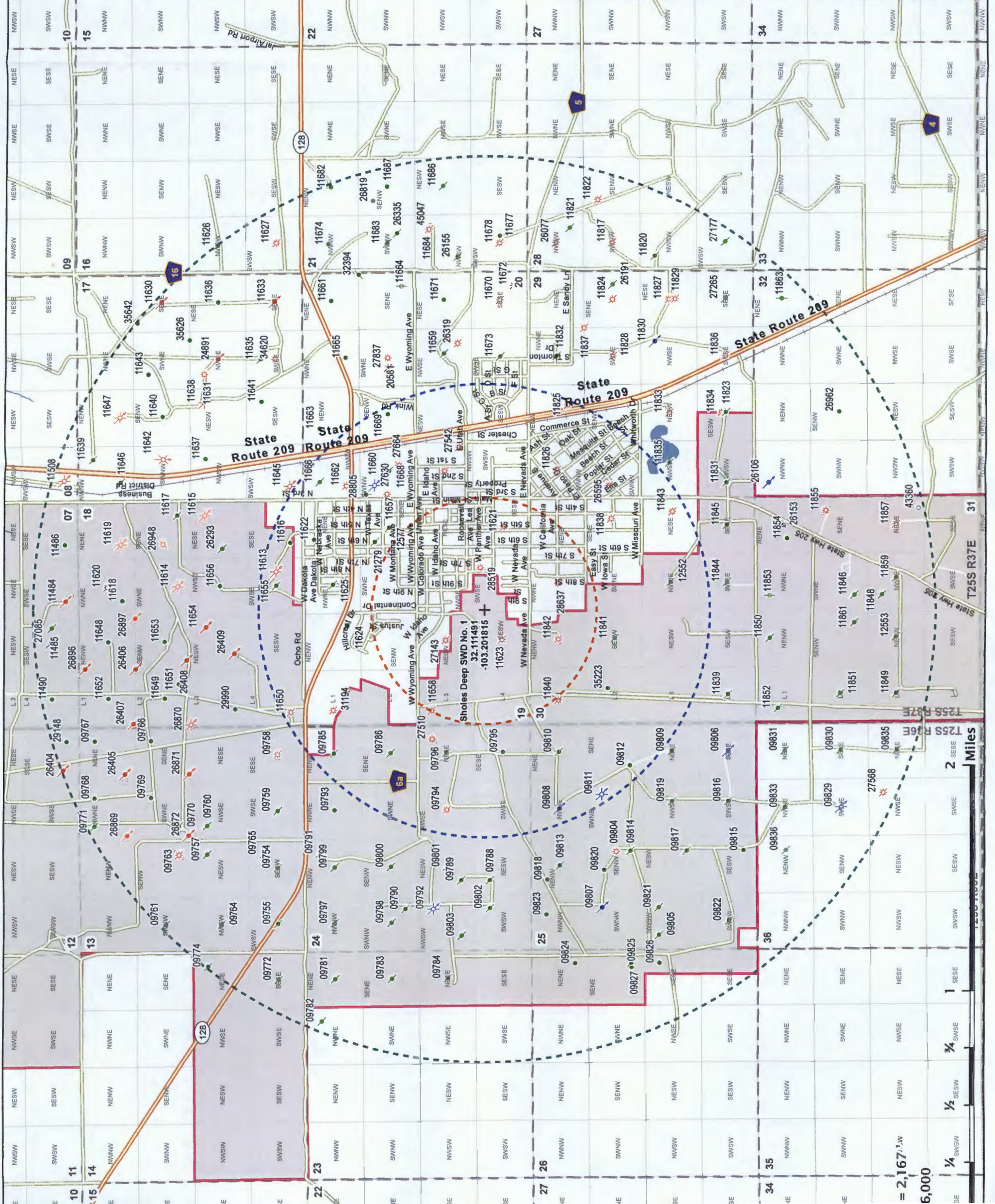
Plugged (Site Released) - Injection (9)

Plugged (Site Released) - Salt Water Disposal (4)

Approved TA - Oil (2)

Approved TA - Injection (1)

SHL Source: NM-OCD (2018)



NEW MEXICO
LEA
Map Extent



Sholes Deep SWD No. 1
1 Mile Area of Review List

API (30-025-...)	WELL NAME	WELL TYPE	STATUS	OPERATOR	TVD (FT.)	LATITUDE (NAD83 DD)	LONGITUDE (NAD83 DD)	DATE DRILLED
09785	SHOLES A #002	O	P	SOUTHWEST ROYALTIES INC	3274	32.1212273	-103.2124634	12/31/9999
09786	SHOLES A #004	O	P	SOUTHWEST ROYALTIES INC	3095	32.1175995	-103.2124710	1/23/1950
09794	ASCARTE D 24 #001	G	P	HERMAN L LOEB	3290	32.1139870	-103.2167358	12/31/9999
09795	SHOLES A #001	O	A	FULFER OIL & CATTLE LLC	3396	32.1103592	-103.2124786	12/31/9999
09796	SHOLES A #003	O	P	SOUTHWEST ROYALTIES INC	3190	32.1139870	-103.2124786	12/31/9999
09808	SHOLES B 25 #002	S	A	FULFER OIL & CATTLE LLC	3375	32.1067314	-103.2167511	12/31/9999
09810	SHOLES B 25 #004	O	P	CONOCO INC	3060	32.1067314	-103.2124863	1/1/1900
09811	SHOLES B 25 #005	S	P	SOUTHWEST ROYALTIES INC	3110	32.1040115	-103.2156830	12/31/9999
09812	SHOLES B 25 #001	O	A	FULFER OIL & CATTLE LLC	2950	32.1021957	-103.2135544	12/31/9999
11613	SOUTH LANGLIE JAL UNIT #024	I	P	BC OPERATING, INC.	3372	32.1248474	-103.1987152	3/7/1951
11616	SOUTH LANGLIE JAL UNIT #025	O	A	FULFER OIL & CATTLE LLC	3377	32.1239395	-103.1965790	10/1/1952
11621	WINNINGHAM #002	G	P	BURLINGTON RESOURCES OIL & GAS CO	99999	32.1101799	-103.1954727	12/31/9999
11622	B M JUSTIS B #004	O	A	BETTIS BOYLE & STOVALL, INC.	99999	32.1224136	-103.1963654	12/31/9999
11623	SHOLES B 19 #001	G	P	HERMAN L LOEB	2945	32.1103554	-103.2039566	4/16/1960
11624	PRE-ONGARD WELL #002	O	P	PRE-ONGARD WELL OPERATOR	0	32.1203156	-103.2028732	1/1/1900
11625	PRE-ONGARD WELL #003	O	P	PRE-ONGARD WELL OPERATOR	0	32.1212196	-103.1997757	1/1/1900
11650	MAGGIE ROSE #001	G	P	MARALO LLC	3148	32.1239471	-103.2092667	12/31/9999
11655	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.1248512	-103.1997833	1/1/1900
11657	B M JUSTIS #001	G	P	DOYLE HARTMAN	2795	32.1175880	-103.1955032	3/5/1931
11658	SHOLES A 19 #001	G	P	PRIMAL ENERGY CORPORATION	3030	32.1148949	-103.2092743	12/31/9999
11660	CHRISTMAS #001	S	P	BETTIS BOYLE & STOVALL, INC.	3285	32.1184959	-103.1923065	10/31/1953
11662	PRE-ONGARD WELL #001	G	P	PRE-ONGARD WELL OPERATOR	0	32.1203117	-103.1923141	1/1/1900
11666	V H JUSTIS #002	O	P	BETTIS BOYLE & STOVALL, INC.	99999	32.1220169	-103.1920242	12/31/9999
11667	BATES #001	G	P	BETTIS BOYLE & STOVALL, INC.	99999	32.1139793	-103.1912384	12/31/9999
11668	B M JUSTIS A #002	O	P	BETTIS BOYLE & STOVALL, INC.	3030	32.1175919	-103.1912384	5/30/1937
11669	B M JUSTIS B #007	O	A	BETTIS BOYLE & STOVALL, INC.	3285	32.1176491	-103.1869812	12/1/1958
11825	PRE-ONGARD WELL #001	G	P	PRE-ONGARD WELL OPERATOR	0	32.1060104	-103.1863480	1/1/1900
11826	BATES #002	G	P	BETTIS BOYLE & STOVALL, INC.	99999	32.1067238	-103.1912308	12/31/9999
11838	WINNINGHAM #007	G	P	BURLINGTON RESOURCES OIL & GAS CO	99999	32.1032562	-103.1949310	12/31/9999
11840	SHOLES B 30 #002	G	P	HERMAN L. LOEB LLC	3054	32.1067314	-103.2085419	2/6/1950
11841	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	0	32.1030998	-103.2039642	1/1/1900
11842	WINNINGHAM #001	G	P	BURLINGTON RESOURCES OIL & GAS CO	99999	32.1067276	-103.2039566	12/31/9999
11843	PRE-ONGARD WELL #003	G	P	PRE-ONGARD WELL OPERATOR	0	32.0993500	-103.1944199	1/1/1900
12552	WINNINGHAM #005	O	P	BURLINGTON RESOURCES OIL & GAS CO	3180	32.0994873	-103.1997528	3/12/1951
12577	PRE-ONGARD WELL #001	O	P	PRE-ONGARD WELL OPERATOR	365	32.1175880	-103.1955109	1/1/1900
21279	B M JUSTIS B #009	O	P	BETTIS BOYLE & STOVALL, INC.	99999	32.1184959	-103.1965714	12/31/9999
26595	PRE-ONGARD WELL #001	G	P	PRE-ONGARD WELL OPERATOR	0	32.1033974	-103.1924515	1/1/1900
27143	SHOLES B 19 #004	G	P	HERMAN L LOEB	13000	32.1139832	-103.2039490	1/13/1981
27510	SHOLES A #008	G	A	FULFER OIL & CATTLE LLC	3290	32.1148949	-103.2114105	1/4/1960
27542	BATES #003	G	P	BURLINGTON RESOURCES OIL & GAS CO	99999	32.1130333	-103.1894608	12/31/9999
27630	B M JUSTIS #010	G	A	ENERVEST OPERATING L.L.C.	3203	32.1176987	-103.1929855	11/20/1981
27664	JUSTIS CHRISTMAS #001	G	H	BETTIS BOYLE & STOVALL, INC.	3150	32.1169167	-103.1908188	2/8/1982
28519	WINNINGHAM #008	G	A	SPECIAL ENERGY CORP	3498	32.1117287	-103.1985626	12/26/1983
28637	WINNINGHAM #009	G	A	SPECIAL ENERGY CORP	3475	32.1067276	-103.1997528	12/31/9999
28805	B M JUSTIS #012	O	T	ENERVEST OPERATING L.L.C.	3680	32.1190453	-103.1929855	9/6/1984
31194	JUNK YARD DOG #001	G	P	PRIMAL ENERGY CORPORATION	3320	32.1212273	-103.2091675	12/31/9999

Sholes Deep SWD No. 1
1 Mile Area of Review List

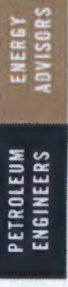
35223	SHOLES B 30 #003	O	A	HERMAN L. LOEB LLC		3000	32.1035805	-103.2077255	1/5/2001
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Sholes Deep SWD No. 1
Water Wells within 1 Mile
Oilfield Water Logistics
Lea Co., NM

PCS: NAD 1983 SPCS NM-E FIPS 3001 (US Ft.)

Drawn by: SJL Date: 8/29/2018 Approved by: ELR

LONGQUIST & CO. LLC



AUSTIN - HOUSTON - WICHITA - DENVER - CALGARY

+ Sholes Deep SWD No. 1

• Water Well (37) [NM-OSE 2018]

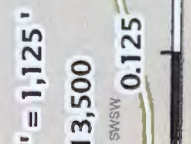
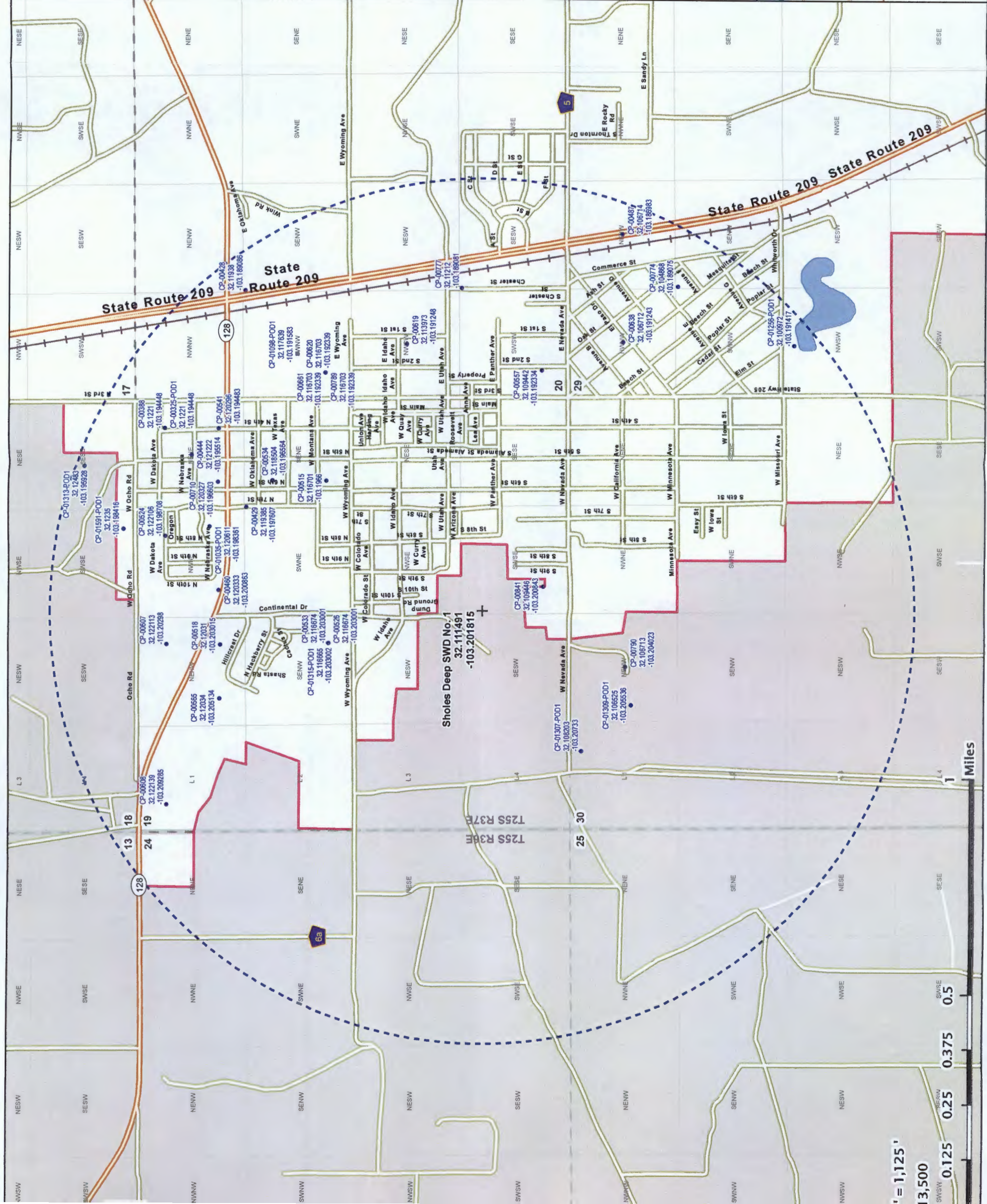
1 Mile Radius

Fulfer Ranch Property Boundary

QQ-Section (NM-PLSS 2nd Div.)

Section (NM-PLSS 1st Div.)

Township/Range (NM-PLSS)



Sholes Deep SWD No. 1
Water Wells Within 1 Mile List

POD BASIN	POD #	T	R	S	WELL DEPTH	WATER DEPTH	WELL USE	POD STATUS	STATUS	OWNER LAST NAME	OWNER FIRST NAME	LAT	LONG	EASTING	NORTHING	DATUM
CP	00774	25S	37E	29	100	60	DOM	ACT	PMT	HOLGUIN	ANTONIO	32.10486767140	-103.18907548600	670869	3553495	NAD83
CP	00790	25S	37E	30	0	0		PEN	EXP	CERVANTES	SILVIO	32.10671315260	-103.20402321900	669455	3553676	NAD83
CP	00841	25S	37E	19	275	235	STK	ACT	PMT	HERNANDEZ	FELIX R	32.10944607880	-103.20084349000	669750	3553984	NAD83
CP	00429	25S	37E	19	142	37	DOM	ACT	PMT	MOLDER	HOMER E	32.11938484270	-103.19760671100	670037	3555091	NAD83
CP	00534	25S	37E	19	70	40	DOM	ACT	PMT	COX	DAN	32.11850410410	-103.19656418800	670137	3554995	NAD83
CP	01035	25S	37E	19	0	0		PEN	EXP	EVANS	GEORGE L.	32.12061142820	-103.19836053400	669964	3555226	NAD83
CP	00533	25S	37E	19	78	40	DOM	ACT	PMT	FULFER OIL & CATTLE CO LLC		32.11667445480	-103.20300147000	669533	3554782	NAD83
CP	00428	25S	37E	20	90	60	DOM	ACT	PMT	BUTTER	ANNICE KATHLEEN	32.11938048130	-103.18908563200	670841	3555104	NAD83
CP	00607	25S	37E	19	90	60	DOL	ACT	PMT	GRAY	RAYMOND F.	32.12211302460	-103.20297965600	669525	3555385	NAD83
CP	00619	25S	37E	20	48	25	DOM	ACT	PMT	SWINFORD	JOHN T.	32.11397253790	-103.19124841800	670647	3554501	NAD83
CP	00710	25S	37E	19	90	40	DOM	ACT	PMT	SEARCY	S.A.	32.12032662710	-103.19660252700	670130	3555197	NAD83
CP	00388	25S	37E	19	0	0			PMT	KOWEN	JAKE MC	32.12209984750	-103.19444788700	670330	3555397	NAD83
CP	00487	25S	37E	29	421	250	DOM	ACT	PMT	REED	L.L.	32.10671382310	-103.18698322300	671063	3553703	NAD83
CP	00444	25S	37E	19	101	50	DOM	ACT	PMT	BUFFINGTON	D.C.	32.12122210840	-103.19551444400	670231	3555298	NAD83
CP	00541	25S	37E	19	100	38	DOM	ACT	PMT	MOSLEY	BILLY W.	32.12029641820	-103.19448340600	670330	3555197	NAD83
CP	00565	25S	37E	19	141	0	DOM	ACT	PMT	BEAIRD	SAM R.	32.12033965290	-103.20513413900	669325	3555185	NAD83
CP	00638	25S	37E	29	380	187	DOM	ACT	PMT	TRICE	DONALD R.	32.10671161630	-103.19124325600	670661	3553696	NAD83
CP	00515	25S	37E	19	72	42	DOM	ACT	PMT	SHROYER	JOHN	32.11670067170	-103.19659966100	670137	3554795	NAD83
CP	00608	25S	37E	19	235	0	DOM	ACT	PMT	MATHIS	FLOYD MCCUNE	32.12213925270	-103.20928543700	668930	3555378	NAD83
CP	00557	25S	37E	20	350	42	DOM	ACT	PMT	WEBB	LUCILLE BOCK	32.10944212020	-103.19233391800	670553	3553997	NAD83
CP	00661	25S	37E	20	38	23	DOM	ACT	PMT	BAILEY	D.E.	32.11670304190	-103.19233915500	670539	3554802	NAD83
CP	00460	25S	37E	19	128	63	DOM	ACT	PMT	RUSCHE	E.W.	32.12033313660	-103.20086303100	669728	3555191	NAD83
CP	00518	25S	37E	19	0	0			EXP	BROCK	V.B.	32.12030958680	-103.20301500800	669525	3555185	NAD83
CP	00526	25S	37E	19	0	0			PMT	KEMP	A.D.	32.11667445480	-103.20300147000	669533	3554782	NAD83
CP	00524	25S	37E	19	86	68	DOM	ACT	PMT	JOHNSON	DONALD	32.12210643260	-103.19870847000	669928	3555391	NAD83
CP	00620	25S	37E	20	59	25	DOM	ACT	PMT	BAILEY	D.E.	32.11670304190	-103.19233915500	670539	3554802	NAD83
CP	00777	25S	37E	20	100	28	DOM	ACT	PMT	MILLER	GUAN D.	32.11211957180	-103.18908066200	670855	3554299	NAD83
CP	00789	25S	37E	20	360	255	DOM	ACT	PMT	BAILEY SR	DARRELL E	32.11670304190	-103.19233915500	670539	3554802	NAD83
CP	01591	25S	37E	18	0	0		ACT	PMT	CHESSE	DEWAYNE	32.12350032310	-103.19841610500	669953	3555546	NAD83
CP	00324	25S	37E	19	0	0			DCL	WHITE	QUINCE L.	32.12209984750	-103.19444788700	670330	3555397	NAD83
CP	00325	25S	37E	19	0	0			DCL	WHITE	QUINCE L.	32.12209984750	-103.19444788700	670330	3555397	NAD83
CP	01098	25S	37E	20	0	0		PEN	PMT	TAVAREZ	SERGIO A.	32.11763930900	-103.19158305700	670609	3554907	NAD83
CP	01256	25S	37E	29	0	0		PEN	PMT	CITY OF JAL		32.10097215750	-103.19141681800	670655	3553059	NAD83
CP	01307	25S	37E	30	440	230		ACT	PMT	FULFER OIL & CATTLE COMPANY		32.10820317310	-103.20733004200	669140	3553836	NAD83
CP	01309	25S	37E	30	434	280		ACT	PMT	FULFER OIL & CATTLE COMPANY		32.10652534370	-103.20553591000	669313	3553653	NAD83
CP	01313	25S	37E	18	495	275		ACT	PMT	FULFER INVESTMENTS LLC		32.12483046080	-103.19592779000	670185	3555697	NAD83
CP	01315	25S	37E	19	0	0			PMT	FULFER OIL & CATTLE COMPANY		32.11666543760	-103.20300164600	669533	3554781	NAD83

Sholes Deep SWD No. 1
1/2 Mile Offset Operators and Lessees List

S/T/R	QQ UNIT LETTER(S)	OPERATOR	MINERAL LESSEE	MINERAL OWNER	ADDRESS 1	ADDRESS 2
20/25S/37E	L,M	-	-	PRIVATE (UNKNOWN)	-	-
19/25S/37E	O	SPECIAL ENERGY CORP	-	-	PO DRAWER 369	STILLWATER, OK 74076
	F,G,J,K,M,N	-	ZPZ DELAWARE I LLC	-	2000 POST OAK BLVD STE 100	HOUSTON, TX 77056
		-	APACHE CORP	-	2000 POST OAK BLVD STE 100	HOUSTON, TX 77056
		-	TOREADOR ACQUISITION CORP	-	48090 COLE AVE #108	DALLAS, TX 75205
		-	CONOCOPHILLIPS CO	-	PO BOX 7500	BARTLESVILLE, OK 74005
		-	CHEVRON USA INC	-	6301 DEAUVILLE	MIDLAND, TX 79706
	E,I,L	-	ZPZ DELAWARE I LLC	-	2000 POST OAK BLVD STE 100	HOUSTON, TX 77056
		-	APACHE CORP	-	2000 POST OAK BLVD STE 100	HOUSTON, TX 77056
		-	CONOCOPHILLIPS CO	-	PO BOX 7500	BARTLESVILLE, OK 74005
		-	CHEVRON USA INC	-	6301 DEAUVILLE	MIDLAND, TX 79706
	H,I,P	-	-	PRIVATE (UNKNOWN)	-	-
30/25S/37E	B	SPECIAL ENERGY CORP	-	-	PO DRAWER 369	STILLWATER, OK 74076
	D	-	ZPZ DELAWARE I LLC	-	2000 POST OAK BLVD STE 100	HOUSTON, TX 77056
		-	APACHE CORP	-	2000 POST OAK BLVD STE 100	HOUSTON, TX 77056
		-	TOREADOR ACQUISITION CORP	-	48090 COLE AVE #108	DALLAS, TX 75205
		-	CONOCOPHILLIPS CO	-	PO BOX 7500	BARTLESVILLE, OK 74005
		-	CHEVRON USA INC	-	6301 DEAUVILLE	MIDLAND, TX 79706
	A,C,F,G	-	-	PRIVATE (UNKNOWN)	-	-

Produced Water Analysis - Surrounding Areas
Sholes Deep SWD #1

wellname	api	latitude	longitude	section	township	range	unit	figns	ftgsw	county	state	formation	sampledate	ph	tds_mgL	resistivity_ohm_cm	sodium_mgL	calcium_mgL	magnesium_mgL	chloride_mgL	carbonate_mgL	bicarbonate_mgL	sulfate_mgL
STATE B COM #001	3002509716	32.1794052	-103.2212524	36 24S	36E	36E	C	600N	1880W	LEA	NM	DEVONIAN			176234					107400		128	1004
ARNOTT RAMSAY NCT-B #003	3002511863	32.0922279	-103.1784439	32 25S	37E	37E	A	660N	660E	LEA	NM	DEVONIAN	1/2/1900 0:00					17244	5345	100382		476	
ARNOTT RAMSAY NCT-B #003	3002511863	32.0922279	-103.1784439	32 25S	37E	37E	A	660N	660E	LEA	NM	DEVONIAN			158761								
CARLSON A #002	3002511764	32.1003838	-103.1113434	25 25S	37E	37E	I	2310S	990E	LEA	NM	FUSSELMAN			208280					124000		510	3400
CARLSON B 25 #004	3002511784	32.096756	-103.1113434	25 25S	37E	37E	P	990S	990E	LEA	NM	FUSSELMAN			184030					112900		68	1806
COPPER #001	3002511818	32.0994835	-103.1656723	28 25S	37E	37E	J	1980S	1981E	LEA	NM	DEVONIAN			27506					15270		1089	1079
LEARCY MCBUFFINGTON #008	3002511569	32.1239548	-103.118782	13 25S	37E	37E	N	330S	1980W	LEA	NM	FUSSELMAN	1/2/1900 0:00	7.6	67909		2603	684		38887		742	2489
SOUTH JUSTIS UNIT #016F	3002511556	32.1312065	-103.1187744	13 25S	37E	37E	F	2310N	1980W	LEA	NM	FUSSELMAN			57675					34030		595	1211
SOUTH JUSTIS UNIT #023C	3002511760	32.1067276	-103.1184616	25 25S	37E	37E	C	660N	2080W	LEA	NM	FUSSELMAN			63817					35870		360	3442
STATE NJ A #001	3002511398	32.1647491	-103.1273346	2 25S	37E	37E	A	663N	660E	LEA	NM	DEVONIAN			105350					59300		660	4950
STATE Y #009	3002511777	32.1058197	-103.1113434	25 25S	37E	37E	A	990N	990E	LEA	NM	FUSSELMAN	3/17/1961 0:00	7.3	219570					129000		960	4630
STATE Y #009	3002511777	32.1058197	-103.1113434	25 25S	37E	37E	A	990N	990E	LEA	NM	FUSSELMAN	3/18/1961 0:00	6.8	163430					96000		290	3780
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN	6/17/1961 0:00	6	80880					46200		340	3050
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN			84900					48600		840	2650
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN			72200					41000		370	2960
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN			80900					46200		340	3050
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN			77600					44000		550	3240
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN			135000					77000		650	5810
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN			114000					65000		280	5110
WESTATES FEDERAL #004	3002511389	32.161129	-103.1241226	1 25S	37E	37E	E	1980N	330W	LEA	NM	FUSSELMAN			135000					77000		500	5320
WESTATES FEDERAL #008	3002511393	32.1621208	-103.1241226	1 25S	37E	37E	E	1620N	330W	LEA	NM	FUSSELMAN			91058					51020		376	4783
WESTATES FEDERAL #008	3002511393	32.1621208	-103.1241226	1 25S	37E	37E	E	1620N	330W	LEA	NM	FUSSELMAN			86847					50450		363	2544
FARNSWORTH FEDERAL #006	3002511950	32.0777245	-103.162468	4 26S	37E	37E	A	660N	990E	LEA	NM	DEVONIAN			31931					20450		302	591

WATER WELL SUMMARIES



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00324 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: COM COMMERCIAL
Primary Status: DCL DECLARATION
Total Acres: 0 **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: QUINCE L. WHITE

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
588031	DCL	1966-03-23	DCL	PRC	CP 00324	T		0	3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	X	Y	Other Location Desc
CP 00324 POD1	64 16 4 SecTws Rng	2	2	2	19	25S 37E	670330 3555397* ORIGINAL TOWN OF JAL

An () after northing value indicates UTM location was derived from PLSS - see Help

Priority Summary

Priority	Status	Acres	Diversion	Pod Number	Source
12/31/1948	DCL	0	3	CP 00324 POD1	

Place of Use

Q	Q	Q	Q	Q	Acres	Diversion	CU	Use	Priority	Status	Other Location Desc
256	64	16	4	SecTws Rng	0	3		COM	12/31/1948	DCL	NO PLACE OF USE GIVEN

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	3		COM	12/31/1948	GW



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00325 Subbasin: CP Cross Reference: -
Primary Purpose: COM COMMERCIAL
Primary Status: DCL DECLARATION
Total Acres: 0 Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: QUINCE L. WHITE

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
588033	DCL	1966-03-23	DCL	PRC	CP 00325	T		0	3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00325 POD1		2	2	2	19	25S	37E		670330	3555397*	ORIGINAL TOWNSIGHT OF JAL

An () after northing value indicates UTM location was derived from PLSS - see Help

Priority Summary

Priority	Status	Acres	Diversion	Pod Number	Source
12/31/1960	DCL	0	3	CP 00325 POD1	

Place of Use

Q	Q	Q	Q	Q	Sec	Tws	Rng	Acres	Diversion	CU	Use	Priority	Status	Other Location Desc
256	64	16	4					0	3		COM	12/31/1960	DCL	NO PLACE OF USE GIVEN

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	3		COM	12/31/1960	GW



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00388 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: JAKE MC KOWEN

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
473062	72121	1966-09-30	PMT	APR	CP 00388	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00388		2	2	2	19	25S	37E	670330	3555397*	NORTH END OF LOT 16 IN BLK. 15

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00428 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: ANNICE KATHLEEN BUTTER

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
473322	72121	1967-03-16	PMT	LOG	CP 00428	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00428	Shallow	1	20	25S	37E			670841	3555104*	LOT 16-17

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00429 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: HOMER E MOLDER

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
473324	72121	1967-03-24	PMT	LOG	CP 00429	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00429	Shallow	64	16	4	2	19	25S 37E	670037	3555091*	ADD/LOC: 608 N 4TH ST

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00444 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: D.C. BUFFINGTON

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
473341	72121	1967-09-21	PMT	LOG	CP 00444	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00444	Shallow	2	2	19	25S	37E		670231	3555298*	NW 1/4 OF JAL, NM

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00460 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: E.W. RUSCHE

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
473445	72121	1968-03-01	PMT	LOG	CP 00460	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00460	Shallow	3	1	2	19	25S	37E	669728	3555191*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00487 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: L.L. REED

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
473497	72121	1972-11-16	PMT	LOG	CP 00487	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00487	Shallow	2	1	29	25S	37E		671063	3553703*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00515 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: JOHN SHROYER

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
473793	72121	1973-05-23	PMT	LOG	CP 00515	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	6416 4	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00515	Shallow	3	4	2	19	25S	37E		670137	3554795*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00518 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: EXP EXPIRED
Total Acres: **Subfile:** -
Total Diversion: 0 **Cause/Case:** -
Owner: V.B. BROCK

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/	Acres	Diversion	Consumptive
			1	2		To			
473797	72121	1973-06-25	EXP	EXP	CP 00518	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00518		4	2	1	19	25S	37E	669525	3555185*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00524 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: DONALD JOHNSON
Owner: LISA JOHNSON

Documents on File

	Trn #	Doc	File/Act	Status			From/ To	Acres	Diversion	Consumptive
				1	2	Transaction Desc.				
get images	586110	COWNF	2016-04-07	CHG	PRC	CP 00524	T		0	
get images	473863	72121	1983-04-08	PMT	LOG	CP 00524	T		3	
get images	473832	72121	1973-09-24	PMT	LOG	CP 00524	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	64 16 4	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00524	Shallow	2	1	2	19	25S	37E		669928	3555391*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00526 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: A.D. KEMP

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
473865	72121	1973-10-11	PMT	APR	CP 00526	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00526		4	4	1	19	25S	37E	669533	3554782*	ADD/LOC: 206 TEXAS AVE. JAL,NM

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00533 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: 0 Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: FULFER OIL & CATTLE CO LLC
Contact: GREGG FULFER

Documents on File

	Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
				1	2					
get images	544942	COWNF	2014-04-14	CHG	PRC	CP 00533	T		3	
get images	473881	72121	1974-02-25	PMT	LOG	CP 00533	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00533	Shallow	4	4	1	19	25S	37E	669533	3554782*	ADD/LOC: 206 TEXAS AVE. JAL,NM

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00534 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: DAN COX

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
473892	72121	1974-02-25	PMT	LOG	CP 00534	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
<u>CP 00534</u>	Shallow	1	4	2	19	25S	37E	670137	3554995*	ADD/LOC: 304 N. 4TH ST

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00541 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: BILLY W. MOSLEY

Documents on File

	Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
				1	2					
	473994	72121	1974-07-23	PMT	LOG	CP 00541	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	6416 4	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00541	Shallow	4	2	2	19	25S	37E		670330	3555197*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00557 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: LUCILLE BOCK WEBB

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
474142	72121	1976-04-29	PMT	LOG	CP 00557	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00557	Shallow	3	3	3	20	25S	37E	670553	3553997*	ADD/LOC:417 S. 2ND ST. JAL, NM

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00565 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: SAM R. BEAIRD

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/	Acres	Diversion	Consumptive
			1	2		To			
474208	72121	1977-05-11	PMT	LOG	CP 00565	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00565		3	2	1	19	25S	37E	669325	3555185*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00607 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOL 72-12-1 DOMESTIC AND LIVESTOCK WATERING
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: RAYMOND F. GRAY

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
475029	72121	1979-08-22	PMT	LOG	CP 00607	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	6416 4	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00607	Shallow	2	2	1	19	25S	37E		669525	3555385*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00608 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: FLOYD MCCUNE MATHIS

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
475033	72121	1979-08-22	PMT	LOG	CP 00608	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00608		1	1	1	19	25S	37E	668930	3555378*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00619 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: JOHN T. SWINFORD

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
475155	72121	1980-05-16	PMT	LOG	CP 00619	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	6416 4	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00619	Shallow	1	3	20	25S	37E			670647	3554501*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00620 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: D.E. BAILEY

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/	Acres	Diversion	Consumptive
			1	2		To			
475157	72121	1980-05-19	PMT	LOG	CP 00620	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00620	Shallow	3	3	1	20	25S	37E	670539	3554802*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00638 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: DONALD R. TRICE

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/	Acres	Diversion	Consumptive
			1	2		To			
475327	72121	1981-06-24	PMT	LOG	CP 00638	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00638	Shallow	1	1	29	25S	37E		670661	3553696*	LOTS: 13,14,15,16,17

An () after northing value indicates UTM location was derived from PLSS - see Help




New Mexico Office of the State Engineer

Water Right Summary




WR File Number: CP 00661 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: D.E. BAILEY

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
	475384	72121 1983-05-13	PMT	LOG	CP 00661	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	6416 4	Sec	Tws	Rng	X	Y	Other Location Desc
<u>CP 00661</u>	Shallow	3	3	1	20	25S	37E		670539	3554802*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00710 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: S.A. SEARCY

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/	Acres	Diversion	Consumptive
			1	2		To			
475713	72121	1987-05-07	PMT	LOG	CP 00710	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00710	Shallow	3	2	2	19	25S	37E	670130	3555197*	ADD/LOC: 320 WEST KANSAS

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00774 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: ANTONIO HOLGUIN

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
476012	72121	1992-08-11	PMT	LOG	CP 00774	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00774	Shallow	1	29	25S	37E			670869	3553495*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00777 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: GUAN D. MILLER

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
476020	72121	1992-10-15	PMT	LOG	CP 00777	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00777	Shallow	64	16	4				670855	3554299*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00789 Subbasin: CP Cross Reference: -
Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: DARRELL E BAILEY SR

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
476021	72121	1993-03-03	PMT	LOG	CP 00789	T			3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	64	16	4	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00789	Shallow	3	3	1	20	25	S	37	E		670539	3554802*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 00790 Subbasin: CP Cross Reference: -
Primary Purpose: STK 72-12-1 LIVESTOCK WATERING
Primary Status: EXP EXPIRED
Total Acres: Subfile: -
Total Diversion: 0 Cause/Case: -
Owner: SILVIO CERVANTES

Documents on File

	Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
				1	2					
	476028	72121	1993-06-02	EXP	EXP	CP 00790	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00790		2	1	30	25S	37E		669455	3553676*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary




WR File Number: CP 00841 Subbasin: CP Cross Reference: -
Primary Purpose: STK 72-12-1 LIVESTOCK WATERING
Primary Status: PMT PERMIT
Total Acres: Subfile: -
Total Diversion: 3 Cause/Case: -
Owner: FELIX R HERNANDEZ

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
 477249	72121	1994-11-02	PMT	LOG	CP 00841	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 00841	Shallow	3	3	4	19	25S	37E	669750	3553984*	

An () after northing value indicates UTM location was derived from PLSS - see Help



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01035 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: STK 72-12-1 LIVESTOCK WATERING
Primary Status: EXP EXPIRED
Total Acres: **Subfile:** -
Total Diversion: 0 **Cause/Case:** -
Owner: GEORGE L. EVANS

Documents on File

	Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
				1	2					
	477320	72121	2010-03-02	EXP	EXP	CP 01035 POD1	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	6416 4	Sec	Tws	Rng	X	Y	Other Location Desc
CP 01035 POD1		4	1	2	19	25S	37E		669964	3555225	



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01098 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: STK 72-12-1 LIVESTOCK WATERING
Primary Status: PMT PERMIT
Total Acres: **Subfile:** -
Total Diversion: 3 **Cause/Case:** -
Owner: SERGIO A. TAVAREZ
Owner: HORTENCIA T. RAMIREZ

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
	603092	72121	2012-07-16	PMT	APR CP 01098	T		3	
	507389	72121	2012-07-16	EXP	EXP CP 01098	T		3	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
CP 01098 POD1		1	3	1	20	25S	37E	670609	3554907	



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01256 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: MUN MUNICIPAL - CITY OR COUNTY SUPPLIED WATER
Primary Status: PMT PERMIT
Total Acres: 0 **Subfile:** -
Total Diversion: 100 **Cause/Case:** -
Agent: ATKINS ENGINEERING ASSOC, INC.
Contact: RICHARD C. CIBAK
Owner: CITY OF JAL
Contact: CURTIS SCHRADER

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
603265	APPRO	2014-06-16	PMT	LOG	CP 01256	T	0	100	100

Current Points of Diversion

(NAD83 UTM in meters)									
POD Number	Source	Q	Q	Q	Q	X	Y	Other Location Desc	
CP 01256 POD1		1	1	3	29 25S 37E	670655	3553059		
CP 01256 POD2		3	2	3	29 25S 37E	670882	3552856		
CP 01256 POD3	Shallow	4	1	3	29 25S 37E	670707	3552893		
CP 01256 POD4	Shallow	3	2	3	29 25S 37E	670994	3552889		

Priority Summary

Priority	Status	Acres	Diversion	Pod Number	Source
10/31/2013	PMT	0	100	CP 01256 POD1	
				CP 01256 POD2	
				CP 01256 POD3	Shallow
				CP 01256 POD4	Shallow

Place of Use

Q	Q	Q	Q	Q	Acres	Diversion	CU	Use	Priority	Status	Other Location Desc
256	64	16	4	SecTwsRng							
3	29	25S	37E		0	100	100	MUN	10/31/2013	PMT	JAL LAKE AND ITS PARK AREA

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	100	100	MUN	10/31/2013	GW



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01307 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: COM COMMERCIAL
Primary Status: PMT PERMIT
Total Acres: 0 **Subfile:** -
Total Diversion: 150 **Cause/Case:** -
Owner: FULFER OIL & CATTLE COMPANY
Contact: GREGG FULFER
Owner: ATKINS ENGINEERING ASSOC, INC.
Contact: RICHARD CIBAK

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
604519	APPRO	2016-01-21	PMT	LOG	CP 01307	T		0	150	100

Current Points of Diversion

POD Number	Source	Q Q Q Q				(NAD83 UTM in meters)		Other Location Desc
		64	16	4	SecTws Rng	X	Y	
CP 01307 POD1	Artesian	1	1	2	30 25S 37E	669140	3553836	

Priority Summary

Priority	Status	Acres	Diversion	Pod Number	Source
03/27/2014	PMT	0	150	CP 01307 POD1	Artesian

Place of Use

Q Q Q Q				Acres	Diversion	CU	Use	Priority	Status	Other Location Desc
256	64	16	4							
				0	150	100	COM	03/27/2014	PMT	NO PLACE OF USE GIVEN

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	150	100	COM	03/27/2014	GW



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01309 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: COM COMMERCIAL
Primary Status: PMT PERMIT
Total Acres: 0 **Subfile:** -
Total Diversion: 100 **Cause/Case:** -
Agent: ATKINS ENGINEERING ASSOC, INC.
Contact: RICHARD CIBAK
Owner: FULFER OIL & CATTLE COMPANY
Contact: GREGG FULFER

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
604551	APPRO	2016-01-21	PMT	LOG	CP 01309	T	0	100	100

Current Points of Diversion

POD Number	Source	Q Q Q			(NAD83 UTM in meters)		X	Y	Other Location Desc
		64	16	4	Sec	Tws			
CP 01309 POD1	Artesian	2	1	1	30	25S 37E	669313	3553652	

Priority Summary

Priority	Status	Acres	Diversion	Pod Number	Source
03/27/2014	PMT	0	100	CP 01309 POD1	Artesian

Place of Use

Q Q Q Q				Acres	Diversion	CU	Use	Priority	Status	Other Location Desc
256	64	16	4							
				0	100	100	COM	03/27/2014	PMT	NO PLACE OF USE GIVEN

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	100	100	COM	03/27/2014	GW



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01313 Subbasin: CP Cross Reference: -
Primary Purpose: COM COMMERCIAL
Primary Status: PMT PERMIT
Total Acres: 0 Subfile: -
Total Diversion: 100 Cause/Case: -
Owner: FULFER INVESTMENTS LLC
Contact: GREGG FULFER
Owner: ATKINS ENGINEERING ASSOC, INC.
Contact: RICHARD CIBAK

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
604721	APPRO	2016-01-21	PMT	LOG	CP 1313 POD1	T	0	100	100

Current Points of Diversion

POD Number	Source	Q Q Q			(NAD83 UTM in meters)		X	Y	Other Location Desc
		64	16	4	Sec	Tws Rng			
CP 01313 POD1	Artesian	4	4	18	25S	37E	670185	3555697	

Priority Summary

Priority	Status	Acres	Diversion	Pod Number	Source
03/27/2014	PMT	0	100	CP 01313 POD1	Artesian

Place of Use

Q Q Q Q				Acres	Diversion	CU	Use	Priority	Status	Other Location Desc
256	64	16	4							
				0	100	100	COM	03/27/2014	PMT	NO PLACE OF USE GIVEN

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	100	100	COM	03/27/2014	GW



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01315 **Subbasin:** CP **Cross Reference:** -
Primary Purpose: COM COMMERCIAL
Primary Status: PMT PERMIT
Total Acres: 0 **Subfile:** -
Total Diversion: 100 **Cause/Case:** -
Owner: FULFER OIL & CATTLE COMPANY
Contact: GREGG FULFER
Owner: ATKINS ENGINEERING ASSOC, INC.
Contact: RICHARD CIBAK

Documents on File

Trn #	Doc	File/Act	Status		Transaction Desc.	From/ To	Acres	Diversion	Consumptive
			1	2					
604728	APPRO	2016-01-21	PMT	APR	CP 01315	T	0	100	100

Current Points of Diversion

POD Number	Source	Q Q Q			(NAD83 UTM in meters)		Other Location Desc
		64	16	4	X	Y	
CP 01315 POD1		4	4	1	19 25S 37E	669533 3554781	

Priority Summary

Priority	Status	Acres	Diversion	Pod Number	Source
03/27/2014	PMT	0	100	CP 01315 POD1	

Place of Use

Q Q Q Q				Acres	Diversion	CU	Use	Priority	Status	Other Location Desc
256	64	16	4							
				0	100	100	COM	03/27/2014	PMT	NO PLACE OF USE GIVEN

Source

Acres	Diversion	CU	Use	Priority	Source Description
0	100	100	COM	03/27/2014	GW



New Mexico Office of the State Engineer

Water Right Summary



WR File Number: CP 01591 **Subbasin:** CP **Cross Reference:-**

Primary Purpose: DOM 72-12-1 DOMESTIC ONE HOUSEHOLD

Primary Status: PMT PERMIT

Total Acres: **Subfile:** -

Total Diversion: 1 **Cause/Case:** -

Owner: DEWAYNE CHESSER

Owner: JOAN CHESSER

Documents on File

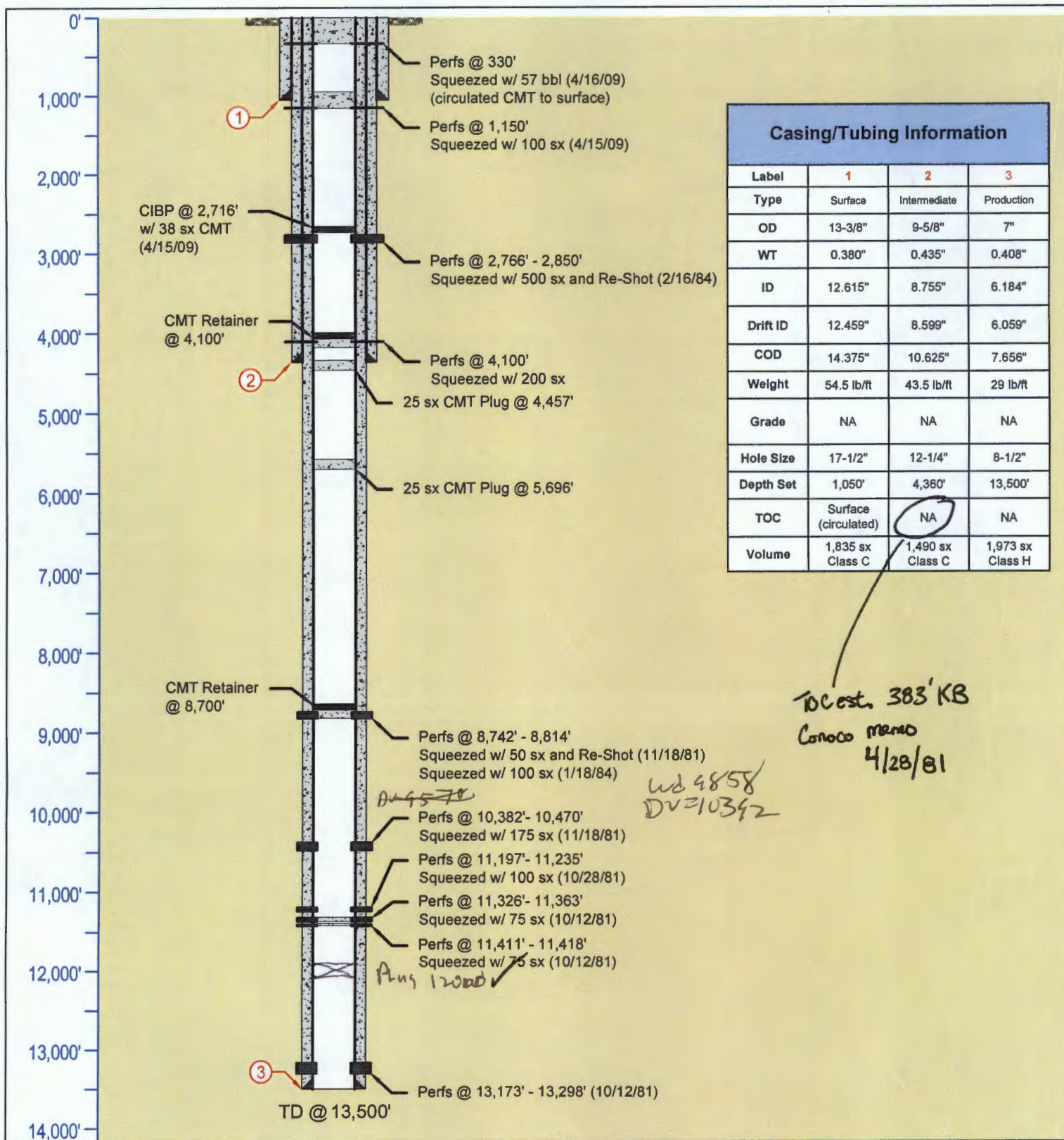
Trn #	Doc	File/Act	Status		Transaction Desc.	From/		Acres	Diversion	Consumptive
			1	2		To				
585085	72121	2016-04-01	PMT	APR	CP 01591 POD1	T			1	

Current Points of Diversion

(NAD83 UTM in meters)

POD Number	Source	Q	Q	Q	Sec	Tws	Rng	X	Y	Other Location Desc
<u>CP 01591 POD1</u>		4	3	4	18	25S	37E	669953	3555546	508 WEST OCHO AVENUE

PLUGGED WELL DATA



Casing/Tubing Information			
Label	1	2	3
Type	Surface	Intermediate	Production
OD	13-3/8"	9-5/8"	7"
WT	0.380"	0.435"	0.408"
ID	12.615"	8.755"	6.184"
Drift ID	12.459"	8.599"	6.059"
COD	14.375"	10.625"	7.656"
Weight	54.5 lb/ft	43.5 lb/ft	29 lb/ft
Grade	NA	NA	NA
Hole Size	17-1/2"	12-1/4"	8-1/2"
Depth Set	1,050'	4,360'	13,500'
TOC	Surface (circulated)	NA	NA
Volume	1,835 sx Class C	1,490 sx Class C	1,973 sx Class H

LONQUIST & CO. LLC PETROLEUM ENGINEERS ENERGY ADVISORS HOUSTON CALGARY AUSTIN WICHITA DENVER Texas License F-9147 12912 Hill Country Blvd. Ste F-200 Austin, Texas 78738 Tel: 512.732.9812 Fax: 512.732.9816	Herman L Loeb		Sholes B-19 No. 4	
	Country: USA		State/Province: New Mexico	County/Parish: Lea
	Location: Sec. 19, T25S, R37E		Site:	Survey:
	API No: 30-025-27143		Field: Jalmat	Well Type/Status: Gas/P&A
	State Gas ID No:		Project No: 1751	Date: 8/30/18
	Drawn: WHG		Reviewed: SLP	Approved: SLP
	Rev No: 1		Notes:	

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 28, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 36.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP BOTTOM	NAME	MEAS. DEPTH TOP TRUE VERT. DEPTH
YATES	2766'	2850'	2761'
			3552'
			3674'
			8200'
			8595'
			9358'
			9858'
			10,392'
			11,100'
			12,110'
		ELLENBURGER	13,064'

RECEIVED BY
MAY 23 1984
O. C. D.
ARTESIA, OFFICE

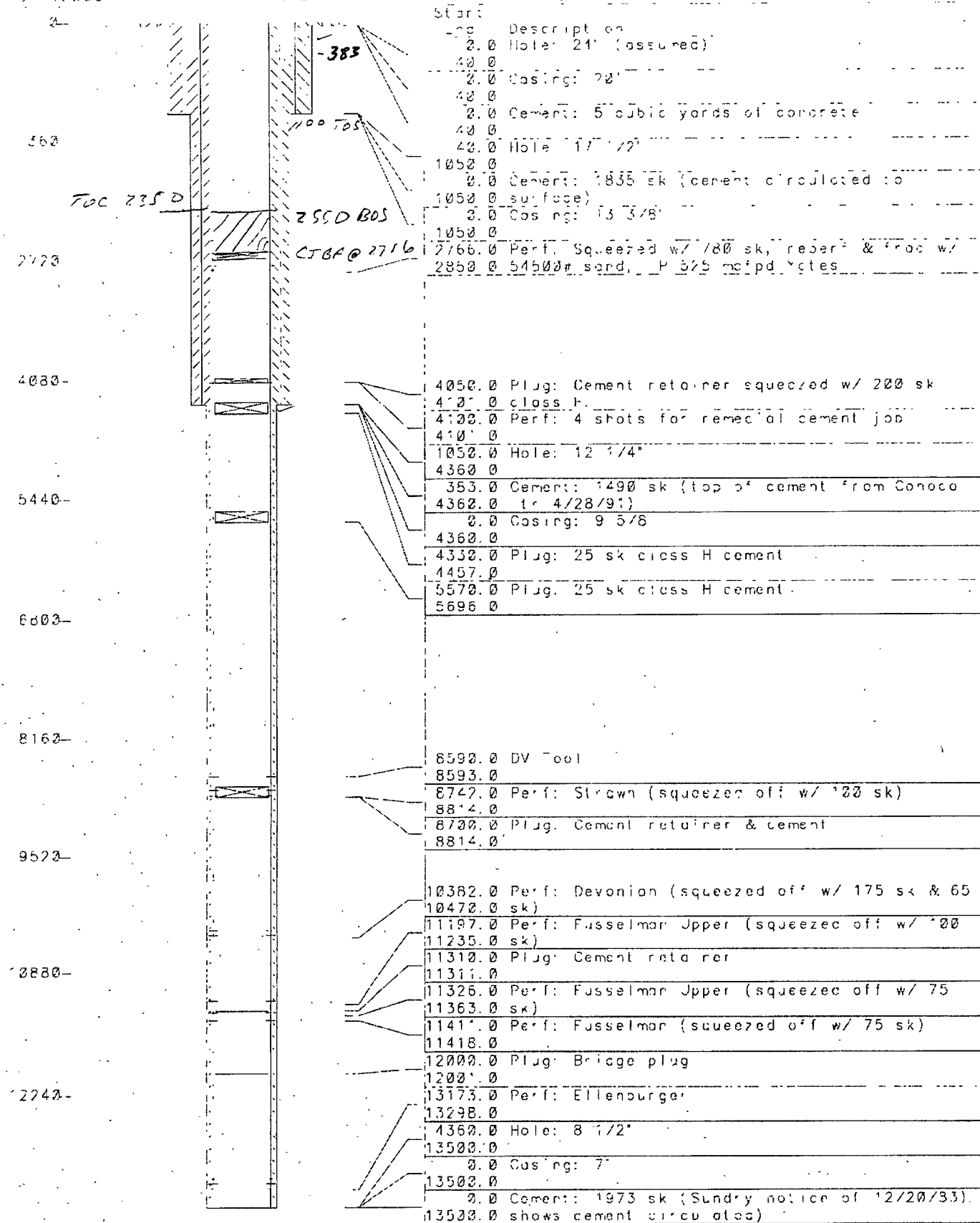
RECEIVED
MAY 28 1984
O. C. D.
HOLLYWOOD OFFICE

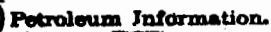
Lease: Snodas R 19
Well #17

Diagram: 04/24/2229
Elev: 3071
10520

Comp Date: 07/14/1984
Elev: 3055
PSID: 4052

Perm: 30-025-2/153
Location: 950 PSI 1953 WI 19-255-37
County: Lea
State: New Mexico
Field: La Mota
Operator: Herman Loop





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CSG	WELL CLASS: INIT D FIN SUS LSE. CODE
20-40-15 sx	
13 3/8-1050-1835 sx	
9 5/8-4360-1490 sx	
7-13,500-1973 sx	

CONTR Christian Drlg & Willbros OPRSHV 3070 KB sub-s 14

6-3-74 NM

LEA
CONOCO, INC.

Undesignated
4 Sholes "B-19" A/C-1
Sec 19, T25S, R37E

NM
Page 2

5-15-81 Drlg 9077
DST (Lower Wolfcamp) 8567-8648, op 40 mins,
rec 100 FT SGCM, 1 hr ISIP 1796, FP 1796-97,
3 hr FSIP 2583, HP 3894-3897, BHT 121 deg
5-20-81 Drlg 9326 sh & lm
5-29-81 Drlg 9878 lm, cht & sh
6-8-81 Drlg 10,238
6-12-81 Drlg 10,456
6-22-81 Drlg 11,027
6-26-81 Drlg 11,580 dolo
7-2-81 "TIGHT"
7-9-81 Drlg 12,467
7-17-81 TD 12,870; "TIGHT"
7-22-81 Drlg 13,017

6-3-74 NM

7-29-81 TD 13,500; "TIGHT"
8-3-81 TD 13,500; WOCU
10-12-81 TD 13,500; PBD 11,310; SI PBU
Perf (Ellenburger) 13,173-298 w/18 shots
Acid (13,173-298) 3024 gals
Frac (13,173-298) 24,000 gals, no sd
Swbd 200 BW (13,173-298)
BP @ 12,000
Perf (Lower Fusselman) 11,411-418 w/5 shots
Acid (11,411-418) 840 gals
Swbd 25 BFPH w/tr gas & Black wtr (11,411-418)
Sqzd (11,411-418) 75 sx
Perf (Middle Fusselman) 11,326-363 w/9 shots
Acid (11,326-363) 1680 gals

6-3-74 NM

10-12-81 Continued
Swbd 240 BW w/tr gas (11,326-363)
Ret @ 11,310
Sqzd (11,326-363) 75 sx
Perf (Upper Fusselman) 11,197-235 w/11 shots
Acid (11,197-235) 2016 gals
Swbd 90 BF (1% oil) & Swbd dry (11,197-235)
10-28-81 TD 13,500; PBD 11,310; SI
Sqzd (11,197-235) 100 sx & DOC to 11,310
11-18-81 TD 13,500; PBD 11,310; SI
Perf (Devonian) @ 10,382, 10,385,
10,390, 10,408, 10,410, 10,423, 10,430
10,432, 10,445, 10,447, 10,464, 10,467
10,470, w/1 SPI

6-3-74 NM

11-18-81 Continued
Acid (10,382-470) 2200 gals
Swbd 35 BF in 3 hrs (10,382-470)
Sqzd (10,382-470) 175 sx
Perf (Strawn) @ 8742, 8746, 8749, 8750, 8758,
8763, 8766, 8768, 8772, 8804, 8814 w/1 SPI
Att. Acid; Had communication
Sqzd (10,382-470) 65 sx
Sqzd (8742-8814) 50 sx & DOC to 11,310
Perf (Strawn) @ 8742, 8746, 8749, 8750,
8758, 8763, 8766, 8768, 8772, 8804, 8814
Acid (8742-8814) 1848 gals
Swbd 60 BF (75% oil) (8742-8814)
12-15-81 TD 13,500; PBD 11,310; WO Prod Facilities
Frac (8742-8814) 14,658 gals acid & gel wtr
+ 10,962 gals CO2 (no sd)

6-3-74 NM

LEA
CONOCO, INC.

Undesignated
4 Sholes "B-19" A/C-1
Sec 19, T25S, R37E

NM
Page 4

6-14-82 TD 13,500; PBD 11,310; Suspended Operations
Rig Released 7-31-81
6-19-82 TEMPORARY COMPLETION ISSUED

6-3-74 NM
IC 30-025-70558-80

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

2015-11-03

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

5. Lease Designation and Serial No.
NMLC032581B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SHOLES B-19 #4

9. API Well No.

30-025-27143

10. Field and Pool, or Exploratory Area

JALMAT (TNSL-YTS-7RVRS) (PRO GAS)

11. County or Parish, State

LEA CO., NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

AMERICAN INLAND RESOURCES COMPANY, LLC.

3. Address and Telephone No.

P.O. BOX 50938; MIDLAND, TX 79710; (915)685-0981

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 1980' FWL; SEC 19, T-25-S, R-37-E, UNIT K

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

TYPE OF SUBMISSION

☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other EXTEND TA STATUS
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

THIS WELL HAS SEVEN RIVERS/QUEEN POTENTIAL. REQUEST SIX MONTH TA EXTENSION
TO EVALUATE AND RE-COMplete TO THE BEHIND-PIPE ZONE.

TA Approved For 12 Month Period

Ending 7/27/02

14. I hereby certify that the foregoing is true and correct

Signed Michael D. Puchard Title OPERATIONS ENGINEER Date 05/16/02

(This space for Federal or State use)

Approved by (ORIG. SGD.) JOE G. LARA Title Petroleum Engineer

Date 6/27/02

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes 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

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CCH - Hobbs

FORM APPROVED
Budget Bureau No. 1004-0135

Expires March 31, 1993

5. Lease Designation and Serial No.
NMLC032581B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SHOLES B-19 #4

9. API Well No.

30-025-27143

10. Field and Pool, or Exploratory Area

JALMAT (TNSL-YATES-7 RVRS) (PRO GAS)

11. County or Parish, State

LEA CO., NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT---" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

AMERICAN INLAND RESOURCES COMPANY, LLC.

3. Address and Telephone No.

P.O. BOX 50938; MIDLAND, TX 79710; (915)685-0981

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980 FSL & 1980 FWL, UNIT LETTER K, SEC 19, T-25S, R-37E

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Extend TA status

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

We are requesting a one year extension to the T&A status of this well.

TA Approved For 12 Month Period
Ending 10/3/2001

14. I hereby certify that the foregoing is true and correct

Signed Ryan L. Lara Title VICE PRESIDENT

Date 09/08/00

(This space for Federal or State use)

Approved by (ONG 300) MEX LARA Title Petroleum Engineer

Date 10/3/2000

Conditions of approval, if any:


14 Expires 8/10/2000					
020809	SID RICHARDSON GASOLINE COMPANY 201 MAIN STREET FT. WORTH, TX 76102	1173530	G	K-19-25S-37E GAS METER	

IV. Produced Water	
23 POD	24 POD UL STR Location and Description

V. Well Completion Data					
25 Spud Date	26 Ready Date	27 TD	28 PBD	29 Perfs	30 DHC, DC, MC
31 Hole Size	32 Casing Tubing Size	33 Depth Set	34 Sacks Cement		

VI. Well Test Data					
35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure
41 Choke Size	42 Oil	43 Water	44 Gas	45 ACF	46 Test Method

47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: 


Printed name: **Brian M. Sirgo**

Title: **Vice President**

Date: **6/14/00** Phone: **915-685-0981**

OIL CONSERVATION DIVISION	
Approved by:	
Title:	
Approval Date:	

48 If this is a change of operator fill in the OGRD number and name of the previous operator

Midland Operating, Inc. 148981	Printed Name	Title	Date
Previous Operator Signature: 	Victor J. Sirgo	President	6/14/00

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CCD-Hobbs.

FORM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Midland Operating, Inc.

3. Address and Telephone No.

3300 North "A", Bldg TWO, Ste 104, Midland, Texas 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 1980' FWL, Sec. 19, T25S, R37E

5. Lease Designation and Serial No.

NMLC03251B LC-032581-13

6. If Indian, Allottee or Tribe Name

7. If Unit or CA. Agreement Designation

8. Well Name and No.

Sholes B-19 No. 4

9. API Well No.

300252714300S1

10. Field and Pool, or Exploratory Area

Jalmat (T-Y-7R)

11. County or Parish, State

Lea County, New Mexico

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Application for TA Status
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We respectfully request that this well be reclassified Temporarily Abandoned until such time as financing for a stimulation workover can be secured. This well has a large amount of scale around the perforations. We request 90 days to secure financing to perform this work. We expect this well to make 20 mcpd after the stimulation workover.

TA Approved For 3 Month Period
Ending 8/10/2006

14 I hereby certify that the foregoing is true and correct

Signed John O. Craig Title President Date 5/1/00

(This space for Federal or State use)

Approved by JOSE E. LARA Title Petroleum Engineer Date 5/10/2000

Conditions of approval, if any

020809	Sid Richardson Gasoline Co. 201 Main Street Fort Worth, TX 76102	1173530	6	K-19-25S-37E Gas Meter

IV. Produced Water

" POD	" POD ULSTN Location and Description

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" FOTD	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Seals Cement	

VI. Well Test Data

" Date New Oil	" Gas Delivery Date	" Test Date	" Test Length	" Tg. Pressure	" Cg. Pressure
" Choke Size	" OR	" Water	" Gas	" AOF	" Test Method

" I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name: Victor J. Strgo

Title: President

Date: 4-1-97 Phone: 915-570-0077

" If this is a change of operator fill in the OGRID number and name of the previous operator

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON

Title: DISTRICT SUPERVISOR

Approval Date:

4/1/97

Signature: Earl W. Levea

Printed Name: Earl W. Levea

Date: 4/1/19

Prime Operating Company #018099

District Manager

Title

Date

020809	Sid Richardson Gasoline Company 201 Main Street Fort Worth, Tx 76102	1173530	G	K-19-25S-37E Gas Meter
IV. Produced Water				
POD		POD ULSTR Location and Description		
V. Well Completion Data				
Spud Date	Ready Date	TD	PSD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sucker Control	
VI. Well Test Data				
Date New OG	Gas Delivery Date	Test Date	Test Length	Test Pressure
Choke Size	OG	Water	Gas	AOF
<p>* I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.</p> <p>Signature: <i>Earl W. LeVerg</i></p> <p>Printed name: Earl W. LeVerg</p> <p>Title: District Manager</p> <p>Date: 11/1/95</p> <p>Phone: 915-682-5600</p> <p>* If data is a change of operator fill in the OGCARD number and name of the previous operator</p> <p>Previous Operator Signature: <i>Steven L. Burleson</i></p> <p>Previous Operator Name: Steven L. Burleson, Vice-President</p> <p>Date: 11/1/95</p> <p>LEWIS B. BURLESON, INC. #013300</p>				
<p>OIL CONSERVATION DIVISION</p> <p>Approved by: ORIGINAL SIGNATURE OF OIL CONSERVATION DIVISION</p> <p>Title: _____</p> <p>Approved Date: NOV 09 1995</p>				

WMP

NOV 1995
Received
Hobbs
OCC



✓
Std Richardson ~~Gardner~~ Gasoline Co. 7 1st City Bank Tower 201 Main Ft Worth, TX 76102
If well produces oil or liquids, give location of tank. Unit Sec Typ Rge Is gas actually connected? When? 7-25-84

If this production is commingled with that from any other lease or pool, give commingling order number:
IV. COMPLETION DATA SID RICHARDSON GASOLINE CO. - EH 3/1/93

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Ret'v	<input type="checkbox"/> Diff Ret'v
Due Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., R.K.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe				
Performance								

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (picot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sharon Beaver Production Clerk
Printed Name Sharon Beaver
Date November 4, 1991 (915)-683-2422
Telephone No. 714

OIL CONSERVATION DIVISION
NOV 15 1991
Date Approved _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR
Title _____
FOR RECORD ONLY APR 30 1993

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

NOV 07 1991

**UCU
HOBBS OFFICE**

E1 Paso Natural Gas Company ☐ in use ☐ Approved (Write address to which approved copy of this form is to be sent)
 If well produces oil or liquid, Unit Sec. Twp. Rge. P.O. Box 1492 E1 Paso, Texas 79978
 Give location of tanks. Is gas actually connected? Yes When? 7-25-84

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth						
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay						
Performances		Tubing Depth						
		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of local volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, back pw.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sharon Beaver
 Printed Name Sharon Beaver Production Clerk
 Title
 August 7, 1990 915/683-4747
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____
 By _____
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Sid Richardson Carbon & Gasoline Co. ☐ or by use ☐ Address (Give address to which approved copy of this form is to be sent)
 1st City Bank Tower 201 Main Ft. Worth, TX 76102
 If well produces oil or liquids, Unit Sec. Typ. Rge. Is gas actually connected? When?
 give location of tanks. **YES** **7-25-84**

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'	Diff Res'
Date Spudded								
Date Compl. Ready to Prod.			Total Depth					P.B.T.D.
Elevations (D.F., RKB, RT, GR, etc.)			Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth
Performances								Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
		SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sharon Beaver	Production Clerk	By ORIGINAL SIGNED BY JERRY SEXTON
Printed Name Sharon Beaver	Title Production Clerk	DISTRICT SUPERVISOR
Date March 27, 1990	915/ 683-4747	Date Approved APR 17 1990
Telephone No.		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

El Paso Natural Gas Company P. O. Box 1492 El Paso, Texas 79978

If well produces oil or liquids, give location of tank. Unit Sec. Twp. Rge. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv	Diff Resv
Date Spudded								
Date Compl. Ready to Prod.			Total Depth					P.B.T.D.
Elevations (D.F., R.K.B., RT., GR., etc.)			Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth
Performances								Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Sharon Beaver
Printed Name Sharon Beaver Title Production Clerk
Date 11/3/89 915/ 683-4747 Telephone No. _____

OIL CONSERVATION DIVISION	
Date Approved	NOV - 6 1989
By	ORIGINAL SIGNED BY JERRY SEXTON
	DISTRICT SUPERVISOR
Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P. O. Box 1384, Jal, NM 88252
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/> When
Unit	Sec.
Tw.	Rge.

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D.F., HKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

David S. Smith
(Signature)
Administrative Supervisor

OCT 31 1984
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV - 2 1984

BY *ORIGINATOR*
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and re-completed wells.

Fill out only sections I, II, III, and VI for change of own well name or number, or transporter, or other such change of credit. Separate forms C-104 must be filled for each pool in mult

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. LC-032581 (B)	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. DESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR CONOCO INC.		7. UNIT AGREEMENT NAME NMFU	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		8. FARM OR LEASE NAME SHOLES B-19	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FSL + 1980' FWE At top prod. interval reported below At total depth		9. WELL NO. 4	
14. PERMIT NO.		DATE ISSUED	
15. DATE SPUDDED 1/13/81		16. DATE T.D. REACHED 7/26/81	
17. DATE COMPL. (Ready to prod.) 2/8/84		18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 3071' GR	
19. ELEV. CASINGHEAD		10. FIELD AND POOL, OR WILDCAT JALMAT GAS	
20. TOTAL DEPTH, MD & TVD 13,500'		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 19, T25S, R37E	
21. PLUG, BACK T.D., MD & TVD 4050'		12. COUNTY OR PARISH LEA	
22. IF MULTIPLE COMPL., HOW MANY*		13. STATE NM	
23. INTERVALS DRILLED BY		24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 2766'-2850' JALMAT GAS	
25. WAS DIRECTIONAL SURVEY MADE		26. TYPE ELECTRIC AND OTHER LOGS RUN GR-CCL, CBL	
27. WAS WELL CORED		28. CASING RECORD (Report all strings set in well)	
29. LINER RECORD		30. TUBING RECORD	
31. PERFORATION RECORD (Interval, size and number) 2766', 72', 76', 86', 2800', 05', 11', 16', 40', 46', + 2850' w/ 1 JSPF		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. 2766'-2850' 30 BLS 15% HCL-NE-FE	
33. PRODUCTION		34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) PENDING CONNECTION.	
35. LIST OF ATTACHMENTS		36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
DATE FIRST PRODUCTION 2/8/84		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) FLOWING	
DATE OF TEST 2/12/84		WELL STATUS (Producing or shut-in) SHUT-IN	
HOURS TESTED 22	CHOKE SIZE —	PROD'N. FOR TEST PERIOD —	OIL—BBL. 0
FLOW. TURNING PRESS. 40	CASING PRESSURE 95	CALCULATED 24-HOUR RATE —	GAS—MCF. 267
OIL GRAVITY-API (CORR.) —		WATER—BBL. 0	
OIL—BBL. 0		GAS—MCF. 291	
WATER—BBL. 0		OIL GRAVITY-API (CORR.) —	
TEST WITNESSED BY K.G. HIND		ACCEPTED FOR RECORD RP	
SIGNED W.A. Butterfield		TITLE Administrative Supervisor	
DATE 5/18/84		NEW MEXICO	

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either as shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 38, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
YATES	2766'	2850' GAS	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED BY MAY 23 1984 O. C. D. ARTESIA, OFFICE </div>
			YATES
			GRAYBURG
			GOATSHEEP
			WOLFCAMP
			STRAWN
			Miss. CHERRY
			WOODFORD
			DEVONIAN
			FUSSELMAN
			SIMPSON
			ELLENBURGER

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒

El Paso Natural Gas Co. Unit Sec. Typ. Rge.

well produces oil or liquids, well location of tanks.

Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, NM 88252

Is gas actually connected? No

This production is commingled with that from any other lease or pool, give commingling order number.

COMPLETION DATA

Designate Type of Completion - ☒ Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Reservoir, Diff. Reservoir

One Spudded 1/13/81 Date Comm. Ready to Prod. 2/8/84

Sections (Def. RKB, RT, CR, etc.) Name of Producing Formation Jalmat

3071 GR

Top Oil/Gas Pay 2766

Depth Casing Shoe 2878

2766', 72', 76', 86', 2800', 05', 11', 16', 40', 46', & 2850'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 3/4	13 3/8	1050	1835
12 1/4	9 5/8	4360	1490
8 3/4	7	13500	1973
	2 3/8	2878	

EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all well)

Oil Well

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Water-Bbls.

Gas-MCF

Oil Well

During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

AS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

267

22 hrs.

0

Casing Method (Pulv, back pr.)

Tubing Pressure (Shot-Job)

Casing Pressure (Shot-Job)

Choke Size

Flowing

40

95

CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given over is true and complete to the best of my knowledge and belief.

APPROVED

AUG 13 1984

BY

Oil Conservation Division

Supervisor

Signature

Adm. Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL + 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|--------------------------|--------------------------|-----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) COMPLETE | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |

5. LEASE
LC-032581 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
SHOLES B-19 Cam
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
JALMAT GAS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T25S, R37E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRU 1/18/84. SET CMT RETAINER @ 8700'. SQUEEZED PERFS 8742'- 8814' w/100 SXS CLASS "H". SPOTTED 25 SXS CLASS "H" PLUGS @ 5696' + 4457'. SPOTTED 5 BBLs 15% HCL-NE-FE. PERF w/ 1 JSPF @ 2766', 72', 76', 86', 2800', 05', 11', 16', 40', 46', + 2850'. SET PKR @ 2673'. ACIDIZED PERFS w/ 22 BBLs (ATTACHMENT)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Wm A. Butler TITLE Administrative Supervisor DATE 4/25/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 1 1984

SHOLES B-19 #4

15% HCL-NE-FE. FLUSHED W/17 BBLs 9 PPG BRINE.
REL PKR. RAN CBL 3450' - 4460'. PERF W/4 JSPF
@ 4100'. SET CMT RETAINER @ 4050'. SQUEEZED
W/200 SXS CLASS "H". SET PKR @ 2606. PMPD
500 SXS CLASS "H". DO CMT 2610' - 2850'. SET
CMT RETAINER @ 2701'. PMPD 180 SXS CLASS "C"
FOLLOWED BY 100 SXS THIXOTROPIC CMT. RAN TEMP
SURVEY. TOC @ 2350'. DO TO 2775'. RAN BIT
TO 3000'. PERF W/1 JSPF @ 2766', 72', 76', 86',
2800', 05', 11', 16', 40', 46', + 2850'. SET PKR @ 2541'.
ACIDIZED W/30 BBLs 15% HCL-NE-FE. REL PKR.
SAND FRAC'D W/GELLED TFW + CO₂. SWBD. RAN
PROD EQUIP. WELL FLOWED 525 MCF AOF ON
2/16/84. WELL SHUT-IN PENDING GAS CONNECTION.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

LC-032581 (B)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL + 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☒

ABANDON* ☐

(other) ☐

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SHOLES B-19 Com

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

JALMAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 19, T-25S, R-37E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KB, AND WD)

(NOTE: Report results of multiple completions or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

PLEASE SEE ATTACHED PROCEDURE.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE 12/20/83

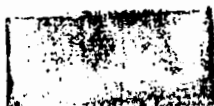
APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL: JAN 11 1984



RECEIVED
JAN 12 1984
O.C.D.
HOBBS OFFICE

SHOLES B-19 NO. 4

JALMAT RECOMPLETION

TD: 13,500' PBD: 10,335' ELEVATION: 3086' DF ZERO: 16' AGL

LOCATION: 1980' FSL & 1980' FWL, Sec. 19, T-25S, R-37E Lea County, NM

CASING: 20", 94#/ft, K-55 Conductor @ 40' w/5 CY Concrete
13-3/8", 54.5#/ft, K-55 @ 1050' w/1685 sxs
9-5/8", 43.5#/ft, C-75 @ 4360' w/1490 sxs
7", 29#/ft, C-75 & L-80 @ 13,500' w/1973 sxs circ.

PERFORATIONS: (Strawn) 8742', 46', 49', 55', 58', 63', 66', 68', 72', 8804', and
8814' w/1 JSPF Total: 11 Perforations

RECOMMENDED PROCEDURE:

1. MIRU, kill well if necessary w/clean 9.0# brine w/1:1000 Adomall and install BOP.
2. GIH w/6" drill bit, 7" casing scraper and 2-7/8" tubing, clean out to +8720'.
3. POOH w/2-7/8" tubing, 7" casing scraper and 6" drill bit.
4. Rig up wireline services.
 - A. GIH w/7" cement retainer, CCL and wireline.
 - B. Set cement retainer @ +8700'.NOTE: Casing collars @ 8633, 8675, 8716, 8759 and 8801. DV tool @ 8590'.
 - C. POOH w/wireline and CCL.
5. GIH w/stinger sub and 2-7/8" tubing to +8700'.
 - A. Circulate hole clean with 9.0# brine w/1:1000 Adomall.
 - B. Sting into cement retainer @ +8700' and pressure up on backside to +500 psi.
 - C. Establish pump in rate and squeeze Strawn perforations from 8742'-8814' w/100 sacks class H neat cement (1.18 ft³/sk yield), squeeze pressure not to exceed 2000 psi.
 - D. Sting out of retainer and dump +11' (2 sxs) on top of 7" cement retainer.
 - E. Circulate excess cement out and displace well bore w/gelled 9.0# brine (25 sxs gel/100 bbls).
6. Spot +24 sxs class C cement w/2% CaCl₂ from +5700' to 5550' (150').
7. Spot +24 sxs class C cement w/2% CaCl₂ from 4450' to 4300' (150').
8. NOTE: Allow a minimum of 12 hrs. curing time for cement plugs prior to proceeding.
NOTE: All completion water from this stage on, shall be filtered.

9. Tag top of cement plug @ +4300' and circulate hole clean w/9.0# brine w/1:1000 Adomall and 1:1000 Claymaster 3.
10. Spot +168 gals (4.0 bbls) 15% NE-FE-HCl acid inhibited for 48 hours @ 90°F from +2853' to +2745', POOH w/2-7/8" tubing and stinger sub.
11. Rig up perforating services.
 - A. GIH w/GR-CCL log and wireline.
 - B. Log from +3100' to 2600'.
 - C. POOH w/wireline and logging tools.
 - D. GIH w/4" decentralized hollow carrier casing gun loaded select fire as follows: (0° phasing, 0.50" EHD and 13.0# TTP minimum, 1 JSPF) CCL & wireline.
 - E. Perforate from top to bottom as follows: 2766, 2772, 2776, 2786, 2800+, 2805, 2811, 2816, 2840, 2846, and 2850 w/1 JSPF. (Total: 11 Perforations)
 - F. POOH w/wireline and casing gun.
12. GIH w/5-1/2" treating packer, SN and 2-7/8" tubing.
 - A. Hydrotest tubing in hole to 6000 psi above the slips.
 - B. Load backside w/9.0# brine w/1:1000 Adomall and Claymaster 3.
 - C. Pressure up on backside to 1000 psi.
13. Rig up acidizing services to acidize w/+924 gals (22 bbls) 15% NE-FE-HCl acid inhibited for 24 hours @ 90°F as follows:
NOTE: Monitor backside pressures during acidizing.
Maximum surface pressures not to exceed attached chart.
 - A. Pump in 924 gals (22 bbls) acid @ 8-10 BPM dropping 2 each 7/8" RCN ballsealers (1.3 Sg) after each 2 barrels acid pumped (Total: 22 ballsealers). Attempt ballout.
 - B. Flush to perforations w/+24 bbls 9.0# brine w/1:1000 Adomall and Claymaster 3.
 - C. Shut well in 1 hour minimum.
14. Release packer @ 2660'.
 - A. GIH w/packer knocking off ballsealers.
 - B. POOH w/2-7/8" tubing and 7" treating packer.
 - C. Lay down 2-7/8" tubing.
15. GIH w/SN, 2-3/8" tubing and blast joint, set SN @ +2760'. (Blast joint dimensions - 3.062" OD - 1.995" OD).
16. Swab well down as low as possible and load tubing w/100% CO₂.
17. Fracture treat interval 2766'-2850' w/gelled 2% KCL TFW, methanol and CO₂ down casing-tubing annulus @ 23 BPM as follows:

NOTE: Anticipated surface pressure @ 23 BPM is 1400 psi.

Maximum allowable surface treating pressure - 6528 psi.

- A. Pump in 4,000 gals frac fluid * pad.
- B. Pump in 500 gals frac fluid * w/1.0 ppg 20/40 sand.
- C. Pump in 500 gals frac fluid * w/1.5 ppg 20/40 sand.
- D. Pump in 2,000 gals frac fluid * w/2.0 ppg 20/40 sand.
- E. Pump in 4,500 gals frac fluid * w/2.5 ppg 20/40 sand.
- F. Pump in 10,000 gals frac fluid * w/3.0 ppg 20/40 sand.
- G. Pump in 2500 gals frac fluid * w/3.0 ppg 10/20 sand.
- H. Flush w/3,815 gals (16.1 tons) 100% CO₂.

NOTE: Sand concentrations at blender will be twice the amount shown above.

*FRAC FLUID COMPOSITION PER 1000 GALS (HALLIBURTON OR EQUIVALENT)

2% KCL TFW	--	350 gals	
Methanol	--	150 gals	
CO ₂ (10,000 gals = 42.2 tons)	--	500 gals	
WG-11 (50# system TFW & methanol only)	--	25 lbs	
Adomite Aqua (TFW & methanol only)	--	25 lbs	
Frac flow CS (TFW only)	--	.35 gal	
Bactericide (Not Adomall - TFW only)	--	.35 gal	
Clay Sta II (TFW only)	--	.35 gal	
CW-1 (TFW only)	--	3.5 lbs	
2 hr. breaker	--As Recommended		
<hr/>			
Total TFW	--	8400 gals	
Total Methanol	--	3600 gals	
Total CO ₂	--	<u>12,000 gals</u>	51 Tons
Total Gals Frac Fluid w/Pad		24,000 gals	
<hr/>			
Additional CO ₂ - Load Tbg, Flush & Cool Down			25 Tons
Total CO ₂			<u>76 Tons</u>
<hr/>			
Total 20/40 Sand	--	46,500 lbs	
Total 10/20 Sand	--	7,500 lbs	

NOTE: ABOVE QUANTITIES ARE MINIMUM REQUIRED

- 18. Shut well in for 2 hours and proceed to Step 19.
(NOTE: Do not shut in well overnight).

19. Install choke, open well and bleed well slowly to pit.
 - A. If well continues to flow, do not shut in.
20. Swab back remaining load if necessary.
21. Report results to Engineering.

Form 9-331
Dec. 1973

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

Form Approved.

Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FWL

AT TOP PROD. INTERVAL: ☒

AT TOTAL DEPTH: ☒

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

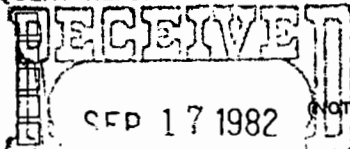
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☒

(other) New procedure

SUBSEQUENT REPORT OF:



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE

LC-032581 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Sholes B-19 Com.

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Undesignated Devonian Ellenburger

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 19, T-25S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Set cmt. retainer at 8700'. Squeeze Strawn w/100sx class 'C' cmt. Spot 25' cmt. on top of retainer. Spot 50 sx class 'C' cmt. from 6600' to 6200'. Spot 50 sx class 'C' cmt from 4450' to 4130'. If free point found above 1500', rig down casing jacks. If free point below 1500', back off csg at joint above free point & POOH. If 7" csg removed, spot 50 sx class 'C' cmt from 100' below top of 7" csg to 100' above top of 7" csg. If csg left intact, spot 50 sx cmt plug from 2200' to 1880'. GIH w/2 3/8" tbg and spot 50 sx class 'C' neat cmt. from 316' (7") or 157' (9 5/8") to surface. Rig down. Erect P&A marker. Clean up location.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED

James A. Gillham
APPROVED

TITLE Administrative Supervisor

DATE

9-15-82

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY

SEP 22 1982

TITLE

DATE

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR *See Instructions on Reverse Side

Name of Authorized Transporter of Gasinehead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company				Address (Give address to which approved copy of this form is to be sent)	Jal, NM
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	19	25S	37E	Yes	1-13-82

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir, Diff. Res.
Date Spudded	1-13-81	Date Compl. Ready to Prod.	1-4-82				
Elevations (D.F., M.K.B., R.T., C.R., etc.)	3086' DF	Name of Producing Formation	Strawn				
Perforations	8742' - 8814'	Total	11 holes				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	1050'	1835 SX
12 1/4"	9 5/8"	4360'	1490 SX
8 1/2"	7"	13,500'	1973 SX
	2 3/8"	8600'	

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dbls. Condensate/MCF	Gravity of Condensate
65 MCF	24 hours	4	
Testing Method (Pencil, back prod.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size
Plunger Lift			

1. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION

APPROVED **AUG 17 1982**, 19

BY **ORIGINAL**

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of condition.

Separate forms C-104 must be filed for each pool in multi-

Administrative Supervisor

James A. Allen
(Signature)

8/11/82

(Date)

RECEIVED
AUG 12 1982
FBI - NEW YORK



Production Department
Hobbs Division
Western Hemisphere Petroleum Division

Conoco Inc.
P.O. Box 460
726 E. Michigan
Hobbs, NM 88240
(505) 393-4141

New Mexico Oil Conservation Division
P. O. Box 1980
Hobbs, NM 88240

Gentlemen:

In compliance with New Mexico Oil Conservation Division Rule III,
we are submitting the attached list of deviation surveys taken on
Conoco Inc. Sholes B-19 Com. No. 4, located Unit K Section 19,
Township 25S, Range 37E, Lea County, New Mexico.

Yours very truly,

Jane A. Hier
Administrative Supervisor

Subscribed and sworn to before me, a Notary Public, in and for Lea
County, New Mexico, this 11th day of August, 1982.

4/11/84
My Commission Expires

Cecil L. Johnson
Notary Public

<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>	<u>DEPTH</u>	<u>DEGREE</u>
<u>156'</u>	<u>1/2</u>	<u>3469'</u>	<u>1 1/4</u>	<u>7794'</u>	<u>5</u>
<u>249'</u>	<u>3/4</u>	<u>4046'</u>	<u>1</u>	<u>7835'</u>	<u>5 1/4</u>
<u>380'</u>	<u>3/4</u>	<u>4136'</u>	<u>1</u>	<u>7896'</u>	<u>6</u>
<u>464'</u>	<u>1</u>	<u>4360'</u>	<u>1/2</u>	<u>7934'</u>	<u>6</u>
<u>622'</u>	<u>3/4</u>	<u>4554'</u>	<u>3/4</u>	<u>7950'</u>	<u>6</u>
<u>744'</u>	<u>3/4</u>	<u>4896'</u>	<u>3/4</u>	<u>7990'</u>	<u>6</u>
<u>985'</u>	<u>2</u>	<u>5147'</u>	<u>3/4</u>	<u>8022'</u>	<u>6</u>
<u>1168'</u>	<u>3 1/2</u>	<u>5634'</u>	<u>3/4</u>	<u>8045'</u>	<u>6</u>
<u>1229'</u>	<u>2 1/2</u>	<u>6064'</u>	<u>1 1/4</u>	<u>8083'</u>	<u>6</u>
<u>1353'</u>	<u>2</u>	<u>6211'</u>	<u>1</u>	<u>8146'</u>	<u>6</u>
<u>1416'</u>	<u>2</u>	<u>6468'</u>	<u>3/4</u>	<u>8202'</u>	<u>6</u>
<u>1479'</u>	<u>2</u>	<u>6633'</u>	<u>1 3/4</u>	<u>8271'</u>	<u>6</u>
<u>1542'</u>	<u>2 1/4</u>	<u>6835'</u>	<u>3</u>	<u>8362'</u>	<u>5 1/2</u>
<u>1761'</u>	<u>2 1/4</u>	<u>6880'</u>	<u>4</u>	<u>8520'</u>	<u>4</u>
<u>1855'</u>	<u>2</u>	<u>6926'</u>	<u>4</u>	<u>8648'</u>	<u>3 1/2</u>
<u>1949'</u>	<u>2 1/4</u>	<u>6950'</u>	<u>4 1/4</u>	<u>8751'</u>	<u>3 3/4</u>
<u>1967'</u>	<u>2</u>	<u>6985'</u>	<u>3 3/4</u>	<u>8870'</u>	<u>4</u>
<u>2041'</u>	<u>1 1/4</u>	<u>7030'</u>	<u>4</u>	<u>8972'</u>	<u>3</u>
<u>2135'</u>	<u>1 1/4</u>	<u>7076'</u>	<u>3 1/4</u>	<u>9060'</u>	<u>2 1/2</u>
<u>2229'</u>	<u>1 1/4</u>	<u>7144'</u>	<u>3 1/4</u>	<u>9300'</u>	<u>1 3/4</u>
<u>2323'</u>	<u>1 1/4</u>	<u>7230'</u>	<u>3 1/2</u>	<u>9687'</u>	<u>4</u>
<u>2447'</u>	<u>1 1/4</u>	<u>7300'</u>	<u>3 1/4</u>	<u>9806'</u>	<u>3 1/2</u>
<u>2541'</u>	<u>1/2</u>	<u>7323'</u>	<u>3 1/2</u>	<u>9906'</u>	<u>4</u>
<u>2616'</u>	<u>1/2</u>	<u>7360'</u>	<u>3 1/2</u>	<u>10425'</u>	<u>12</u>
<u>2678'</u>	<u>1/2</u>	<u>7385'</u>	<u>3 1/2</u>	<u>10650'</u>	<u>10</u>
<u>2789'</u>	<u>1</u>	<u>7489'</u>	<u>3 1/2</u>	<u>10802'</u>	<u>9</u>
<u>2883'</u>	<u>3/4</u>	<u>7527'</u>	<u>4</u>	<u>11210'</u>	<u>6</u>
<u>2977'</u>	<u>1/2</u>	<u>7558'</u>	<u>3 1/2</u>	<u>11792'</u>	<u>4</u>
<u>3064'</u>	<u>3/4</u>	<u>7610'</u>	<u>3 3/4</u>	<u>12382'</u>	<u>8</u>
<u>2953'</u>	<u>1</u>	<u>7689'</u>	<u>4 3/4</u>	<u>12910'</u>	<u>18</u>
<u>3072'</u>	<u>4</u>	<u>7740'</u>	<u>4 1/4</u>		
<u>3353'</u>	<u>1 3/4</u>	<u>7777'</u>	<u>5</u>		

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FWL

AT TOP PROD. INTERVAL: ☒AT TOTAL DEPTH: ☒

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) TD and production csg. ☒☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-032581(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Sholes B-19 Com

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Undesignated Devonian & Ellenburger

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 19, T-25S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Reached TD of 13,500' on 7/26/81. Ran 7", 29#, C-75 & L-80 buttress csg. set at 13,500'. Cmt'd in 2 stages: 1st stage: 727sx Class H cmt. 2nd stage: 776sx Class H lite, tail w/ 470sx Class H. Did not circulate cmt. TOC to be determined when completion activities begin.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED

Roger A. Chapman

TITLE

Administrative Supervisor

DATE

August 3, 1981

ROGER A. CHAPMAN

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL

AUG 7 1981

TITLE

DATE

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

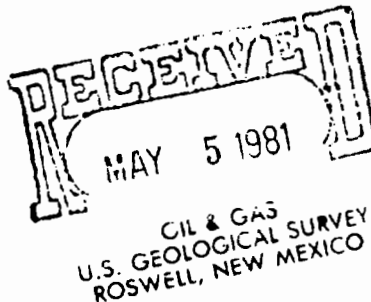
USGS
NMFUS
File

L. P. Thompson
Division Manager

John R. Kemp
Assistant Division Manager

Production Department
Hobbs Division
North American Production

Conoco Inc.
P. O. Box 460
1001 North Turner
Hobbs, NM 88240
(505) 393-4141



RECEIVED
MAY 11 1981

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

April 28, 1981

United States Department of the Interior
Geological Survey
P. O. Box 1157
Hobbs, New Mexico 88240

Attention: Mr. Jim Gillham, District Supervisor

Dear Sir:

19-255-37E

This letter is in reference to our subsequent report of March 31, 1981, concerning the cement job on the intermediate casing string on our Sholes B-19 Com. Well No. 4. The subsequent report was approved by Peter Chester of the USGS in Roswell on April 21, 1981, with the stipulation that cement must be circulated to the surface if the TOC was not 50' above the 13 3/8" casingshoe.

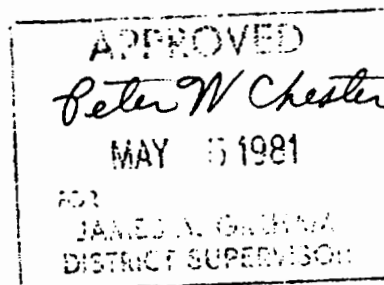
To determine the actual TOC, a cement bond log must be run. However, due to the recovery of approximately 12 of the 20 bbls. of pre-flush and the depth of the 13 3/8" surface casing (1,050'), we feel the stipulation has been met. The TOC is estimated to be 383' KB.

Please advise if this will satisfy the USGS requirements and eliminate the need for the cement bond log.

Yours very truly,

A handwritten signature in cursive script, appearing to read "L. P. Thompson".

JDC:agm



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) change acreage dedication

RECEIVED
MAY 5 1981
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We are changing the acreage dedicated to this well from the west half of Section 19 to the south half of the section. See attached acreage dedication plats.

Subsurface Safety Valve: Manu. and Type _____

18. I hereby certify that the foregoing is true and correct

SIGNED W. E. Bingham for Administrative Supervisor

DATE May 1, 1981

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

JAMES A. GILLHAM
DISTRICT SUPERVISOR

TITLE _____ DATE _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different level. Use Form 9-331-G for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P.O. Box 240, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1920' FSL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) ran intermediate csg. ☒

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒

APR 1 1981

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 9 5/8", 43.5#, C-75, buttress csg. set at 5460' ⁴³⁶⁰ Contd in 2 stages.

1st stage: 1906x Howco Lite, tail w/ 200sx Class C.

2nd stage: 1100sx Class C life.

Did not circulate. ✕

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED John D. Butterfield TITLE Administrative Supervisor DATE March 31, 1981

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL

ACCEPTED FOR RECORD

PETER W. CHESTER

APR 21 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

TITLE

DATE

* Circulate to surface if TOC is not 50' above 13 3/8" casing shoe.

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐ **RECEIVED**

2. NAME OF OPERATOR
CONOCO INC. **APR 1 1981**

3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 07 below.)
AT SURFACE: 1980' FSL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) information only

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-032581(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sholes B-19 Com.

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Undesignated Devonian, Ellenburger

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-25S, R-37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Sundry notice of March 31, 1981 reported intermediate casing TD of 5460'
The correct depth is 4360'

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE April 1, 1981

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
APR 3 1981
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ran surface csq. ☒

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

☒

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spud date 1/13/81. Ran 13 3/8", K-SS, STC csq set at 1050'. Cmt'd w/ 1635s.
Class Cmt, tail in w/ 200sx Class C. Circ. 150sx to surface.

5. LEASE

LC-032581 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sholes B-19 Com

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Undesignated Devonian & Ellenburger

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 19, T-25S, R-37E

12. COUNTY OR PARISH

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

FEB 11 1981
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Wm A. Dutton TITLE Administrative Supervisor DATE February 9, 1981

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

PETER W. CLEPPER

FEB 17 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side

USGS 5
ARCO 2
File

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND

REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

JAN 23 1981

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) change name ☒

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-032581(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sholes B-19 Aft Com

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Undesignated Devonian Ellenburger

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 19, T-25S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We request approval to change the name of the subject well to Sholes B-19 Com. No. 4. The well was originally approved November 3, 1980.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED W. A. T. Butterfield TITLE Administrative Supervisor DATE January 23, 1981

APPROVED BY _____ (This space for Federal or State office use)

APPROVED BY W. A. T. Butterfield TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 26 1981

USGS 5
ARCO
File

(See Instructions on Reverse Side)

COPY TO O. G. C.

SUBMIT IN TRIPLI
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1425.

30 025-27143

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. TYPE OF WELL
OIL WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☒

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface 1980' FSL & 1980' FWL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8"	54.5 #	1050'	835 SK. CIRCULATE
12 1/4"	9 5/8"	43.5 #	4200'	1107 SK. CIRCULATE
8 1/2"	7"	26 #, 29 #	13,000'	1634 SK.

It is proposed to drill a straight hole to a TD of 13,000' and complete it as a Devonian/Ellenburger gas well.

See attachments for 10-pt. well plan and 13-pt. surface use plan.

Acres is dedicated to a purchaser.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 10/15/80

(This space for Federal or State office use)

PERMIT NO. APPROVAL DATE

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS 4
EPNG 1
File 1
Relsefile 2

*See Instructions On Reverse Side

W MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

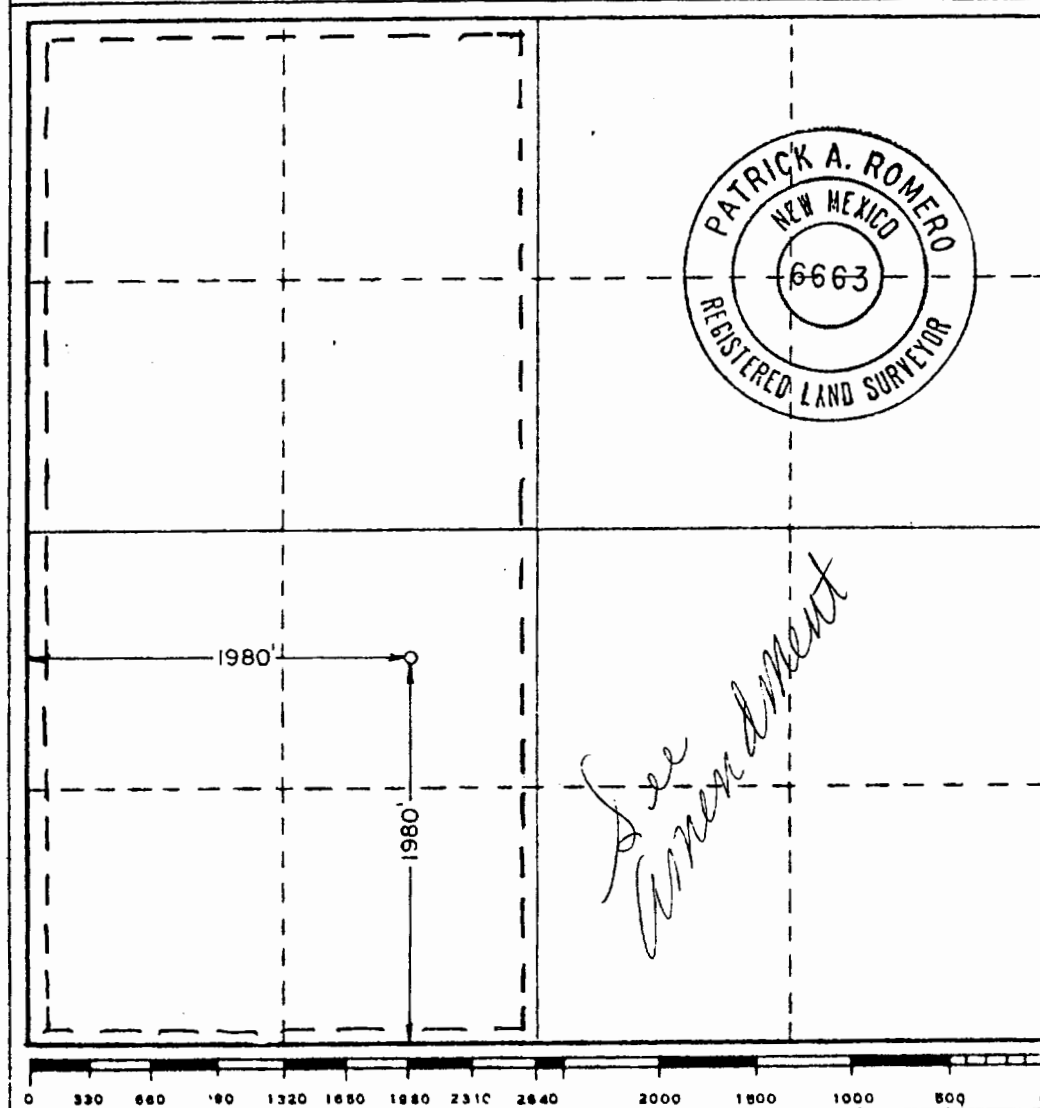
Operator CONOCO, INC.,		Lease Sholes B 19 Account 1		Well No. 4
Unit Letter K	Section 19	Township 25 South	Range 37 East	County Lea
Actual Footage Location of Well: 1980 feet from the south line and 1980 feet from the West line				
Ground Level Elev. 3071.2	Producing Formation Devonian	Pool Undesignated Devonian	Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
X Patrick A. Romero
Position
Administrative Supervisor
Company
CONOCO INC
Date
10/17/80

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 knowledge and belief.

Date Surveyed
September 15, 1980
Registered Professional Engineer and/or Land Surveyor
Patrick A. Romero
Certificate No. **JOHN W. WEST 676**
PATRICK A. ROMERO 6663
Ronald J. Eidson 3239

MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

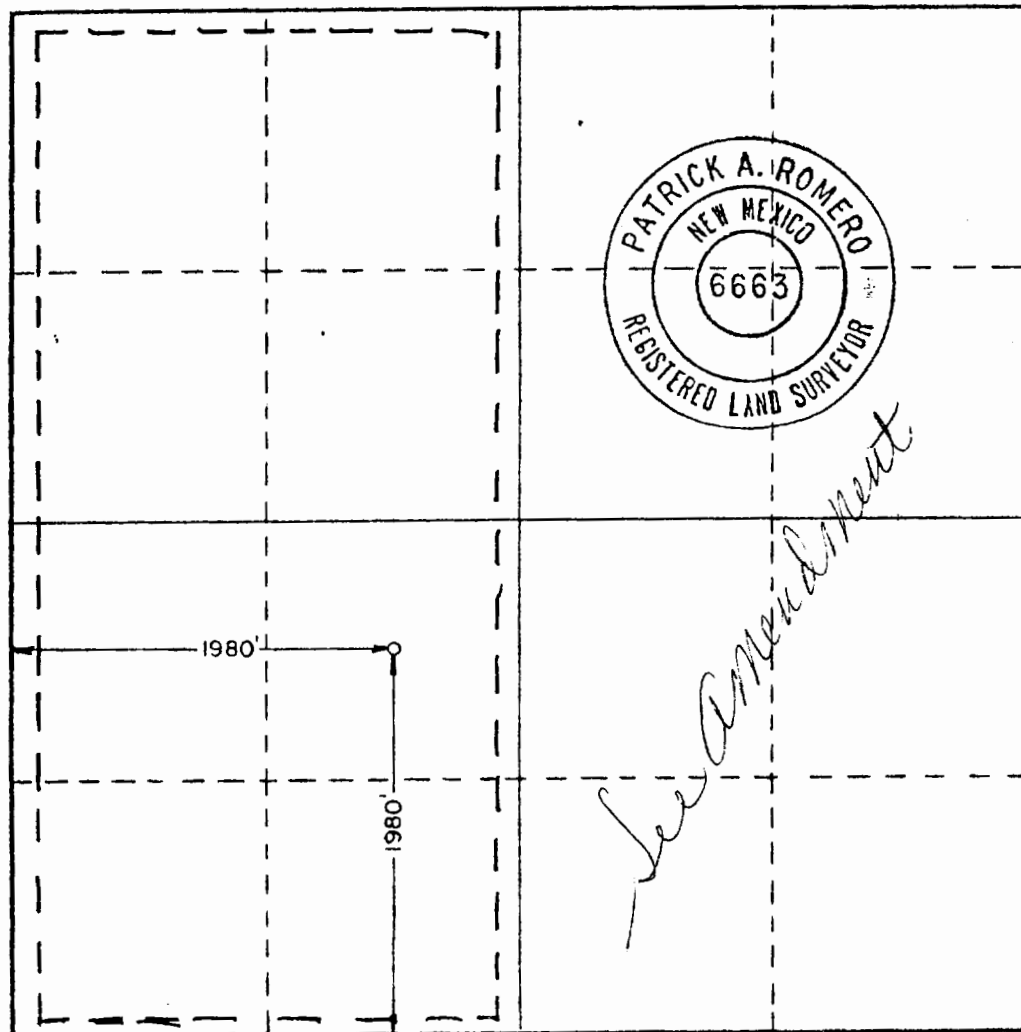
Operator CONOCO, INC.,		Lease Sholes B 19 Account 1		Well No. 4
Unit Letter K	Section 19	Township 25 South	Range 37 East	County Lea
Actual Footage Location of Well: 1980 feet from the south line and 1980 feet from the West line				
Ground Level Elev. 3071.2	Producing Formation Ellenburger	Pool Undesignated Ellenburger	Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
X. W. A. Butterfield
Position
Administrative Supervisor
Company
Conoco Inc.

Date
October 15, 1980

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 knowledge and belief.

Date Surveyed
September 15, 1980

Registered Professional Engineer
and/or Land Surveyor

Patrick A. Romero
Certificate No. **JOHN W. WEST 676**
PATRICK A. ROMERO 6663
Ronald J. Eidson 3239

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600

ATTACHMENT TO FORM 9-331 C
APPLICATION FOR PERMIT TO DRILL

Conoco Inc.
Sholes B-19 Ac/1 No. 4
Sec. 19, T-25S, R-37E
Lea County, New Mexico

1. The geologic name of the surface formation is Ogallala - Surface Water.
2. The estimated tops of important geologic markers are shown on the attached Proposed Well Plan.
3. The estimated depths at which anticipated water, oil, gas or other mineral-bearing formations to be encountered are shown on attached Proposed Well Plan.
4. The proposed casing program is as follows:
 - 0' - 1,050' 13 3/8", 54.5#, K-55, STC
 - 0' - 4,200' 9 5/8", 43.5#, C-75, LTC
 - 0' - 13,000' 7", 26# & 29#, L-80, LTC & BTRC
5. A drawing of an API Series 900 Blowout Preventer Specification is attached. Pipe rams and blinds will be checked to 1,000 PSI for 30 minutes when BOP is installed. BOP will be checked when casing string is set and operated daily for checks.
6. The proposed mud program is as follows:
 - 0' - 1,050' 8.5 - 9.0 ppg, Spud mud
 - 1050' - 4,200' 9.0 - 9.5 ppg, Salt gel
 - 4200' - 13,000' 9.0 - 10.0 ppg, Fresh water
7. The auxiliary equipment to be used is:
 - (1) kelly cocks
 - (2) floats at the bit
8. It is proposed to run GR CAL CNL FDC PDC logs at selected intervals.
9. No abnormal pressures or temperatures are expected to be encountered in this well.
10. The anticipated starting date is November 1, 1980 with a duration of approximately 100 days.

OPENED WELL PLAN OUTLINE

WELL NAME: SHOLES B-19 AC/1 NO. 4

COUNTY: LEA

LOCATION: 1980' ESL & 1980' FWL
Sec. 19, T-25S, R-37E

STATE: NM

EST. KB: 3070'

EST. GL: 3055'

DEPTH	FORMATION TOPS & TYPE	DRILLING PROBLEMS	TYPE OF FORMATION EVALUATION	HOLE SIZE (IN)	CASING		FRACTURE PRESSURE GRADIENT (PPG)	FORMATION PRESSURE GRADIENT (PPG)	MUD	
					SIZE (IN)	DEPTH (FT)			(PPG) WEIGHT	
	Ogallala- Surface Water	ss 150'-450'	Geograph Deviation		54.5# K-55 STC			8.5-	8.5-	
	Rustler Anhy.	1000'	0'-TD	17-1/2	13-3/8	1050'		9.0	9.0	Sp
	Salado Salt	1100'	Samples every 10' from 2650'-TD							
2000			BHC-GR 2" & 5"							
			0'-4200'							
	Base Salt	2550'*	DLL-GR							
	Yates SS	2670'*	CNL-FDC-GR-CAL.		43.5# C-75					
	Goat Seep Reef	3500'***	2" & 5" Scales		LTC			8.5-	9.0-	Sa
4000			1100'-4200'	12-1/4	9-5/8	4200'	12-13	9.0	9.5	Ge
	Bone Springs	4980'	2-man mudlogger on at 3500'-TD							
6000										
8000	Wolfcamp LS	7880'								
	Barnett SH	8550'								
10,000	Devonian Dolo.	9570' (-6500')	2-DST's in Dev.							
	Fusselman Dolo.	10,420'	DLL-MSFL-GR							
	Montoya Dolo.	10,990'	CNL-FDC-GR-CAL.		26#					
	Simpson SS	11,370'	BHC-GR		L-80	10,000'				
			2" & 5"		BTRC					
12,000			4200'-13,000'		29#					
	Ellenburger Dolo.	12,300'	Dipmeter		L-80	3,000'				
		(-9230')	8000'-13,000'		LTC			9.0-	9.0-	Fre
	TD - 13,000'		1-DST in Ellbgr.	8-1/2	7"	13,000'	12-13	9.5	10.0	Wat Low Sol
			PDC - Selected Intervals							
			DST - Selected Intervals							

*Yates - low pressure +300 psi.

10/1/00
NOV 1 01:40
10/1/00

10/1/00
10/1/00
10/1/00

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-10
Supersedes
Effective 1-1-80

All distances must be from the outer boundaries of the Section.

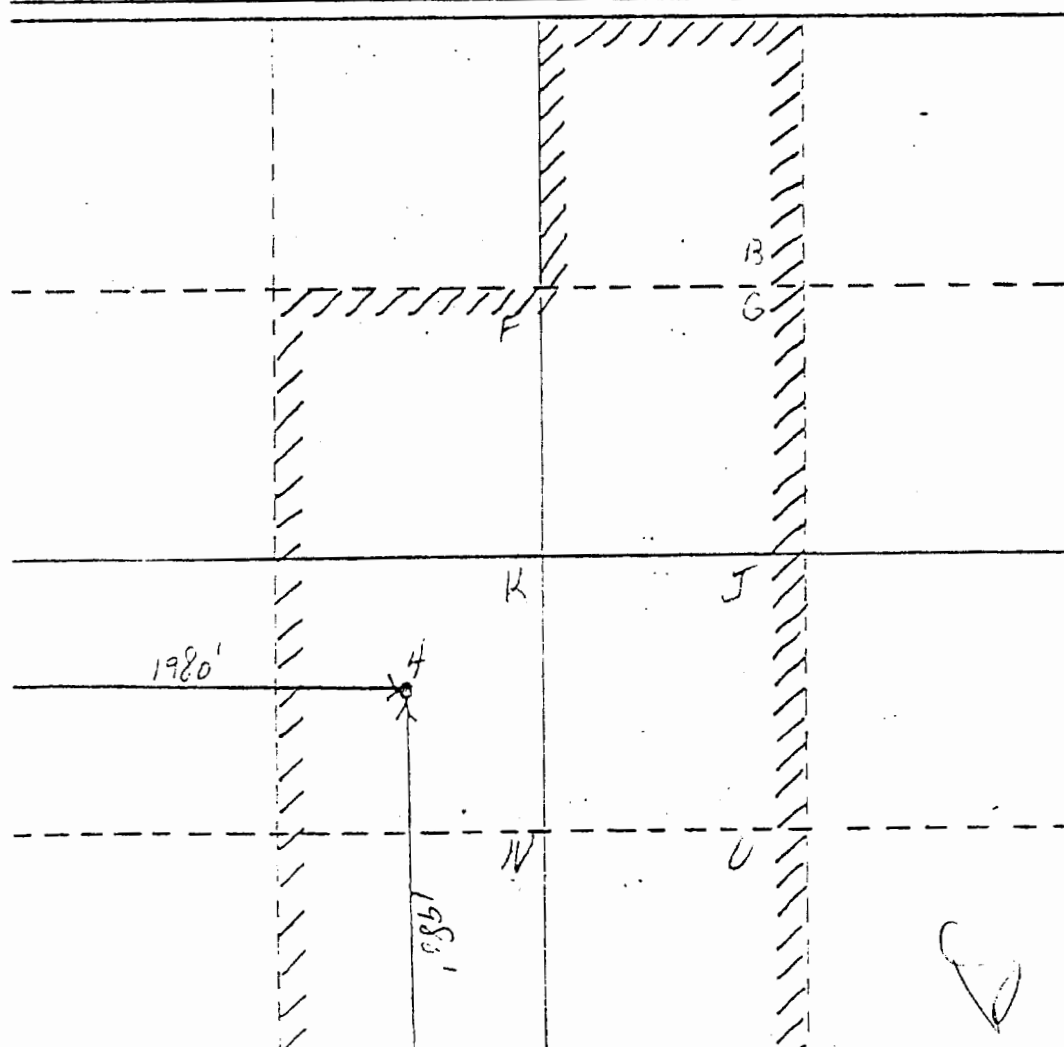
Lessor Conoco Inc.		Lessee Sholes B-19		Well No. 4
Section Letter K	Section 19	Township 25-S	Range 37-E	County Lea
Actual Footage Location of Well:				
1980	feet from the South	line and	1980	feet from the West
Ground Level Elev.	Producing Formation Yates	Foot	Dedicated Acreage: 280	
			Jalmat Yates 7 Rivers Qu.	
			Acre:	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
Daniel D. Paul
Position
Administrative Supervisor
Company
Conoco Inc.
Date
August 1, 1984

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 knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-85

All distances must be from the outer boundaries of the Section.

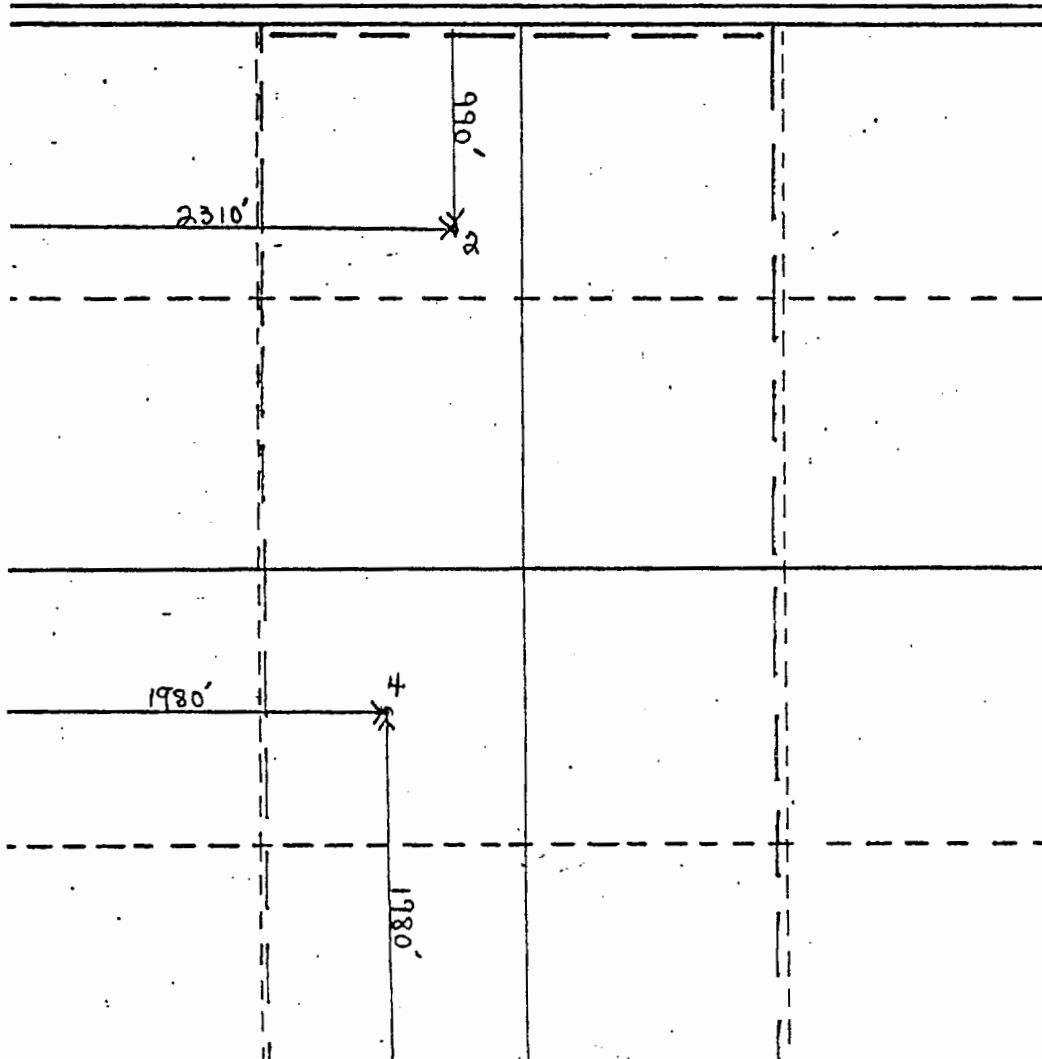
Operator CONOCO INC.			Lease Sholes B-19		Well No. 2
Section Letter C	Section 19	Township 25-S	Range 37-E	County Lea	
Actual Footage Location of Well:					
990 feet from the North line and		2310 feet from the West line			
Under Level Elev.	Producing Formation YATES	Pool Jalmat Yts TRURS Qu.	Dedicated Acreage: 320 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
David L. Lujan
Position
Administrative Supervisor
Company
Conoco Inc.
Date
JAN 19 1984

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 knowledge and belief.

Date Surveyed _____
Registered Professional Engineer and/or Land Surveyor _____

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION, LAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

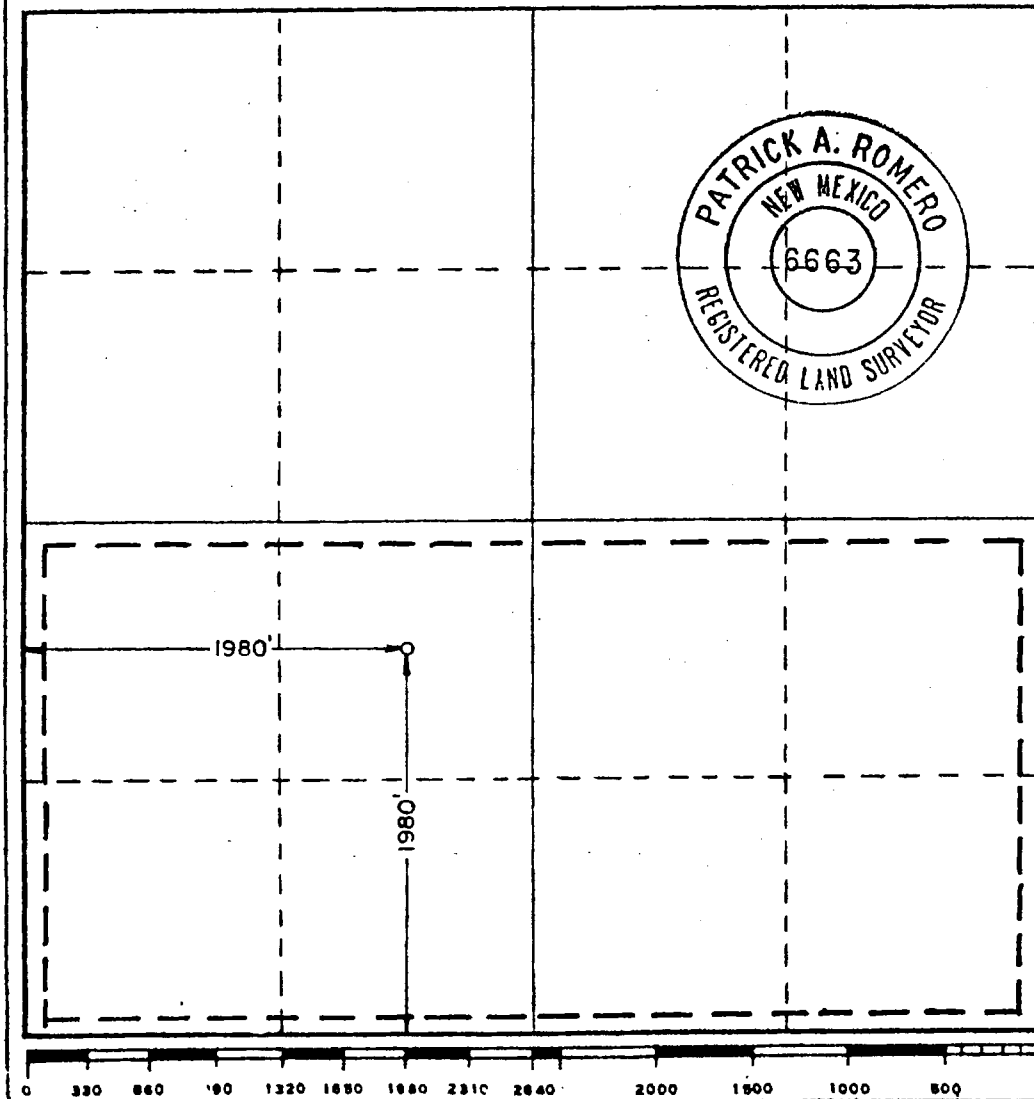
Operator CONOCO, INC.,		Lease Sholes B 19 Account ^{Com.}		Well No. 4
Unit Letter K	Section 19	Township 25 South	Range 37 East	County Lea
Actual Footage Location of Well: 1980 feet from the south line and 1980 feet from the West line				
Ground Level Elev. 3071.2	Producing Formation Devonian	Pool Undesignated Devonian	Dedicated Acreage: 320 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name
R. E. Bingham
Position
Administrative Supervisor
Company
Conoco Inc.

Date
May 1, 1981

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 knowledge and belief.

Date Surveyed
September 15, 1980

Registered Professional Engineer
and/or Land Surveyor

Patrick A. Romero
Certificate No. **JOHN W. WEST 678**
PATRICK A. ROMERO 6663
Ronald J. Eldson 3239

COUNTY	LEA	FIELD	Undesignated	STATE	NM
OPR	CONOCO, INC.			API	30-025-27143
NO	4	LEASE	Sholes "B-19" A/C-1	MAP	
	Sec 19, T25S, R37E			COORD	
	1980 FSL, 1980 FWL of Sec				6-3-74 NM
	Jal Townsite			SPD	1-13-81
				CMP	6-14-82
CSC	WELL CLASS: INIT D FIN SUS LSE. CODE				
	FORMATION		DATUM		
20-40-15 sx					
13 3/8-1050-1835 sx					
9 5/8-4360-1490 sx					
7-13,500-1973 sx					
	TD 13,500(ELBG)		PBD		11,310

SUSPENDED OPERATIONS

CONTR Christian Drlg & Willbros #1 OPR SLIV 3070 KB sub-s 14

F.R. 11-17-80
PD 13,000 RT (Devonian & Ellenburger)
1-14-81 TD 40; Prep Run 20 Csg
2-12-81 Drlg 2800
2-20-81 TD 3198; fsg
2-26-81 TD 3198; wsg
3-6-81 TD 3198; Drlg by @ 3132
Set cmt plug @ 2941 & drld off
3-16-81 Drlg 3289
3-23-81 Drlg 4012 sd & dolo
3-27-81 TD 4360; Prep Run 9 5/8
4-6-81 Drlg 5910 sd & sh
4-13-81 TD 6942; Trip
4-20-81 Drlg 7268
4-24-81 Drlg 7672 sh & lm
4-30-81 Drlg 8122 sh & lm
5-8-81 Drlg 8572 dolo

6-3-74 NM

LEA
CONOCO, INC.

Undesignated
4 Sholes "B-19" A/C-1
Sec 19, T25S, R37E

NM
Page 2

5-15-81 Drlg 9077
DST (Lower Wolfcamp) 8567-8648, op 40 mins,
rec 100 FT SGCM, 1 hr ISIP 1796, FP 1796-97,
3 hr FSIP 2583, HP 3894-3897, BHT 121 deg
5-20-81 Drlg 9326 sh & lm
5-29-81 Drlg 9878 lm, cht & sh
6-8-81 Drlg 10,238
6-12-81 Drlg 10,456
6-22-81 Drlg 11,027
6-26-81 Drlg 11,580 dolo
7-2-81 "TIGHT"
7-9-81 Drlg 12,467
7-17-81 TD 12,870; "TIGHT"
7-22-81 Drlg 13,017

6-3-74 NM

7-29-81 TD 13,500; "TIGHT"
8-3-81 TD 13,500; WOCU
10-12-81 TD 13,500; PBD 11,310; SI PBU
Perf (Ellenburger) 13,173-298 w/18 shots
Acid (13,173-298) 3024 gals
Frac (13,173-298) 24,000 gals, no sd
Swbd 200 BW (13,173-298)
BP @ 12,000
Perf (Lower Fusselman) 11,411-418 w/5 shots
Acid (11,411-418) 840 gals
Swbd 25 BFPH w/tr gas & Black wtr (11,411-418)
Sqzd (11,411-418) 75 sx
Perf (Middle Fusselman) 11,326-363 w/9 shots
Acid (11,326-363) 1680 gals

6-3-74 NM

10-12-81 Continued
Swbd 240 BW w/tr gas (11,326-363)
Ret @ 11,310
Sqzd (11,326-363) 75 sx
Perf (Upper Fusselman) 11,197-235 w/11 shots
Acid (11,197-235) 2016 gals
Swbd 90 BF (1% oil) & Swbd dry (11,197-235)
10-28-81 TD 13,500; PBD 11,310; SI
Sqzd (11,197-235) 100 sx & DOC to 11,310
11-18-81 TD 13,500; PBD 11,310; SI
Perf (Devonian) @ 10,382, 10,385,
10,390, 10,408, 10,410, 10,423, 10,430
10,432, 10,445, 10,447, 10,464, 10,467
10,470, w/1 SPI

6-3-74 NM

11-18-81 Continued
Acid (10,382-470) 2200 gals
Swbd 35 BF in 3 hrs (10,382-470)
Sqzd (10,382-470) 175 sx
Perf (Strawn) @ 8742, 8746, 8749, 8750, 8758,
8763, 8766, 8768, 8772, 8804, 8814 w/1 SPI
Att. Acid; Had communication
Sqzd (10,382-470) 65 sx
Sqzd (8742-8814) 50 sx & DOC to 11,310
Perf (Strawn) @ 8742, 8746, 8749, 8750,
8758, 8763, 8766, 8768, 8772, 8804, 8814
Acid (8742-8814) 1848 gals
Swbd 60 BF (75% oil) (8742-8814)
12-15-81 TD 13,500; PBD 11,310; WO Prod Facilities
Frac (8742-8814) 14,658 gals acid & gel wtr
+ 10,962 gals CO2 (no sd)

6-3-74 NM

LEA
CONOCO, INC.

Undesignated
4 Sholes "B-19" A/C-1
Sec 19, T25S, R37E

NM
Page 4

6-14-82 TD 13,500; PBD 11,310; Suspended Operations
Rig Released 7-31-81
6-19-82 TEMPORARY COMPLETION ISSUED

6-3-74 NM
IC 30-025-70558-80

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

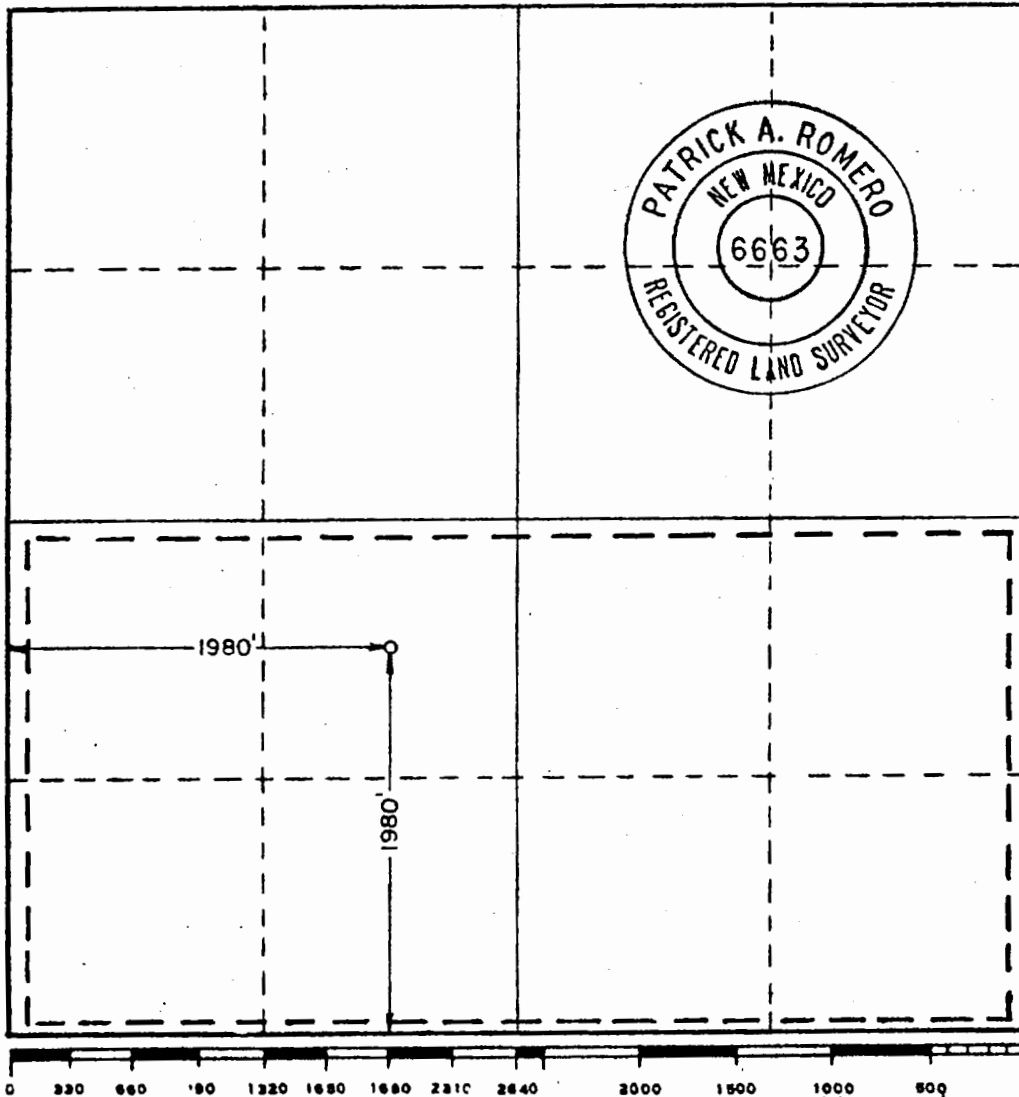
Operator CONOCO, INC.,		Lease Sholes B 19 Account Com.		Well No. 4
Unit Letter K	Section 19	Township 25 South	Range 37 East	County Lea
Actual Footage Location of Well: 1980 feet from the south line and 1980 feet from the West line				
Ground Level Elev. 3071.2	Producing Formation Ellenburger	Pool Undesignated Ellenburger	Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name *P. E. Bingham*
Position *Administrative Supervisor*
Company *Conoco Inc.*

Date *May 1, 1981*

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 knowledge and belief.

Date Surveyed
September 15, 1980

Registered Professional Engineer and/or Land Surveyor
Patrick A. Romero
Certificate No. **JOHN W. WEST 678**
PATRICK A. ROMERO 6663
Ronald J. Eiden 2270

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, 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

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-104A
Revised June 10, 2003

Submit 1 copy of the final affected wells
list along with 1 copy of this form per
number of wells on that list to appropriate
District Office

Change of Operator

Previous Operator Information:

OGRID: 188294
Name: American Inland Resources Company, LLC
Address: 24 Smith Road
Address: Suite 500
City, State, Zip: Midland, Texas 79705

New Operator Information:

Effective Date: February 4, 2004
New Ogrid: 225789
New Name: InFlow Petroleum Resources, LP
Address: 13760 Noel Road, Suite 104
Address: _____
City, State, Zip: Dallas, Texas 75240

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

New Operator

Signature: Rey A. Baribault

Printed name: Rey A. Baribault

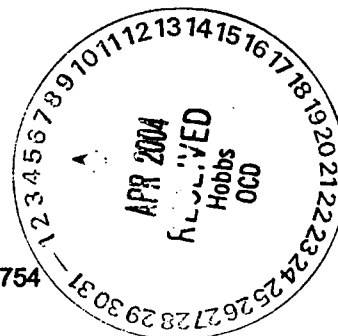
Title: CEO - IPR Energy, LLC - General Partner of InFlow Petr. Res., LP

E-mail

Address: rab@inflowpetro.com

Date: 2-4-04

Phone: 469-916-8373 (eff 4-1-04) ; 972-304-7754



Previous operator complete below:

Previous

Operator: American Inland Resources Company, LLC

Previous

OGRID: 188294

Signature: Hill T. Martin

Printed Name: Hill T. Martin, President

E-mail

Address: htm@aminland.net

NMOCD Approval

Signature: Paul F. Krietz

Printed

Name: Paul F. Krietz

District: PETROLEUM ENGINEER

Date:

APR 08 2004

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

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.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
INFLOW PETROLEUM RESOURCES, LP

3a. Address
13760 NOEL ROAD, SUITE 104, DALLAS, TX 75240

3b. Phone No. (include area code)
469-916-8373

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 1980' FWL, SEC 19, T-25S, R-37E, UNIT K

5. Lease Serial No.
LC-032581B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
SHOLES B 19 #4

9. API Well No.
30-025-27143

10. Field and Pool, or Exploratory Area
JALMAT (TAN-YATES-7 RIVERS)

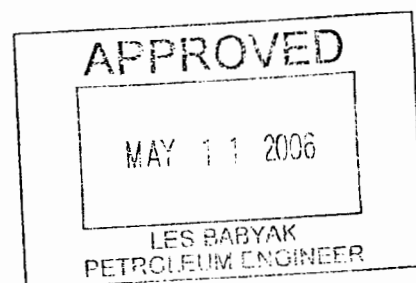
11. County or Parish, State
LEA COUNTY, NM

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 checked="" 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 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 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 recompleat 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 recompleat 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.)

Request to reperfurate Yates Fm from 2,766' - 2,786', 2,802' - 2,822', 2,840' - 2,856' and acidize with 15% HCL NeFe treatment and restore production.



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Rey A. Baribault

Title CEO - IPR ENERGY, LLC - GENERAL PARTNER

Signature

Rey A. Baribault

Date

04/21/2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

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.

Title

Date

Office

KZ

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)

Previous Operator

New Operator

Signature:

Ray A. Baribault

Signature:

Herman L. Loeb

Printed Name:

RAY A. BARIBAULT

Printed Name:

HERMAN L. LOEB

Title:

CEO - GENERAL PARTNER,
IPR ENERGY, LLC

Title:

OWNER

Date:

Phone: 469-916-8373

Date:

2/15/07

Phone:

618-943-2227

NMOCD Approval

Electronic Signature: Chris Williams, District 1

Date: February 20, 2007

DPHILLIPS	Additional bonding must be submitted. Please look at your permit. Go to view forms and click on wells affected by change and you will see the wells requiring additional bonding. Once I receive the bonding I will let you know. You are then to resubmit this permit for my approval. Questions? Call me at 505-476-3461	2/16/2007
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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED
OM B 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.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. LC-032581B
2. Name of Operator INFLOW PETROLEUM RESOURCES, LP		6. If Indian, Allottee or Tribe Name
3a. Address 13760 NOEL ROAD, SUITE 104, DALLAS, TX 75240	3b. Phone No. (include area code) 469-916-8373	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 1980' FWL, SEC 19, T-25S, R-37E, UNIT K		8. Well Name and No. SHOLES B 19 #4
		9. API Well No. 30-025-27143
		10. Field and Pool, or Exploratory Area JALMAT (TAN-YATES-7 RIVERS)
		11. County or Parish, State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Reperforate Yates
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input 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 recompleat 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.)

04/17/06 MIRU pulling unit. Install BOP.

04/18/06 RIH with bit and scraper. Tagged up with 97 Jts 2-3/8" tbg in hole. Set drillable CIBP set at 2920'.

04/19/06 Reperforate Yates 1, 2, 3 zones with 3-1/8" csg gun at 2 spf from 2766'-86', 2802'-22, 2840'-56'. Set treating pkr @ 2665' and acidize Yates Fm with 4000 gal 15% NeFe ball job. RU swab.

04/20/06 Swabbed hole dry. POOH with pkr and tubing and RDMO. Monitor well for return to production.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Rey A. Baribault		Title CEO - IPR ENERGY, LLC - GENERAL PARTNER
Signature 	Date 12/29/2006	

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by 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.	Title Office	Accepted for Record Date FEB 13 2007 FREDERICK R. KIRBY PETROLEUM ENGINEER
--	-----------------	---

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)

GWW

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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.

5. Lease Serial No.

NMLC-032581B B

6. If Indian, Allottee or Tribe Name

7 If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Sholes B-19 #4

9. API Well No.

30-025-27143

10. Field and Pool, or Exploratory Area

Jalmat (Tansil, Yates, Seven Rivers)

11. County or Parish, State

Lea County, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1 - 1, - 1 % 1, - 11

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Herman L. Loeb

3a. Address

P O Box 524, Lawrenceville, IL 62439

3b. Phone No. (include area code)

(618) 943-2227

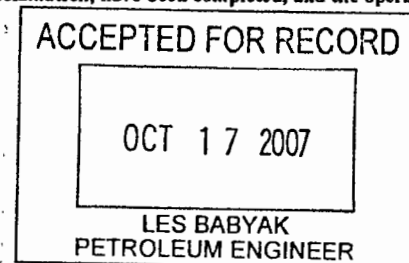
4. Location of Well (Footage, Sec., T, R., M. or Survey Description)

1980' FSL 1980' FWL Section 19-25S-R37E

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 type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon		
	<input type="checkbox"/> Convert to Injection	<input 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 recompile 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.)



This well was acquired recently and we are requesting time to evaluate the feasibility of returning this well to production.

After 10/30/07 the well must be online or plans to P & A must be submitted.

BLM Bond # NM-2839

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

G. A. Payne

Title Petroleum Engineer

Signature

Date 9/19/07

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 or for any person to

GW

OLD Hobbs

RECEIVED

APR 17 2009

HOBBSOCD

Form 3160-5
(September 2001)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1 I - I, I %, II

☐ Oil Well ☒ Gas Well ☐ Other

2 Name of Operator

Herman L. Loeb

3a Address

P O Box 524, Lawrenceville, IL 62439

3b. Phone No (include area code)

(618) 943-2227

4. Location of Well (Footage, Sec., T, R., M or Survey Description)

1980' FSL 1980' FWL Section 19-25S-R37E

5 Lease Serial No

NMLC-032581D

6 If Indian, Allottee or Tribe Name

7 If Unit or CA/Agreement, Name and/or No.

8 Well Name and No

Sholes B-19 #4

9. API Well No.

30-025-27143

10 Field and Pool, or Exploratory Area

Jalmat (Tansil, Yates, Seven Rivers)

11. County or Parish, State

Lea County, NM

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 type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input 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 recompleat 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 recompleat 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.)

1. RIH and set a CIBP @ 2716'. Load casing with water run cement bond log.

2. Perforate the 7" casing @ 2715' and 2716' if necessary as as per BLM. Run tubing to 2715', spot 40 sk of cement on CIBP.

3. Pull tubing to 2715', spot 40 sk or squeeze w/ cement as per BLM. Pull tubing to 330', fill casing w/ cement. Pull tubing. Circulate cement to surface in/out of the 7" casing (covers the shoe and the surface plug).

4. Cut off the well head 3' below ground level, cap off all annulus from 50'-surface.

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

BLM Bond # NM-2839

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

G. A. Payne

Title Petroleum Engineer

Signature

Date 4/6/09

APPROVED

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

PETROLEUM ENGINEER

Title

Date

APR 14 2009

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

JAMES A. AMOS
SUPERVISOR-EPS

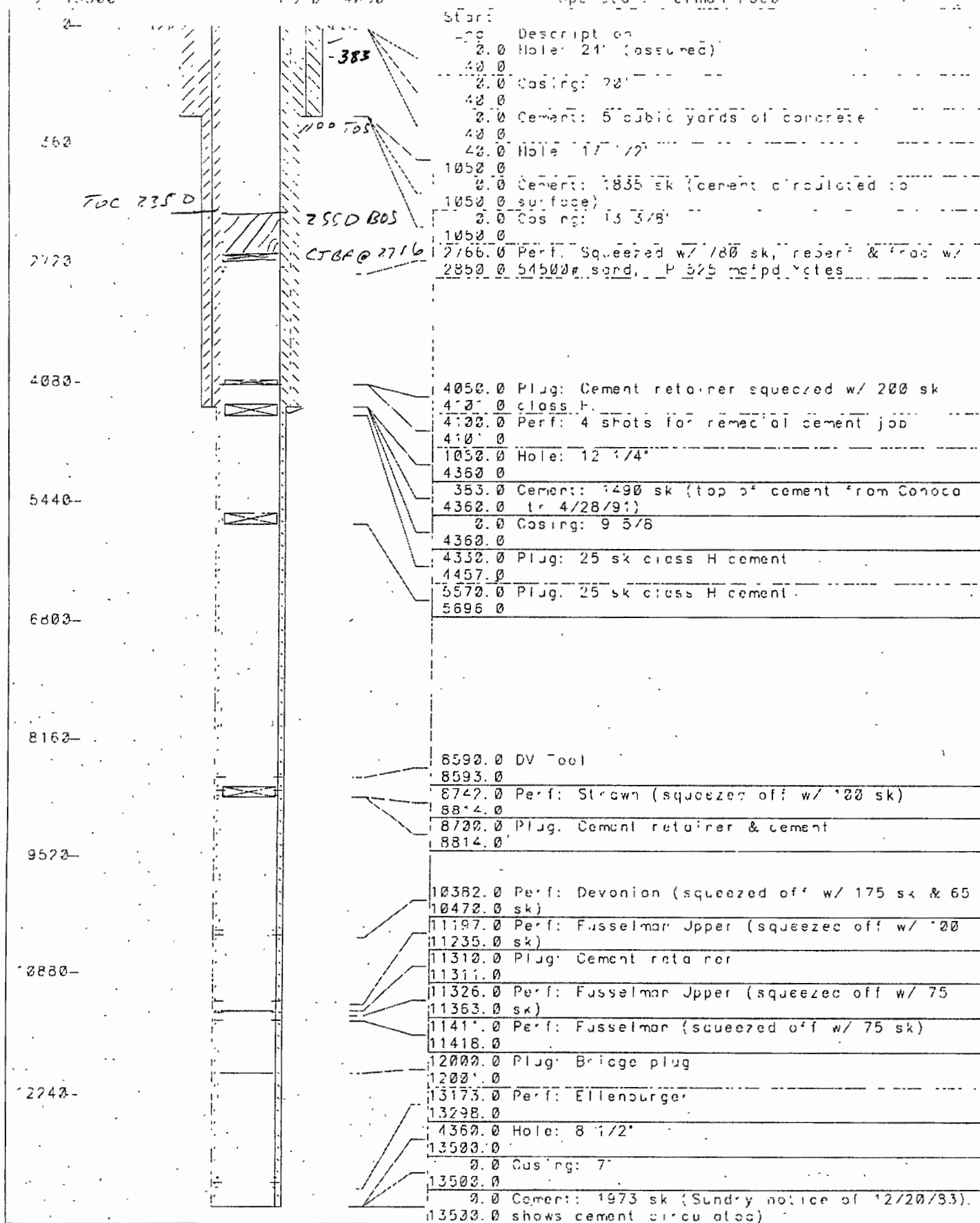
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within the jurisdiction of such department or agency.

(Instructions on reverse)

Diagram: 04/24/2029
 Elev: 43. 30/1
 12 1.500

Comp Date: 07/14/984
File G: 3055
P37 4052

Perm: 32-025-2143
Local on 902-511903 SW 19-25S-37E
County Lea
State: New Mexico
Field: La Mota
Operator: Herman Loeb



Herman L. Loeb
NMLC032581D: Sholes B-19 #4
1980' FSL & 1980' FWL, Sec. 19, T25S-R37E
Lea County, New Mexico

RE: Plugging and Abandonment Requirements (Changes), Condition of Approval

1. RIH and set CIBP @ 2716'. Cap w/ adequate cement to fill from 2716'-2500' (covers CIBP and Base of Salt).
2. Perforate the 7" casing @ 1150'. Attempt to squeeze adequate cement to fill from 1150'-1000' (covers shoe and Top of Salt). WOC and tag no lower than 1000'.
3. Perforate the 7" casing @ 330'. Attempt to circulate cement to surface in/out of the 7" casing.
4. Cut off the wellhead 3' below ground level, cap off all annulus from 50' to surface.

If you have any questions, please contact James A. Amos @ 575-234-5909.

See attached standard COAs.
See attached Reclamation Procedures

James A. Amos
575-234-5909

4/14/09

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

Permanent Abandonment of Federal Wells
Conditions of Approval

Failure to comply with the following Conditions of Approval may result in a Notice of Incidents of Noncompliance (INC) in accordance with 43 CFR 3163.1.

1. Plugging operations shall commence within ninety (90) days from the approval date of this Notice of Intent to Abandon.

If you are unable to plug the well by the 90th day provide this office, prior to the 90th day, with the reason for not meeting the deadline and a date when we can expect the well to be plugged. Failure to do so will result in enforcement action.

2. **Notification:** Contact the appropriate BLM office at least 24 hours prior to the commencing of any plugging operations. For wells in Chaves and Roosevelt County, call 575-627-0272; Eddy County, call 575-361-2822; Lea County, call 575-393-3612.

3. **Blowout Preventers:** A blowout preventer (BOP), as appropriate, shall be installed prior to commencing any plugging operation. The minimum BOP requirement is a 2M system for a well not deeper than 9,090 feet; a 3M system for a well not deeper than 13,636 feet; and a 5M system for a well not deeper than 22,727 feet.

4. **Mud Requirement:** Mud shall be placed between all plugs. Minimum consistency of plugging mud shall be obtained by mixing at the rate of 25 sacks (50 pounds each) of gel per 100 barrels of water. Minimum nine (9) pounds per gallon.

5. **Cement Requirement:** Sufficient cement shall be used to bring any required plug to the specified depth and length. Any given cement volumes on the proposed plugging procedure are merely estimates and are not final. Unless specific approval is received, no plug except the surface plug shall be less than 25 sacks of cement. In lieu of a cement plug in a cased hole, a bridge plug set within 50 feet to 100 feet above the perforations shall be capped with 25 sacks of cement. If a bailer is used to cap this plug, 35 feet of cement shall be sufficient.

Unless otherwise specified in the approved procedure, the cement plug shall consist of either Neat Class "C", for up to 7,500 feet of depth or Neat Class "H", for deeper than 7,500 feet plugs.

6. **Dry Hole Marker:** All casing shall be cut-off at the base of the cellar or 3 feet below final restored ground level (whichever is deeper). The well bore shall then be capped with a 4-inch pipe, 10-feet in length, 4 feet above ground and embedded in cement. The following information shall be permanently inscribed on the dry hole marker: well name and number, name of the operator, lease serial number, surveyed location (quarter-quarter section, section, township and range or other authorized survey designation acceptable to the authorized officer such as metes and bounds).

7. **Subsequent Plugging Reporting:** Within 30 days after plugging work is completed, file one original and five copies of the Subsequent Report of Abandonment, Form 3160-5 to BLM. The report should give in detail the manner in which the plugging work was carried out, the extent (by depths) of cement plugs placed, and the size and location (by depths) of casing left in the well. **Show date well was plugged.**

8. **Trash:** All trash, junk and other waste material shall be contained in trash cages or bins to prevent scattering and will be removed and deposited in an approved sanitary landfill. Burial on site is not permitted.

Following the submission and approval of the Subsequent Report of Abandonment, surface restoration conditions of approval will be developed and furnished to you.



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Carlsbad Field Office
620 E. Greene St.
Carlsbad, New Mexico 88220-6292
www.blm.gov/nm



In Reply Refer To: 1310

Reclamation (Interim/Final) Procedures

Interim and Final Reclamation: The objective of reclamation in the short term is to provide site stability and basic resource productivity. The final goal of reclamation is to restore the character of the land and water to its pre-disturbance condition. Basically restore the native soils, contour the location to blend with the surrounding landscape, prepare a good seedbed and seed.

To achieve these objectives, remove any and all contaminants, scrap/trash, equipment, pipelines and powerlines, strip and remove caliche, contour, provide erosion control as needed, rip and seed as specified in the original APD COA. This will apply to pads and roads. Barricade access road at the starting point. If reserve pit has not reclaimed due to salts or other contaminants, submit a plan for approval, as to how propose to provide adequate restoration of the pit area. The Application for Permit to Drill or Reenter (APD, Form 3160-3), Surface Use Plan of Operations must include adequate measures for stabilization and reclamation of disturbed lands. Oil and gas operators must plan for reclamation, both interim and final, up front in the APD process as per Onshore Oil and Gas Order No. 1.

1. For wells and/or access roads not having an approved plan, or an inadequate plan for surface reclamation (either interim or final reclamation), the operator must submit a proposal describing the procedures for reclamation. For interim reclamation, the appropriate time for submittal would be when filing the Well Completion or Recompletion Report and Log (Form 3160-4). For final reclamation, the appropriate time for submittal would be when filing the Notice of Intent, or the Subsequent Report of Abandonment, Sundry Notices and Reports on Wells (Form 3160-5). Interim reclamation is to be completed within 6 months of well completion, and final reclamation is to be completed within 6 months of well abandonment.
2. The operator must file a Subsequent Report Plug and Abandonment (Form 3160-5) following the plugging of a well.
3. Previous instruction had you waiting for a BLM specialist to inspect the location and provide you with reclamation requirements. If you have an approved Surface Use Plan of Operation and/or an approved Sundry Notice, you are free to proceed with reclamation. If you have issues or concerns, contact a BLM specialist to assist you. It would be in your interest to have a BLM specialist look at the location and access road prior to the removal of reclamation equipment to ensure that it meets BLM objectives. Upon conclusion submit a Form 3160-5, Subsequent Report of Reclamation. This will prompt a specialist to inspect the location to verify work was completed as per approved plans.
4. The approved Subsequent Report of Reclamation will be your notice that the native soils, contour and seedbed have been reestablished. If the BLM objectives have not been met the operator will be notified and corrective actions may be required.
5. It is the responsibility of the operator to monitor these locations and/or access roads until such time as the operator feels that the BLM objective has been met. If after two growing seasons the location and/or access road is not showing the potential for successful revegetation, additional actions may be needed. When you feel the BLM objectives have been met, submit a Final Abandonment Notice (FAN), Form 3160-5, stating that all reclamation requirements have been achieved and the location and/or access road is ready for a final abandonment inspection.

6. At this time the BLM specialist will inspect the location and/or access road. If the native soils and contour have been restored, and the revegetation is successful, the FAN will be approved, releasing the operator of any further liability of the location and/or access road.

If there are any questions, please feel free to contact any of the following specialists:

Jim Amos

Supervisory Environmental Protection Specialist

575-234-5909, 575-361-2648 (Cell)

Cody Layton

Natural Resource Specialist

575-234-5959

Terry Gregston

Environmental Protection Specialist

575-234-5958

Trishia Bad Bear

Natural Resource Specialist

575-393-3612

Bobby Ballard

Environmental Protection Specialist

575-234-2230

Todd Suter

Surface Protection Specialist

575-234-5987

Randy Rust

Environmental Protection Specialist

575-234-5943

Doug Hoag

Civil Engineering Technician

575-234-5979

Linda Denniston

Environmental Protection Specialist

575-234-5974

Jennifer Van Curen

Environmental Protection Specialist

575-234-5905

Justin Frye

Environmental Protection Specialist

575-234-5922

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

RECEIVED
APR 17 2009
HOBBS

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

5. Lease Serial No.
NMLC-032581D

6. If Indian, Allottee or Tribe Name

7 If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Sholes B-19 #4

9. API Well No.

30-025-27143

10. Field and Pool, or Exploratory Area

Jalmat (Tansil, Yates, Seven Rivers)

11. County or Parish, State

Lea County, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. I, I, I, I, I, I

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Herman L. Loeb

3a. Address

P O Box 524, Lawrenceville, IL 62439

3b. Phone No. (include area code)

(618) 943-2227

4. Location of Well (Footage, Sec., T, R., M. or Survey Description)

1980' FSL 1980' FWL Section 19-25S-R37E

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 type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input 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 recompleat 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 recompleat 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.)

We will have a well service rig on this well to test it within the next month. We will make a decision to either produce the well or plug it and file another notice based on that decision.

BLM Bond # NM-2839

Accepted for Record based on decision to Abd

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

G. A. Payne

Title Petroleum Engineer

Signature

Date 3/20/09

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

PETROLEUM ENGINEER

APR 14 2009

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

BUREAU OF LAND MANAGEMENT

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.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC-032581B
2. Name of Operator HERMAN L. LOEB, LLC		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 524, LAWRENCEVILLE, IL 62439	3b. Phone No (include area code) 618-943-2227	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec, T., R., M, or Survey Description) 1980' FSL & 1980' FWL, SEC 19, T-25S, R-37E, UNIT K		8. Well Name and No. SHOLES B 19 #4
		9. API Well No. 30-025-27143
		10. Field and Pool, or Exploratory Area JALMAT (TAN-YATES-7 RIVERS)
		11. County or Parish, State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other CHANGE OF OPERATOR
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input 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.)

EFFECTIVE 4-1-2009, HERMAN L. LOEB WILL TRANSFER OPERATIONS OF THE ABOVE REFERENCED WELL TO A NEW OPERATOR. HERMAN L. LOEB, LLC CERTIFIES THAT IT IS AUTHORIZED BY THE PROPER LEASE INTEREST OWNERS TO CONDUCT OPERATIONS ASSOCIATED WITH THIS LEASE.

BOND COVERAGE PURSUANT TO 43CFR3104 FOR LEASE ACTIVITIES IS BEING PROVIDED BY HERMAN L. LOEB, LLC WITH THEIR BLM BOND # NM 2839.

PREVIOUS OPERATOR:
HERMAN L. LOEB

ACCEPTED BY: Herman L. Loeb by Diane Lebovitz, POA
NAME: DIANE LEBOVITZ
TITLE: POWER OF ATTORNEY FOR HERMAN L. LOEB

RECEIVED
JUN 15 2009
HUBBSOCD

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Herman L. Loeb by Diane Lebovitz, POA Title Member

Signature Herman L. Loeb by Diane Lebovitz, POA Date 2/12/09

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

Approved by

PETROLEUM ENGINEER

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

MAY 30 2009

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)

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

JUN 17 2009

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (505) 393-6161 Fax: (505) 393-0720

515

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-145
Permit 95172

Change of Operator**Previous Operator Information**

OGRID: 192143
Name: HERMAN L LOEB
Address: RR #2 COUNTY CLUB RD
Address:
City, State, Zip: LAWRENCEVILLE, IL 62439

New Operator Information

Effective Date: 5/5/2009
OGRID: 264953
Name: HERMAN L. LOEB LLC
Address: 600 COUNTRY CLUB DRIVE
Address:
City, State, Zip: LAWRENCEVILLE, IL 62439

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the certified list of wells is true to the best of my knowledge and belief.

Previous Operator

Signature: Herman L. Loeb by Diane Lebovitz
Printed
Name: Herman L. Loeb by Diane Lebovitz
POA

Title: ownerDate: 5/5/09 Phone: 618-943-2227**New Operator**

Signature: Diane Lebovitz
Printed
Name: Diane Lebovitz

Title: Member/managerDate: 5/5/09 Phone: 618-943-2227**NMOCD Approval**Electronic Signature: Paul Kautz, District 1Date: July 29, 2009

RECEIVED

Form 3160-5
(September 2001)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SEP 29 2009
HOBBSOCD

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Well Type
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Herman L. Loeb

3a. Address
P O Box 524, Lawrenceville, IL 62439

3b. Phone No. (include area code)
(618) 943-2227

4. Location of Well (Footage, Sec., T, R., M. or Survey Description)

1980' FSL 1980' FWL Section 19-25S-R37E Unit E

5. Lease Serial No.
NMLC-032581D

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
Sholes B-19 #4

9. API Well No.
30-025-27143

10. Field and Pool, or Exploratory Area
Jalmat (Tansil, Yates, Seven Rivers)

11. County or Parish, State
Lea County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input 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 recompleate 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 recompleation 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.)

1. Set cast iron bridge plug @ 2716'. Perforate 1150-51' w/ 4 spf. RIH w/ tbg, tag plug, w/ end of tbg @ 2714', spot balanced plug of 38 sk of cement on bridge plug. POH w/ 7 jts of tbg. Pump 55 bbl of 9.5 ppg salt gel. POH w/ tbg. RIH w/ AD-1 pkr & tbg, set pkr @ 911', load annulus w/ 12 bbl fresh water. Est inj rate of 1 bpm @ 0#. Pump 100 sk 14.8 ppg cement, displace w/ 4.5 bbl water. Release pkr, reverse circ clean, POH w/ tbg & pkr. 4/15/09

2. RIH w/ 30 jts of tbg, tag cement @ 945' (witnessed by Paul Flowers USBLM). Pump 30 bbl 9.5 ppg salt gel down tbg. POH w/ tbg. Perforate 330-331' 4 spf. Dig cellar. Est inj rate down 7" csg 1 bpm @ 200#. Pump 57 bbl 14.8 ppg cement down 7" csg. Circulate 6 bbl of cement to surface. 4/16/09

4. Cut off the well head 4' below ground level, cement 15' below sfc in 7" and 23' below sfc in annulus. Witnessed by Paul Flowers. 4/21/09

5. Top off 7" csg & annulus w/ 26 sk cement. 4/23/09

6. Well inspected by Paul Flowers. Weld plate on 9 5/8" csg & install dry hole marker. 4/24/09

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

BLM Bond # NM-2839

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

G. A. Payne

Title Petroleum Engineer

Signature

Date 9/16/09

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

STRICT 1 SUPERVISOR

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 anyone 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 the jurisdiction of such department or agency.

(Instructions on reverse)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. [] Oil Well [x] Gas Well [] Other		5. Lease Serial No. NMLC-03258113
2. Name of Operator Herman L. Loeb (now Herman L. Loeb LLC)		6. If Indian, Allottee or Tribe Name
3a. Address P.O. Box 838 Lawrenceville, IL 62439	3b. Phone No. (include area code) (618) 943-2227	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T, R., M. or Survey Description) 1980' FSL 1980' FWL Section 19-25S-R37E		8. Well Name and No. Sholes B-19 #4
		9. API Well No. 30-025-27143
		10. Field and Pool, or Exploratory Area Jalmat (Tansil, Yates, Seven Rivers)
		11. County or Parish, State Lea County, NM

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

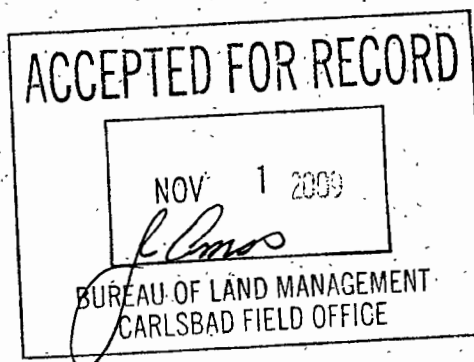
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input 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 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 recomple 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.)

RECEIVED

NOV 05 2009

HOBBSOC



1. Reclaimed location as per BLM. Inspected and approved by Bob Ballard on 10/2/09.

BLM Bond # NM-2839

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

G. A. Payne

Title Petroleum Engineer

Signature

Date 10/20/09

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

PETROLEUM ENGINEER

Date

NOV 06 2009

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

C-101 APPLICATION FOR PERMIT TO DRILL

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address OWL SWD Operating, LLC 8214 Westchester Drive, Suite 850, Dallas, TX 75255		² OGRID Number 308339
³ API Number 30-025-		⁶ Well No. 1
⁴ Property Code	⁵ Property Name Sholes Deep SWD	

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
O	19	25S	37E		900	South	2,414	East	Lea

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

⁹ Pool Information

Pool Name SWD; Silurian-Devonian	Pool Code 96101
-------------------------------------	--------------------

Additional Well Information

¹¹ Work Type N	¹² Well Type SWD	¹³ Cable/Rotary R	¹⁴ Lease Type Private	¹⁵ Ground Level Elevation 3,033'
¹⁶ Multiple N	¹⁷ Proposed Depth 12,170'	¹⁸ Formation Silurian-Devonian	¹⁹ Contractor TBD	²⁰ Spud Date ASAP
Depth to Ground water 80'		Distance from nearest fresh water well 802'		Distance to nearest surface water +1 mi

☐ We will be using a closed-loop system in lieu of lined pits

²¹ Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surface	30"	24"	156.17 lb/ft	1,400'	3,092 sks	Surface
Intermediate 1	20"	16"	118.0 lb/ft	4,370'	2,953 sks	Surface
Intermediate 2	13.5"	10.75"	55.5 lb/ft	8,250'	2,159 sks	Surface
Production	9.5"	7.625"	39.0 lb/ft	10,400'	999 sks	Surface
Tubing	N/A	5.5"	17 lb/ft	0' - 10,350'	N/A	N/A

Casing/Cement Program: Additional Comments

See attached schematic.

²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Double Hydraulic/ Blinds, Pipe	5,000 psi	8,000 psi	TBD (Schaffer/Cameron)

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
 I further certify that I have complied with 19.15.14.9 (A) NMAC ☐ and/or 19.15.14.9 (B) NMAC ☒, if applicable.
 Signature: *Ramona L Hovey*

OIL CONSERVATION DIVISION

Approved By:

Printed name: Ramona Hovey

Title:

Title: Consulting Engineer- Agent for OWL SWD Operating, LLC

Approved Date:

Expiration Date:

E-mail Address: ramona@lonquist.com

Date: 09/04/2018

Phone: 512-600-1777

Conditions of Approval Attached

C-102 WELL LOCATION PLAT

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

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 August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number		² Pool Code 96101		³ Pool Name SWD; Silurian-Devonian	
⁴ Property Code		⁵ Property Name Sholes Deep SWD			⁶ Well Number #1
⁷ OGRID No. 308339		⁸ Operator Name OWL SWD OPERATING			⁹ Elevation 3033.23

" Surface Location

UL or lot no. O	Section 19	Township 25 S	Range 37 E	Lot Idn	Feet from the 900	North/South line SOUTH	Feet from the 2414	East/West line EAST	County LEA
---------------------------	----------------------	-------------------------	----------------------	---------	-----------------------------	----------------------------------	------------------------------	-------------------------------	----------------------

" 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
---------------	---------	----------	-------	---------	---------------	------------------	---------------	----------------	--------

¹³ Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ 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.

	<p>¹⁷ OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or released 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Ramona Hovey</i> 9/5/18 Signature Date</p> <p>Ramona Hovey Printed Name</p> <p>ramona@longquist.com E-mail Address</p>
	<p>"SURVEYOR CERTIFICATION</p> <p>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.</p> <p>31 AUGUST 2018 Date of Survey</p> <p><i>[Signature]</i> Signature and Seal of Professional Surveyor</p> <p>20559 Certificate Number</p>

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Tuesday, September 11, 2018 4:01 PM
To: 'ramona@lonquist.com'
Cc: Steve Pattee
Subject: OWL SWD Operating, LLC Sholes Deep SWD Well No. 1

Ramona:

The OCD received the OWL SWD Operating, LLC Sholes Deep SWD Well No. 1 administrative application on September 6, 2018.

Your application has been suspended on September 11, 2018, because I did not see an affidavit of publication for the proposed well.

Your application will be suspended, until the OCD receives the affidavit of publication.

Thank You

Mike

Michael McMillan
1220 South St. Francis
Santa Fe, New Mexico
505-476-3448
Michael.mcmillan@state.nm.us

McMillan, Michael, EMNRD

From: Ramona Hovey <ramona@lonquist.com>
Sent: Tuesday, September 11, 2018 4:05 PM
To: McMillan, Michael, EMNRD
Cc: Steve Pattee
Subject: RE: OWL SWD Operating, LLC Sholes Deep SWD Well No. 1

The notice is scheduled to be published in the Hobbs News-Sun on Friday, September 14, 2018. We will forward the affidavit as soon as we received it.

Regards,

LONQUIST & CO. LLC



HOUSTON CALGARY
AUSTIN WICHITA DENVER

Ramona Hovey • Sr. Petroleum Engineer • Lonquist & Co., LLC • 12912 Hill Country Blvd., Suite F-200 • Bee Cave, Texas, USA 78738
Direct: 512-600-1777 • Cell: 512-585-0654 • Fax: 512-732-9816 • ramona@lonquist.com • www.lonquist.com

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From: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Sent: Tuesday, September 11, 2018 5:01 PM
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505-476-3448
Michael.mcmillan@state.nm.us

McMillan, Michael, EMNRD

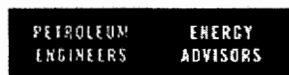
From: Ramona Hovey <ramona@lonquist.com>
Sent: Friday, September 14, 2018 10:50 AM
To: McMillan, Michael, EMNRD
Cc: Steve Pattee
Subject: RE: OWL SWD Operating, LLC Sholes Deep SWD Well No. 1
Attachments: AffidavitofPublication_SholesDeepSWDNo1.pdf

Mike,

Please find the attached affidavit of publication for the Sholes Deep SWD No. 1.

Regards,

LONGQUIST & CO. LLC



HOUSTON | CALGARY
AUSTIN | WICHITA | DENVER

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505-476-3448
Michael.mcmillan@state.nm.us

Affidavit of Publication

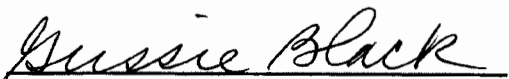
STATE OF NEW MEXICO
COUNTY OF LEA

I, Daniel Russell, Publisher of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, solemnly swear that the clipping attached hereto was published in the regular and entire issue of said newspaper, and not a supplement thereof for a period of 1 issue(s).

Beginning with the issue dated
September 14, 2018
and ending with the issue dated
September 14, 2018.


Publisher

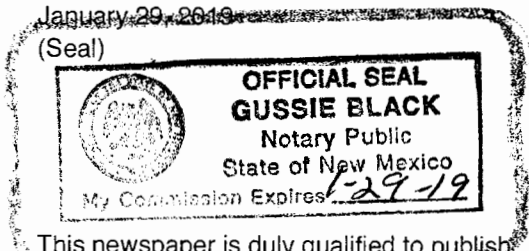
Sworn and subscribed to before me this
14th day of September 2018.


Business Manager

My commission expires

January 29, 2019

(Seal)



This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937 and payment of fees for said

LEGALS

LEGAL NOTICE September 14, 2018

OWL SWD Operating, LLC, 8214 Westchester Dr., Suite 850, Dallas, Texas 75255, is filing Form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division for administrative approval for its salt water disposal well Sholes Deep SWD No.1. The proposed well will be located 900' FSL & 2,414' FEL in Section 19, Township 25S, Range 37E in Lea County, New Mexico. Disposal water will be sourced from area production, and will be injected into the Devonian-Silurian Formation (determined by offset log analysis) through an open hole completion between a maximum applied for top of 10,392' feet to a maximum depth of 12,170' feet. The maximum surface injection pressure will not exceed 2,078 psi with a maximum rate of 30,000 BWPD. Interested parties opposing the action must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505, within 15 days. Additional information can be obtained from the applicant's agent, Lonquist & Co., LLC, at (512) 600-1774. #33226

67112661

00217786

LONQUIST & CO., LLC
12912 HILL COUNTRY BLVD, STE F200
AUSTIN, TX 78738

McMillan, Michael, EMNRD

From: McMillan, Michael, EMNRD
Sent: Friday, September 14, 2018 1:09 PM
To: 'Ramona Hovey'
Cc: 'Steve Pattee'
Subject: RE: OWL SWD Operating, LLC Sholes Deep SWD Well No. 1

Also, our application states that in Unit L and Unit M of Section 20-25S-37E the Mineral Owner is Private (Unknown) you must notify them unless there is an operator of a well for those tracts.
As result of this, your application is still suspended until the OCD gets clarification

From: McMillan, Michael, EMNRD
Sent: Friday, September 14, 2018 11:53 AM
To: 'Ramona Hovey' <ramona@lonquist.com>
Cc: Steve Pattee <steve@lonquist.com>
Subject: RE: OWL SWD Operating, LLC Sholes Deep SWD Well No. 1

I cannot figure out who the surface owner is

From: Ramona Hovey <ramona@lonquist.com>
Sent: Friday, September 14, 2018 10:50 AM
To: McMillan, Michael, EMNRD <Michael.McMillan@state.nm.us>
Cc: Steve Pattee <steve@lonquist.com>
Subject: RE: OWL SWD Operating, LLC Sholes Deep SWD Well No. 1

Mike,

Please find the attached affidavit of publication for the Sholes Deep SWD No. 1.

Regards,

LONQUIST & CO. LLC **Ramona Hovey** • Sr. Petroleum Engineer • Lonquist & Co., LLC • 12912 Hill Country Blvd., Suite F-200 • Bee Cave, Texas, USA 78738
PETROLEUM ENGINEERS **ENERGY ADVISORS** Direct: 512-600-1777 • Cell: 512-585-0654 • Fax: 512-732-9816 • ramona@lonquist.com • www.lonquist.com

HOUSTON • CALGARY
AUSTIN • WICHITA • DENVER

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Cc: Steve Pattee <steve@lonquist.com>

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Mike

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Michael.mcmillan@state.nm.us

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Regards,

LONGQUIST & CO. LLC **Ramona Hovey** • Sr. Petroleum Engineer • Lonquist & Co., LLC • 12912 Hill Country Blvd., Suite F-200 • Bee Cave, Texas, USA 78738
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Affidavit of Publication


STATE OF NEW MEXICO
COUNTY OF LEA

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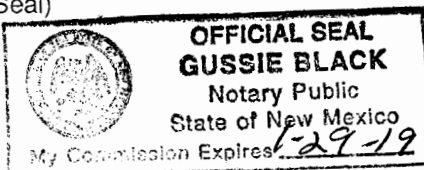

Publisher

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14th day of September 2018.


Business Manager

My commission expires
January 29, 2019

(Seal)



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LONQUIST & CO. LLC

AUSTIN
HOUSTON

PETROLEUM
ENGINEERS

ENERGY
ADVISORS

WICHITA
CALGARY

www.lonquist.com

October 19, 2018

New Mexico Energy, Minerals, and Natural Resources Department
Oil Conservation Division District IV
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

**Subject: Sholes Deep SWD No. 1 Application for Permit to Drill – Proof of notice
Delivered, Water Sample Analysis**

To Whom It May Concern:

Attached for your review are the following documents:

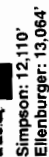
- Proof of delivery of notices to affected parties
- Analysis of two fresh water wells within one mile radius

Any questions should be directed towards OWL SWD Operating, LLC's agent, Lonquist & Co., LLC.

Regards,



Ramona K. Hovey
Sr. Petroleum Engineer
Lonquist & Co., LLC
(512) 600-1777
ramona@lonquist.com



Devonian: 10,392'
Fusselman: 11,110'

TD: 13,500' FPD: 10,315' ELEVATION: 3086' DF ZERO: 16" AGL
LOCATION: 1980 FSL & 1980' FSL, Sec. 19, T-23S, R-37E Lee County, MN
CASINO: 20" 94#/ft, R-35 Conductor @ 40" w/5 CY Concrete
312-7/8", 34-5#/ft, R-35 & 1050' w/1685 yds
9-5/8", 32-5#/ft, C-35 & 4380' w/1937 yds
9-5/8", 32-5#/ft, C-35 & 4380' w/1937 yds circ.

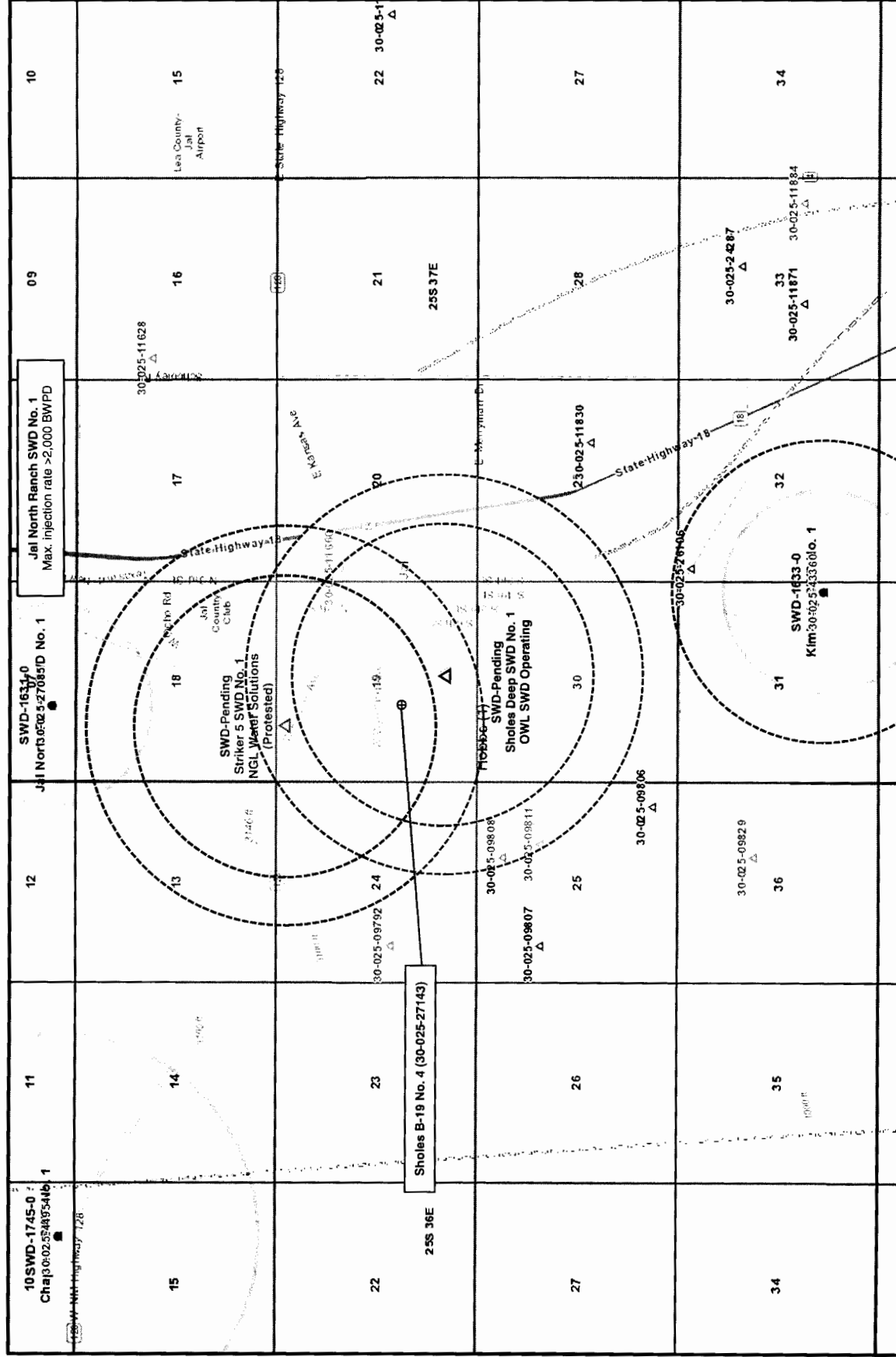
17. NEGATIVE PROPOSED OF COMBINED TREATMENT: *See comments above.* One day post-treatment, 100% of the 1000 treated animals were observed for 20 minutes. *See comments above.* It was in unstimulated animals, only 1 individual became active and 1 animal was observed for 20 minutes.

Reached TD of 13,500' on 7/4/51. Ran 71.2 g. C-75 1.4-80 butters 45 org.

sent at 13,500'. Omb'd in 2 stages 1st stage 7232 sec Class H and 2nd stage 776 sec Class H like. Tail of 4030 sec Class M. Did not circulate.

17. 100% of the 1000 treated animals were observed for 20 minutes. *See comments above.* It was in unstimulated animals, only 1 individual became active and 1 animal was observed for 20 minutes.

Pending Application for High-Volume Devonian Disposal Well C-108 Application for Sholes Deep SWD No. 1 – OWL SWD Operating (Page 1)



Closest Devonian Wells with Large-Volume Potential: Approved: Kimberly SWD No. 1 (30-025-43360; SWD-1633) OWL SWD operating LLC; permit extended to July 2019; pending applications identified reviewed with no conflicts identified. Remaining SWD locations are shallower disposal intervals (mostly Yates – Seven River).

September 21, 2018

RAMONA HOVEY

Lonquist Field Services, LLC

3345 Bee Cave Road, Suite 201

Austin, TX 78746

RE: SHOLES DEEP SWD #1

Enclosed are the results of analyses for samples received by the laboratory on 09/14/18 15:10.

Cardinal Laboratories is accredited through Texas NELAP under certificate number T104704398-18-11. Accreditation applies to drinking water, non-potable water and solid and chemical materials. All accredited analytes are denoted by an asterisk (*). For a complete list of accredited analytes and matrices visit the TCEQ website at www.tceq.texas.gov/field/ga/lab_accred_certif.html.

Cardinal Laboratories is accredited through the State of Colorado Department of Public Health and Environment for:

Method EPA 552.2	Total Haloacetic Acids (HAA-5)
Method EPA 524.2	Total Trihalomethanes (TTHM)
Method EPA 524.4	Regulated VOCs (V1, V2, V3)

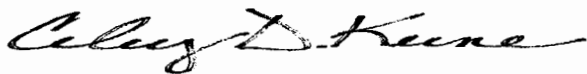
Cardinal Laboratories is accredited through the State of New Mexico Environment Department for:

Method SM 9223-B	Total Coliform and E. coli (Colilert MMO-MUG)
Method EPA 524.2	Regulated VOCs and Total Trihalomethanes (TTHM)
Method EPA 552.2	Total Haloacetic Acids (HAA-5)

Accreditation applies to public drinking water matrices for State of Colorado and New Mexico.

This report meets NELAP requirements and is made up of a cover page, analytical results, and a copy of the original chain-of-custody. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Celey D. Keene

Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC
3345 Bee Cave Road, Suite 201
Austin TX, 78746

Project: SHOLES DEEP SWD #1
Project Number: 32.124830-103.195928
Project Manager: RAMONA HOVEY
Fax To: (512) 732-9816

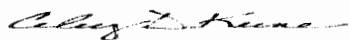
Reported:
21-Sep-18 16:42

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
CP- 01313 -POD 1	H802601-01	Water	14-Sep-18 11:00	14-Sep-18 15:10
# 2 WG115 SAME EREA	H802601-02	Water	14-Sep-18 11:15	14-Sep-18 15:10

Cardinal Laboratories

*=Accredited Analyte

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, including those for negligence or any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damage including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of the services hereunder by Cardinal, regardless of whether such claim is based upon any of the above stated reasons or otherwise. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.



Caley D. Keene, Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC
3345 Bee Cave Road, Suite 201
Austin TX, 78746

Project: SHOLES DEEP SWD #1
Project Number: 32.124830-103.195928
Project Manager: RAMONA HOVEY
Fax To: (512) 732-9816

Reported:
21-Sep-18 16:42

CP- 01313 -POD 1
H802601-01 (Water)

Analyte	Result	MDL	Reporting Limit	Units	Dilution	Batch	Analyst	Analyzed	Method	Notes
---------	--------	-----	-----------------	-------	----------	-------	---------	----------	--------	-------

Cardinal Laboratories
Inorganic Compounds

Alkalinity, Bicarbonate	278		5.00	mg/L	1	8082501	AC	17-Sep-18	310.1	
Alkalinity, Carbonate	<1.00		1.00	mg/L	1	8082501	AC	17-Sep-18	310.1	
Chloride*	780		4.00	mg/L	1	8091303	AC	17-Sep-18	4500-Cl-B	
Conductivity*	4430		1.00	uS/cm	1	8091701	AC	17-Sep-18	120.1	
pH*	6.98		0.100	pH Units	1	8091701	AC	17-Sep-18	150.1	
Resistivity	2.26			Ohms/m	1	8091701	AC	17-Sep-18	120.1	
Specific Gravity @ 60° F	1.003		0.000	[blank]	1	8091710	AC	17-Sep-18	SM 2710F	
Sulfate*	1020		250	mg/L	25	8091802	AC	18-Sep-18	375.4	
TDS*	2960		5.00	mg/L	1	8091202	AC	18-Sep-18	160.1	
Alkalinity, Total*	228		4.00	mg/L	1	8082501	AC	17-Sep-18	310.1	
Sulfide, total	0.0439		0.0100	mg/L	1	8092104	AC	17-Sep-18	376.2	

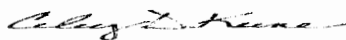
Green Analytical Laboratories
Total Recoverable Metals by ICP (E200.7)

Barium*	<0.050		0.050	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Calcium*	339		0.100	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Iron*	0.249		0.050	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Magnesium*	96.4		0.100	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Potassium*	7.88		1.00	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Sodium*	427		2.00	mg/L	2	B809132	AES	21-Sep-18	EPA200.7	

Cardinal Laboratories

*=Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

 Lonquist Field Services, LLC
 3345 Bee Cave Road, Suite 201
 Austin TX, 78746

 Project: SHOLES DEEP SWD #1
 Project Number: 32.124830-103.195928
 Project Manager: RAMONA HOVEY
 Fax To: (512) 732-9816

 Reported:
 21-Sep-18 16:42

2 WG115 SAME EREA
H802601-02 (Water)

Analyte	Result	MDL	Reporting Limit	Units	Dilution	Batch	Analyst	Analyzed	Method	Notes
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Cardinal Laboratories
Inorganic Compounds

Alkalinity, Bicarbonate	478		5.00	mg/L	1	8082501	AC	17-Sep-18	310.1	
Alkalinity, Carbonate	<1.00		1.00	mg/L	1	8082501	AC	17-Sep-18	310.1	
Chloride*	710		4.00	mg/L	1	8091303	AC	17-Sep-18	4500-Cl-B	
Conductivity*	4130		1.00	uS/cm	1	8091701	AC	17-Sep-18	120.1	
pH*	7.29		0.100	pH Units	1	8091701	AC	17-Sep-18	150.1	
Resistivity	2.42			Ohms/m	1	8091701	AC	17-Sep-18	120.1	
Specific Gravity @ 60° F	1.003		0.000	[blank]	1	8091710	AC	17-Sep-18	SM 2710F	
Sulfate*	906		125	mg/L	12.5	8091802	AC	18-Sep-18	375.4	
TDS*	2580		5.00	mg/L	1	8091202	AC	18-Sep-18	160.1	
Alkalinity, Total*	392		4.00	mg/L	1	8082501	AC	17-Sep-18	310.1	
Sulfide, total	0.0409		0.0100	mg/L	1	8092104	AC	17-Sep-18	376.2	

Green Analytical Laboratories
Total Recoverable Metals by ICP (E200.7)

Barium*	<0.050		0.050	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Calcium*	286		0.100	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Iron*	25.3		0.050	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Magnesium*	97.7		0.100	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Potassium*	6.75		1.00	mg/L	1	B809132	AES	21-Sep-18	EPA200.7	
Sodium*	427		2.00	mg/L	2	B809132	AES	21-Sep-18	EPA200.7	

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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC
3345 Bee Cave Road, Suite 201
Austin TX, 78746

Project: SHOLES DEEP SWD #1
Project Number: 32.124830-103.195928
Project Manager: RAMONA HOVEY
Fax To: (512) 732-9816

Reported:
21-Sep-18 16:42

Inorganic Compounds - Quality Control

Cardinal Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch 8082501 - General Prep - Wet Chem

Blank (8082501-BLK1)

Prepared: 25-Aug-18 Analyzed: 27-Aug-18

Alkalinity, Carbonate	ND	1.00	mg/L							
Alkalinity, Bicarbonate	5.00	5.00	mg/L							
Alkalinity, Total	4.00	4.00	mg/L							

LCS (8082501-BS1)

Prepared: 25-Aug-18 Analyzed: 27-Aug-18

Alkalinity, Carbonate	ND	2.50	mg/L				80-120			
Alkalinity, Bicarbonate	302	12.5	mg/L				80-120			
Alkalinity, Total	250	10.0	mg/L	250		100	80-120			

LCS Dup (8082501-BSD1)

Prepared: 25-Aug-18 Analyzed: 27-Aug-18

Alkalinity, Carbonate	ND	2.50	mg/L				80-120		20	
Alkalinity, Bicarbonate	318	12.5	mg/L				80-120	4.84	20	
Alkalinity, Total	260	10.0	mg/L	250		104	80-120	3.92	20	

Batch 8091202 - Filtration

Blank (8091202-BLK1)

Prepared: 12-Sep-18 Analyzed: 13-Sep-18

TDS	ND	5.00	mg/L							
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LCS (8091202-BS1)

Prepared: 12-Sep-18 Analyzed: 13-Sep-18

TDS	490		mg/L	527		93.0	80-120			
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Duplicate (8091202-DUP1)

Source: H802574-08

Prepared: 12-Sep-18 Analyzed: 13-Sep-18

TDS	17000	5.00	mg/L		16400			3.47	20	
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Batch 8091303 - General Prep - Wet Chem

Blank (8091303-BLK1)

Prepared & Analyzed: 14-Sep-18

Chloride	ND	4.00	mg/L							
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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

Lonquist Field Services, LLC
3345 Bee Cave Road, Suite 201
Austin TX, 78746

Project: SHOLES DEEP SWD #1
Project Number: 32.124830-103.195928
Project Manager: RAMONA HOVEY
Fax To: (512) 732-9816

Reported:
21-Sep-18 16:42

Inorganic Compounds - Quality Control

Cardinal Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch 8091303 - General Prep - Wet Chem

LCS (8091303-BS1)

Prepared & Analyzed: 14-Sep-18

Chloride	100	4.00	mg/L	100	100	80-120				
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LCS Dup (8091303-BSD1)

Prepared & Analyzed: 14-Sep-18

Chloride	104	4.00	mg/L	100	104	80-120	3.92	20		
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Batch 8091701 - General Prep - Wet Chem

LCS (8091701-BS1)

Prepared & Analyzed: 17-Sep-18

pH	7.08		pH Units	7.00	101	90-110				
Conductivity	49200		uS/cm	50000	98.4	80-120				

Duplicate (8091701-DUP1)

Source: H802601-01

Prepared & Analyzed: 17-Sep-18

pH	7.03	0.100	pH Units	6.98			0.714	20		
Conductivity	4420	1.00	uS/cm	4430			0.226	20		
Resistivity	2.26		Ohms/m	2.26			0.226	20		

Batch 8091710 - General Prep - Wet Chem

Duplicate (8091710-DUP1)

Source: H802601-01

Prepared & Analyzed: 17-Sep-18

Specific Gravity @ 60° F	1.001	0.000	[blank]	1.003			0.178	20		
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Batch 8091802 - General Prep - Wet Chem

Blank (8091802-BLK1)

Prepared & Analyzed: 18-Sep-18

Sulfate	ND	10.0	mg/L							
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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

 Lonquist Field Services, LLC
 3345 Bee Cave Road, Suite 201
 Austin TX, 78746

 Project: SHOLES DEEP SWD #1
 Project Number: 32.124830-103.195928
 Project Manager: RAMONA HOVEY
 Fax To: (512) 732-9816

 Reported:
 21-Sep-18 16:42

Inorganic Compounds - Quality Control
Cardinal Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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Batch 8091802 - General Prep - Wet Chem
LCS (8091802-BS1)

Prepared & Analyzed: 18-Sep-18

Sulfate	23.0	10.0	mg/L	20.0	115	80-120			
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LCS Dup (8091802-BSD1)

Prepared & Analyzed: 18-Sep-18

Sulfate	23.0	10.0	mg/L	20.0	115	80-120	0.304	20	
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Batch 8092104 - General Prep - Wet Chem
Blank (8092104-BLK1)

Prepared & Analyzed: 17-Sep-18

Sulfide, total	ND	0.0100	mg/L						
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Duplicate (8092104-DUP1)

Source: H802601-01

Prepared & Analyzed: 17-Sep-18

Sulfide, total	0.0493	0.0100	mg/L		0.0439		11.6	20	
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Celey D. Keene, Lab Director/Quality Manager

Analytical Results For:

 Lonquist Field Services, LLC
 3345 Bee Cave Road, Suite 201
 Austin TX, 78746

 Project: SHOLES DEEP SWD #1
 Project Number: 32.124830-103.195928
 Project Manager: RAMONA HOVEY
 Fax To: (512) 732-9816

 Reported:
 21-Sep-18 16:42

Total Recoverable Metals by ICP (E200.7) - Quality Control
Green Analytical Laboratories

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
---------	--------	-----------------	-------	-------------	---------------	------	-------------	-----	-----------	-------

Batch B809132 - Total Rec. 200.7/200.8/200.2
Blank (B809132-BLK1)

Prepared: 19-Sep-18 Analyzed: 21-Sep-18

Potassium	ND	1.00	mg/L							
Iron	ND	0.050	mg/L							
Magnesium	ND	0.100	mg/L							
Barium	ND	0.050	mg/L							
Calcium	ND	0.100	mg/L							
Sodium	ND	1.00	mg/L							

LCS (B809132-BS1)

Prepared: 19-Sep-18 Analyzed: 21-Sep-18

Sodium	3.30	1.00	mg/L	3.24		102	85-115			
Potassium	8.24	1.00	mg/L	8.00		103	85-115			
Magnesium	20.1	0.100	mg/L	20.0		101	85-115			
Iron	3.96	0.050	mg/L	4.00		98.9	85-115			
Calcium	4.07	0.100	mg/L	4.00		102	85-115			
Barium	1.93	0.050	mg/L	2.00		96.5	85-115			

LCS Dup (B809132-BSD1)

Prepared: 19-Sep-18 Analyzed: 21-Sep-18

Sodium	3.27	1.00	mg/L	3.24		101	85-115	1.09	20	
Barium	1.94	0.050	mg/L	2.00		96.9	85-115	0.341	20	
Magnesium	20.0	0.100	mg/L	20.0		100	85-115	0.503	20	
Iron	3.94	0.050	mg/L	4.00		98.5	85-115	0.482	20	
Calcium	4.06	0.100	mg/L	4.00		102	85-115	0.157	20	
Potassium	8.13	1.00	mg/L	8.00		102	85-115	1.29	20	

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Celey D. Keene, Lab Director/Quality Manager

Notes and Definitions

ND	Analyte NOT DETECTED at or above the reporting limit
RPD	Relative Percent Difference
**	Samples not received at proper temperature of 6°C or below.
***	Insufficient time to reach temperature.
-	Chloride by SM4500Cl-B does not require samples be received at or below 6°C
	Samples reported on an as received basis (wet) unless otherwise noted on report

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* = Accredited Analyte

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Celey D. Keene, Lab Director/Quality Manager

101 East Marland, Hobbs, NM 88240
(575) 393-2326 FAX (575) 393-2476

Company Name: Longview		P.O. #:		BILL TO										ANALYSIS REQUEST																																			
Project Manager:		Company:																																															
Address:		Attn:																																															
City:		Address:																																															
State:		City:																																															
Zip:		State:																																															
Phone #:		Fax #:																																															
Project #:		Project Owner:																																															
Project Name: 540165 DEEP SCUD #1		State:																																															
Project Location: 33.124230 / -103.135228		Phone #:																																															
Sample Name: 666100 ALKALINITY		Fax #:																																															
FOR LAB USE ONLY		MATRIX		PRESERV		SAMPLING																																											
Lab I.D.		Sample I.D.		(G)RAB OR (C)OMP.		# CONTAINERS		GROUNDWATER		WASTEWATER		SOIL		OIL		SLUDGE		OTHER :		ACID/BASE:		ICE / COOL		OTHER :		DATE		TIME																					
H802401		#1		CP-D1313		Pool 1																				9.14.18		11:00		Scale										Sulfide									
#2																										9.14.18		11:15																					
		#2		206115		Scum																																											

CARDINAL LABORATORIES
SCALE INDEX WATER ANALYSIS REPORT

Company : LONQUIST FIELD SERVICES, LLC	Date Sampled : 09/14/18
Lease Name : SHOLES DEEP SWD #1	Company Rep. : RAMONA HOVEY
Well Number : CP-01313 POD 1 (H802601-01)	
Location : 32.124830-103.195928	

ANALYSIS

- | | | |
|---|--------|------------------------------------|
| 1. pH | 6.98 | |
| 2. Specific Gravity @ 60/60 F. | 1.0030 | |
| 3. CaCO ₃ Saturation Index @ 80 F. | +0.527 | 'Calcium Carbonate Scale Possible' |
| @ 140 F. | +1.227 | 'Calcium Carbonate Scale Possible' |

Dissolved Gasses

- | | | |
|---------------------|-------|-----|
| 4. Hydrogen Sulfide | 0.044 | PPM |
| 5. Carbon Dioxide | ND | PPM |
| 6. Dissolved Oxygen | ND | PPM |

Cations

- | | | / | Eq. Wt. | = | MEQ/L |
|---------------------|--------|---|---------|---|-------|
| 7. Calcium (Ca++) | 339.00 | / | 20.1 | = | 16.87 |
| 8. Magnesium (Mg++) | 96.40 | / | 12.2 | = | 7.90 |
| 9. Sodium (Na+) | 427 | / | 23.0 | = | 22.66 |
| 10. Barium (Ba++) | 0.000 | / | 68.7 | = | 0.00 |

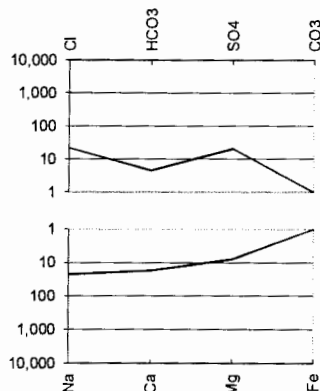
Anions

- | | | | | | |
|--------------------------------------|-------|---|------|---|-------|
| 11. Hydroxyl (OH-) | 0 | / | 17.0 | = | 0.00 |
| 12. Carbonate (CO ₃ =) | 0 | / | 30.0 | = | 0.00 |
| 13. Bicarbonate (HCO ₃ -) | 278 | / | 61.1 | = | 4.55 |
| 14. Sulfate (SO ₄ =) | 1,020 | / | 48.8 | = | 20.90 |
| 15. Chloride (Cl-) | 780 | / | 35.5 | = | 21.97 |

Other

- | | | | | | |
|---|---------|------------|------|-------------|------|
| 16. Total Iron (Fe) | 0.249 | / | 18.2 | = | 0.01 |
| 17. Total Dissolved Solids | 2,960 | | | | |
| 18. Total Hardness As CaCO ₃ | 1,243.0 | | | | |
| 19. Calcium Sulfate Solubility @ 90 F. | 1,902 | | | | |
| 20. Resistivity (Measured) | 2.260 | Ohm/Meters | @ 77 | Degrees (F) | |

Logarithmic Water Pattern



PROBABLE MINERAL COMPOSITION

COMPOUND	Eq. Wt.	X	MEQ/L	=	mg/L
Ca(HCO ₃) ₂	81.04	X	4.55	=	369
CaSO ₄	68.07	X	12.32	=	838
CaCl ₂	55.50	X	0.00	=	0
Mg(HCO ₃) ₂	73.17	X	0.00	=	0
MgSO ₄	60.19	X	7.90	=	476
MgCl ₂	47.62	X	0.00	=	0
NaHCO ₃	84.00	X	0.00	=	0
NaSO ₄	71.03	X	0.68	=	49
NaCl	58.46	X	21.97	=	1,284

ND = Not Determined

CARDINAL LABORATORIES
SCALE INDEX WATER ANALYSIS REPORT

Company : LONQUIST FIELD SERVICES, LLC	Date Sampled : 09/14/18
Lease Name : SHOLES DEEP SWD #1	Company Rep. : RAMONA HOVEY
Well Number : #2 WG115 SAME AREA (H802601-02)	
Location : 32.124830-103.195928	

ANALYSIS

- | | | |
|---|--------|------------------------------------|
| 1. pH | 7.29 | |
| 2. Specific Gravity @ 60/60 F. | 1.0030 | |
| 3. CaCO ₃ Saturation Index @ 80 F. | +0.688 | 'Calcium Carbonate Scale Possible' |
| @ 140 F. | +1.388 | 'Calcium Carbonate Scale Possible' |

Dissolved Gasses

- | | | |
|---------------------|-------|-----|
| 4. Hydrogen Sulfide | 0.041 | PPM |
| 5. Carbon Dioxide | ND | PPM |
| 6. Dissolved Oxygen | ND | PPM |

Cations

- | | | / | Eq. Wt. | = | MEQ/L |
|---------------------|--------|---|---------|---|-------|
| 7. Calcium (Ca++) | 286.00 | / | 20.1 | = | 14.23 |
| 8. Magnesium (Mg++) | 97.70 | / | 12.2 | = | 8.01 |
| 9. Sodium (Na+) | 427 | / | 23.0 | = | 24.15 |
| 10. Barium (Ba++) | 0.000 | / | 68.7 | = | 0.00 |

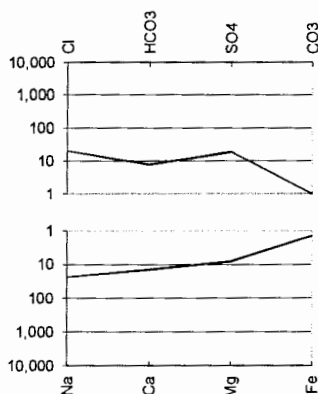
Anions

- | | | | | | |
|--------------------------------------|-----|---|------|---|-------|
| 11. Hydroxyl (OH-) | 0 | / | 17.0 | = | 0.00 |
| 12. Carbonate (CO ₃ =) | 0 | / | 30.0 | = | 0.00 |
| 13. Bicarbonate (HCO ₃ -) | 478 | / | 61.1 | = | 7.82 |
| 14. Sulfate (SO ₄ =) | 906 | / | 48.8 | = | 18.57 |
| 15. Chloride (Cl-) | 710 | / | 35.5 | = | 20.00 |

Other

- | | | | | | |
|---|---------|------------|------|-------------|------|
| 16. Total Iron (Fe) | 25.300 | / | 18.2 | = | 1.39 |
| 17. Total Dissolved Solids | 2,580 | | | | |
| 18. Total Hardness As CaCO ₃ | 1,116.0 | | | | |
| 19. Calcium Sulfate Solubility @ 90 F. | 1,893 | | | | |
| 20. Resistivity (Measured) | 2.420 | Ohm/Meters | @ 77 | Degrees (F) | |

Logarithmic Water Pattern



PROBABLE MINERAL COMPOSITION

COMPOUND	Eq. Wt.	X	MEQ/L	=	mg/L
Ca(HCO ₃) ₂	81.04	X	7.82	=	634
CaSO ₄	68.07	X	6.41	=	436
CaCl ₂	55.50	X	0.00	=	0
Mg(HCO ₃) ₂	73.17	X	0.00	=	0
MgSO ₄	60.19	X	8.01	=	482
MgCl ₂	47.62	X	0.00	=	0
NaHCO ₃	84.00	X	0.00	=	0
NaSO ₄	71.03	X	4.15	=	295
NaCl	58.46	X	20.00	=	1,169

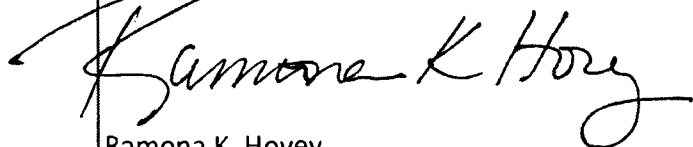
ND = Not Determined

Sholes Deep SWD No. 1 Notice List		
Lea County, NM		
OWL SWD Operating, LLC		
TRACT ID	REGULATORY	MAILING ADDRESS
N/A	Oil Conservation Division District IV	1220 South St. Francis Drive Santa Fe, NM 87505
	Oil Conservation Division District I - Hobbs	1625 N. French Drive, Hobbs New Mexico 88240
	MINERAL LESSEE	MAILING ADDRESS
	ZPZ Delaware I LLC	2000 Post Oak Blvd, Ste 100 Houston, TX 77056
	Apache Corp	2000 Post Oak Blvd, Ste 100 Houston, TX 77056
	Toreador Acquisition Corp	48090 Cole Ave #108 Dallas, TX 75205
	ConocoPhillips Co	PO Box 7500 Bartlesville, OK 74005
	Chevron U S A Inc.	6301 Deauville Midland, TX 79706
	Enervest Operating L.L.C.	2700 Farmington Ave, Bldg K Suite 1 Farmington, NM 87401
	Herman L. Loeb LLC	600 Country Club Drive Lawrenceville, IL 62439
	Primal Energy Corporation	211 Highland Cross, Suite 227 Houston, TX 77073
	SURFACE OWNER	MAILING ADDRESS
	Fulfer Ranch LLC	PO Box 1224 Jal, NM 88252
	MINERAL OWNERS	MAILING ADDRESS
	Robert R. Winningham	933 Dunleer Drive Allen, TX 75103
	Dan Mordhorst, Trustee of the Dan Mordhorst Revocable Trust Derek Mordhort Clifford Mordhorst	P.O. Box 4335 Tulsa, OK 74159
	Leslie Boie, Personal Representative of the Estate of Sarah C. Vickery	6514 3rd Ave. S Richfield, MN 55423
	Susan Duff	50 Sequoyah Shawnee, OK 74801

	John V. McCarthy, II	P.O. Box 3688 Bernice, OK 74331
	SH Permian Minerals, LLC	1320 S. University Drive, Suite 500 Fort Worth, TX 76107
	Duard B. Thomas, as Personal Representative of The Estate of Warren J. Bates	P.O. Box 1357 Ada, OK 74820
	James R. Bates	P.O. Box 6216 Shawnee Mission, KS 66206
	Bates Family Investment Company, LLC c/o The Trust Company of Oklahoma	P.O. Box 3627 Tulsa, OK 74101
	Prairie Queen LLC	313 S.W. 103rd Street Oklahoma City, OK 73139
	Alberta Darks and Diana Brunel, Trustees of the Alberta Darks Living Trust	5622 E. 97th Street Tulsa, OK 74137
	Diana Darks Brunel	5622 E. 97th Street Tulsa, OK 74137
	Blaze Interests, LLC	218 N. Main Street, Suite C Midland, TX 79701
	OFFSET OPERATORS	MAILING ADDRESS
N/A	Special Energy Corp.	PO Drawer 369 Stillwater, OK 74076

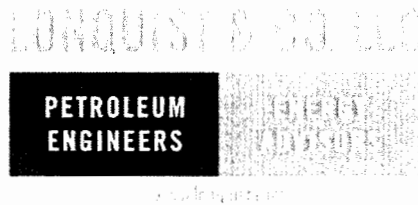
I certify that the above parties were noticed ~~by~~ 9/26/2018 for the Sholes Deep SWD No. 1 application by mailing them a copy of the Form C-108

Sincerely,



Ramona K. Hovey
Sr. Petroleum Engineer / Lonquist & Co., LLC
For OWL SWD Operating, LLC

AUSTIN
HOUSTON



WICHITA
CALGARY

September 25, 2018

Fulfer Ranch LLC
PO Box 1224
Jal, NM 88252

Subject: Sholes Deep SWD No. 1 Authorization to Inject

To Whom It May Concern:

Attached for your review is Form C-108, Application for Authorization to Inject, and its supplemental documents prepared for OWL SWD Operating, LLC's Sholes Deep SWD No. 1 well. Section XIV of Form C-108 requires that the surface land owner on which the well is located and each leasehold operator within a one-half mile radius of the proposed well location be furnished with the application.

According to the New Mexico Oil Conservation Division, surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date in which this application was mailed to them.

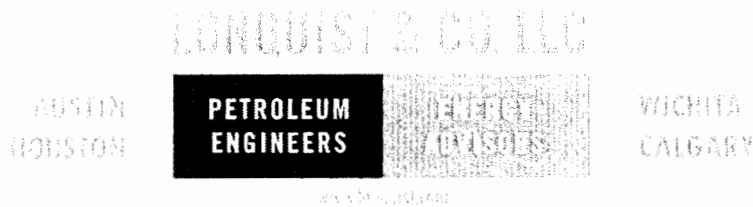
Any questions should be directed towards OWL SWD Operating, LLC's agent, Lonquist & Co., LLC.

Regards,

A handwritten signature in black ink, appearing to read 'A Pattee', is located below the 'Regards,' text.

Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

Dan Mordhorst, Trustee of the Dan Mordhorst Revocable Trust
Derek Mordhort
Clifford Mordhorst
P.O. Box 4335
Tulsa, OK 74159

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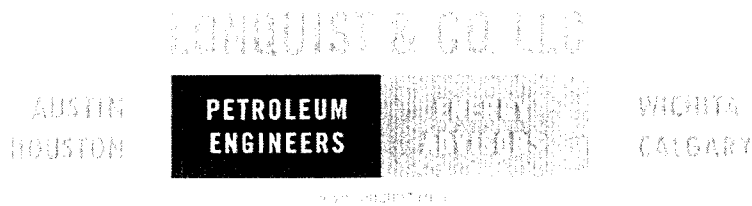
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Regards,

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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

Leslie Boie, Personal Representative of the Estate of Sarah C. Vickery
6514 3rd Ave. S
Richfield, MN 55423

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Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

AUSTIN
HOUSTON

PETROLEUM
ENGINEERS

MINNEAPOLIS
WICHITA
CALGARY

www.lonquist.com

September 25, 2018

Susan Duff
50 Sequoyah
Shawnee, OK 74801

Subject: Sholes Deep SWD No. 1 Authorization to Inject

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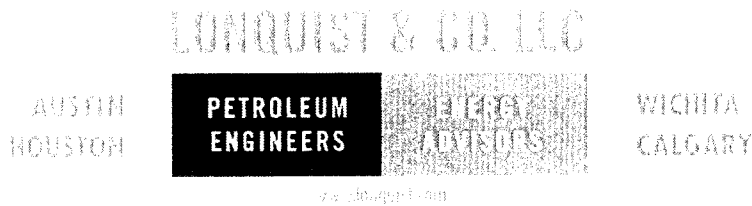
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Regards,



Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

SH PERMIAN MINERALS, LLC
1320 S UNIVERSITY DRIVE, STE 500
FT WORTH, TX 76107

Subject: Sholes Deep SWD No. 1 Authorization to Inject

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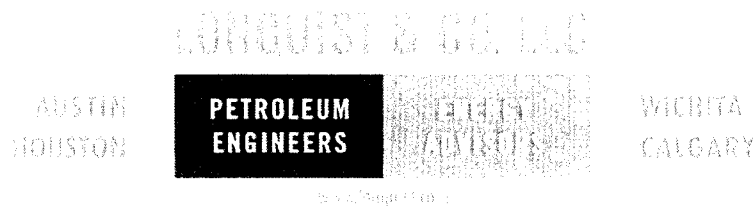
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Regards,

Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

Duard B. Thomas, as Personal Representative of The Estate of Warren J. Bates
P.O. Box 1357
Ada, OK 74820

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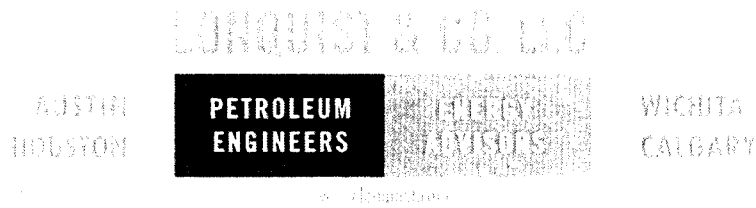
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Regards,

Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

James R. Bates
P.O. Box 6216
Shawnee Mission, KS 66206

Subject: Sholes Deep SWD No. 1 Authorization to Inject

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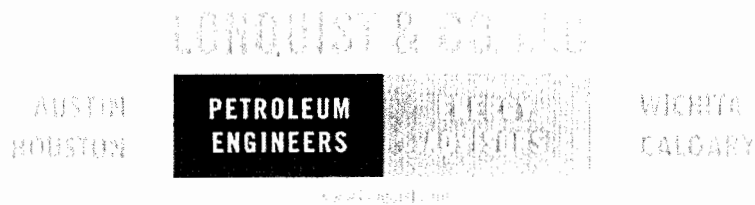
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Regards,

Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

Bates Family Investment Company, LLC
c/o The Trust Company of Oklahoma
P.O. Box 3627
Tulsa, OK 74101

Subject: Sholes Deep SWD No. 1 Authorization to Inject

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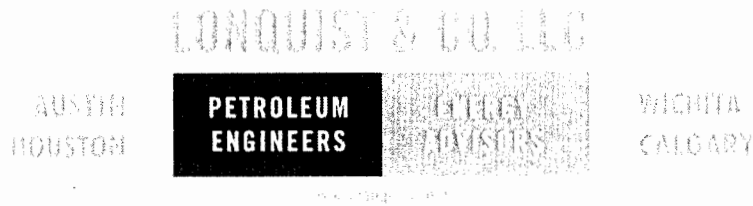
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Regards,

Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

Diana Darks Brunel
5622 E. 97th Street
Tulsa, OK 74137

Subject: Sholes Deep SWD No. 1 Authorization to Inject

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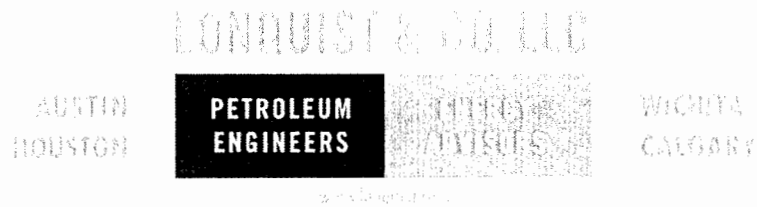
Any questions should be directed towards OWL SWD Operating, LLC's agent, Lonquist & Co., LLC.

Regards,

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Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com



September 25, 2018

Blaze Interests, LLC
218 N. Main Street, Suite C
Midland, TX 79701

Subject: Sholes Deep SWD No. 1 Authorization to Inject

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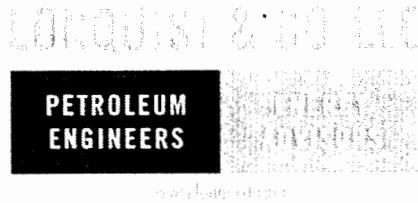
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Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

AUSTIN
HOUSTON



WICHITA
CALGARY

September 25, 2018

Prairie Queen LLC
313 S.W. 103rd Street
Oklahoma City, OK 73139

Subject: Sholes Deep SWD No. 1 Authorization to Inject

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Regards,

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Stephen L. Pattee, P.G.
Regulatory Manager
Lonquist & Co., LLC

(512) 600-1774
steve@lonquist.com

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

FULFER RANCH LLC
PO BOX 1224
JAL, NM 88252



9590 9402 2957 7094 4830 93

2. Article Number (Transfer from service label)

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A. Signature

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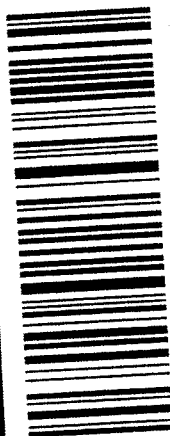
1751-SHOES #1

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

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Extra Services & Fees (check box, add fee as appropriate)

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Total Postage and Fees

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Sent To FULFER RANCH LLC

Street and Apt. No. or PO Box No.
PO BOX 1224City, State, ZIP+4®
JAL NM 88252

PS Form 3800, April 2015 PSN 7530-02-000-9047

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT R. WINNINGHAM
933 DUNLEER DRIVE
ALLEN, TX 75103



9590 9402 2957 7094 4830 86

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7551

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

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C. Date of Delivery

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If YES, enter delivery address below: ☐ No

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PS Form 3811, July 2015 PSN 7530-02-000-9053

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Extra Services & Fees (check box, add fee as appropriate)

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1751-SHOXES #1

ROBERT R. WINNINGHAM

933 DUNLEER DR.

ALLEN TX 75103

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

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1 Article Addressed to:

DAN MORDHORST, TRUSTEE
PO BOX 4335
TULSA OK 74159



9590 9402 2957 7094 4830 79

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7568

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

1751-SHOES #1

Domestic Return Receipt

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Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

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☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

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Total Postage and Fees

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Sent To

DAN MORDHORST, TRUSTEE

Street and Apt. No., or PO Box No.

PO BOX 4335

City, State, ZIP+4®

TULSA OK 74159

PS Form 3800, April 2015 PSN 7530-02-000-9047

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Here

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1. Article Addressed to:

**LESLIE BOIE, REPRESENTATIVE
ESTATE OF SARAH C VICKERY
6514 3RD AVE. S
RICHFIELD, MN 55423**



9590 9402 2957 7094 4830 62

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7575

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHOLES #1

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

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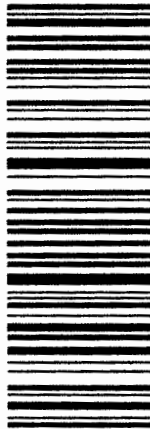
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



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7017 2680 0000 7062 7575

**U.S. Postal Service™
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1751-SHOLES #1

Sent To

LESLIE BOIE REPRESENTATIVE OF SARAH VICKERY

Street and Apt. No., or PO Box No.

6514 3RD AVE. S.

City, State, ZIP+4®

RICHFIELD MN 55423

PS Form 3800, April 2015 PSN 7530-02-000-9047

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1. Article Addressed to:

**SUSAN DUFF
50 SEQUOYAH
SHAWNEE, OK 74801**



9590 9402 2957 7094 4830 55

2 Article Number (Transfer from service label)

7017 2680 0000 7062 7582

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHULES #1

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

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Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

SUSAN DUFF

Street and Apt. No., or PO Box No.

50 SEQUOYAH

City, State, ZIP+4®

SHAWNEE, OK 74801

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

1751-SHULES #1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN V MCCARTHY, II
PO BOX 3688
BERNICE, OK 74331



9590 9402 2957 7094 4830 48

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7599

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHOLES #1

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL®



7017 2680 0000 7062 7599
7017 2680 0000 7062 7599

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

JOHN V MCCARTHY, II

Street and Apt. No., or PO Box No.

PO BOX 3688

City, State, ZIP+4®

BERNICE OK 74331

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

1751-SHOLES #1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**SH PERMIAN MINERALS, LLC
1320 S UNIVERSITY DRIVE, STE 500
FT WORTH, TX 76107**



9590 9402 2957 7094 4830 31

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7605

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHOLES #1

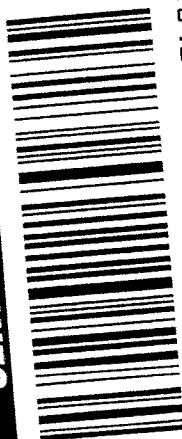
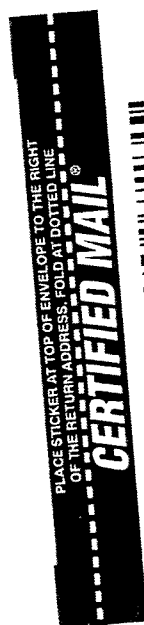
3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt



7017 2680 0000 7062 7605
7017 2680 0000 7062 7605

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

- Extra Services & Fees (check box, add fee as appropriate)
- ☐ Return Receipt (hardcopy) \$
 - ☐ Return Receipt (electronic) \$
 - ☐ Certified Mail Restricted Delivery \$
 - ☐ Adult Signature Required \$
 - ☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

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City, State, ZIP+4®

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City, State, ZIP+4®

City, State, ZIP+4®

City, State, ZIP+4®

Postmark
Here

1751-SHOLES #1

Sent To **SH PERMIAN MINERALS LLC**
Street and Apt. No., or PO Box No. **1320 UNIVERSITY DR STE 500**
City, State, ZIP+4® **FT WORTH TX 76107**

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DUARD B THOMAS, REPRESENTATIVE
ESTATE OF WARREN J BATES
PO BOX 1357
ADA, OK 74820



9590 9402 2957 7094 4830 24

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7612

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHOLES #1

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 7612
7017 2680 0000 7062 7612

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

Total Postage and Fees

\$

Postmark
Here

Sent To

DUARD B THOMAS, REP ESTATE WARREN J BATES

Street and Apt. No., or PO Box No.

PO BOX 1357

City, State, ZIP+4®

ADA OK 74820

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES R. BATES
PO BOX 6216
SHAWNEE MISSION, KS 66206



9590 9402 2957 7094 4830 17

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7629

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

1751-SHOLES #1

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2680 0000 7062 7629
 7017 2680 0000 7062 7629

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

JAMES R. BATES

Street and Apt. No., or PO Box No.

PO BOX 6216

City, State, ZIP+4

SHAWNEE MISSION KS 66206

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Postmark
Here

1751-SHOLES #1

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**BATES FAMILY INVESTMENT CO
C/O THE TRUST CO. OF OKLAHOMA
PO BOX 3627
TULSA OK 74101**



9590 9402 2957 7094 4830 00

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7636

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

1751-SHOES #1

3. Service Type

☒ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only**

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

☐ Return Receipt (electronic)

☐ Certified Mail Restricted Delivery

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery

Postage

Total Postage and Fees

Postmark
Here

1751-SHOES #1

Sent To

BATES FAMILY INVESTMENT CO

Street and Apt. No., or PO Box No.

PO BOX 3627

City, State, ZIP+4®

TULSA OK 74101


PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL®



7017 2680 0000 7062 7636
7017 2680 0000 7062 7636

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="text-align: center;"> PRAIRIE QUEEN LLC 313 S.W. 103RD STREET OKLAHOMA CITY, OK 73139 </div>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<div style="text-align: center;">  9590 9402 2957 7094 4829 73 </div>		3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	
2. Article Number (Transfer from service label) 7017 2680 0000 7062 7667		<div style="text-align: center;"> 1751-SHOLES #1 </div>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®

7017 2680 0000 7062 7667
7017 2680 0000 7062 7667

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ Postage \$ _____ Total Postage and Fees \$ _____	Postmark Here <div style="text-align: center;"> 1751-SHOLES #1 </div>
Sent To: PRAIRIE QUEEN LLC Street and Apt. No., or PO Box No. 313 SW 103RD STREET City, State, ZIP+4® OKLAHOMA CITY OK 73139	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">ALBERTA DARKS DIANA DARKS BRUNEL 5622 E. 97TH STREET TULSA, OK 74137</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 2680 0000 7062 7643</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">1751-SHOLES #1</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			

Barcode: 9590 9402 2957 7094 4829 97

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7017 2680 0000 7062 7643
7017 2680 0000 7062 7643

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee		Postmark Here
\$		
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
\$		
Total Postage and Fees		
\$		
Sent To ALBERTA DARKS 1751-SHOLES #1 DIANA DARKS BRUNEL Street and Apt. No., or PO Box No. 5622 E 97TH STREET City, State, ZIP+4® TULSA OK 74137		

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BLAZE INTERESTS, LLC
218 N MAIN STREET, SUITE C
MIDLAND, TX 79701



9590 9402 2957 7094 4829 80

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7650

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

1751-SHOES#1

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7017 2680 0000 7062 7650
 7017 2680 0000 7062 7650

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

\$

☐ Return Receipt (electronic)

\$

☐ Certified Mail Restricted Delivery

\$

☐ Adult Signature Required

\$

☐ Adult Signature Restricted Delivery

\$

Postage

\$

Total Postage and Fees

\$

Postmark
 Here

1751-SHOES#1

Sent To

BLAZE INTERESTS

Street and Apt. No., or PO Box No.

218 N. MAIN ST. STE C

City, State, ZIP+4®

MIDLAND TX 79701

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LESLIE BOIE, REPRESENTATIVE
ESTATE OF SARAH C VICKERY
6514 3RD AVE. S
RICHFIELD, MN 55423



9590 9402 2957 7094 4830 62

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7575

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Leslie Boie*☐ Agent☐ Addressee

B. Received by (Printed Name)

Leslie Boie

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No*1751-SHOLES #1*

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN V MCCARTHY, II
PO BOX 3688
BERNICE, OK 74331



9590 9402 2957 7094 4830 48

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7599

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *John V. McCarthy II*☐ Agent☐ Addressee

B. Received by (Printed Name)

John V. McCarthy II

C. Date of Delivery

*10/2/18*D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No*1751-SHOLES #1*

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAN MORDHORST, TRUSTEE
PO BOX 4335
TULSA OK 74159



9590 9402 2957 7094 4830 79

2. Article Number (Transfer from service label)

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

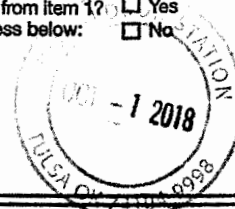
- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Ashley Rhine

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type

- ☒ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

1751-SHOES #1

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BATES FAMILY INVESTMENT CO
C/O THE TRUST CO. OF OKLAHOMA
PO BOX 3627
TULSA OK 74101



9590 9402 2957 7094 4830 00

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7636

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

CIT 01 2018

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

1751-SHOES #1

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**DUARD B THOMAS, REPRESENTATIVE
ESTATE OF WARREN J BATES
PO BOX 1357
ADA, OK 74820**



9590 9402 2957 7094 4830 24

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7612

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHORES #1

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JAMES R. BATES
PO BOX 6216
SHAWNEE MISSION, KS 66206**



9590 9402 2957 7094 4830 17

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7629

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHORES #1

3. Service Type

- ☒ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FULFER RANCH LLC
PO BOX 1224
JAL, NM 88252



9590 9402 2957 7094 4830 93

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7544

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ Agent☐ Addressee

B. Received by (Printed Name)

Jenny Edwards

C. Date of Delivery

10-2-18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

1751-SHOES #1

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BLAZE INTERESTS, LLC
218 N MAIN STREET, SUITE C
MIDLAND, TX 79701



9590 9402 2957 7094 4829 80

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7650

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

Monica Leclair

C. Date of Delivery

10/1/18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHOES #1

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt ;

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SUSAN DUFF
50 SEQUOYAH
SHAWNEE, OK 74801



9590 9402 2957 7094 4830 55

2. Article Number (Transfer from service label)

7017 2680 0000 7062 7582

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Susan Duff 9/28/18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHAWNEE #1

3. Service Type

☒ Adult Signature☐ Priority Mail Express®☐ Adult Signature Restricted Delivery☐ Registered Mail™☒ Certified Mail®☐ Registered Mail Restricted Delivery☐ Certified Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Collect on Delivery☐ Signature Confirmation™☐ Collect on Delivery Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SH PERMIAN MINERALS, LLC
1320 S UNIVERSITY DRIVE, STE 500
FT WORTH, TX 76107



9590 9402 2957 7094 4830 31

2. Article Number (Transfer from service label)

7017 2680 0000 7062 766

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Shawnee James 9/28/18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1751-SHAWNEE #1

3. Service Type

☒ Adult Signature☐ Priority Mail Express®☐ Adult Signature Restricted Delivery☐ Registered Mail™☒ Certified Mail®☐ Registered Mail Restricted Delivery☐ Certified Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Collect on Delivery☐ Signature Confirmation™☐ Collect on Delivery Restricted Delivery☐ Signature Confirmation Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SPECIAL ENERGY CORP.
P.O. DRAWER 369
STILLWATER, OK 74076



9590 9402 2957 7094 4840 52

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5892

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Shelly Bowling*☐ Agent☐ Addressee

B. Received by (Printed Name)

Shelly Bowling

C. Date of Delivery

9-14-18

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

SEP 14 2018
1751-SHOLES SLWS-#1

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CONOCOPHILLIPS CO
P.O. BOX 7500
BARTLESVILLE, OK 74005



9590 9402 2957 7094 4840 45

2. Article Number (Transfer from service label)

7017 2680 0000 7062 5885

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *ConocoPhillips*☐ Agent☐ Addressee

B. Received by (Printed Name)

SEP 13 2018

C. Date of Delivery

SEP 13 2018

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

Mail Services
Bartlesville, OK

3. Service Type

☒ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

SEP 13 2018
1751-SHOLES SLWS-#1

Domestic Return Receipt

Track Another Package +

Tracking Number: 70171450000225321871

Remove X

Your item was delivered to an individual at the address at 4:47 pm on October 9, 2018 in OKLAHOMA CITY, OK 73170.

✓ Delivered

October 9, 2018 at 4:47 pm
Delivered, Left with Individual
OKLAHOMA CITY, OK 73170

Get Updates ▼

Text & Email Updates	▼
Tracking History	▼
Product Information	▼

See Less ^

Tracking Number: 70172680000070627643

Remove X

Your item was delivered to an individual at the address at 11:53 am on September 29, 2018 in TULSA, OK 74137.

✓ Delivered

September 29, 2018 at 11:53 am
Delivered, Left with Individual
TULSA, OK 74137

Get Updates ▼

See More ▼

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs (https://www.usps.com/faqs/uspstracking-faqs.htm)

The easiest tracking number is the one you don't have to know.

With Informed Delivery®, you never have to type in another tracking number. Sign up to:

- See images* of incoming mail.
- Automatically track the packages you're expecting.
- Set up email and text alerts so you don't need to enter tracking numbers.
- Enter USPS Delivery Instructions™ for your mail carrier.

Sign Up

(https://reg.usps.com/entreg/RegistrationAction_input?

*NOTE: Black and white (grayscale) images show the outside, front of letter-sized envelopes and USPS mail that has been processed through USPS automated equipment.

Feedback



October 19,2018

Dear Customer:

Proof-of-delivery letters are being provided for the following shipments:

773173996975	Houston,TX
773174076405	Houston,TX
773174148029	Dallas,TX
773174180124	Midland,TX
773174248904	Lawrenceville,IL
773174275530	Spring,TX
773174221210	Farmington,NM

You may save or print this Batch Signature Proof of Delivery file for your records.

Thank you for choosing FedEx.

FedEx

1.800.GoFedEx 1.800.463.3339

October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773173996975**.

Delivery Information:

Status:	Delivered	Delivery location:	Houston, TX
Signed for by:	ACENTENO	Delivery date:	Sep 11, 2018 12:38
Service type:	FedEx Ground		
Special Handling:	Adult Signature Required		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	773173996975	Ship date:	Sep 10, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
HOUSTON, TX US

Shipper:
HOUSTON, TX US

Reference 1751-Sholes SWD#1/Legal Notice

Thank you for choosing FedEx.



October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773174076405**.

Delivery Information:

Status:	Delivered	Delivery location:	Houston, TX
Signed for by:	ACENTENO	Delivery date:	Sep 11, 2018 12:38
Service type:	FedEx Ground		
Special Handling:	Adult Signature Required		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	773174076405	Ship date:	Sep 10, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
HOUSTON, TX US

Shipper:
HOUSTON, TX US

Reference

1751-Sholes #1/Legal Notice

Thank you for choosing FedEx.

October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773174148029**.

Delivery Information:

Status:	Delivered	Delivery location:	Dallas, TX
Signed for by:	JMORRIS	Delivery date:	Sep 12, 2018 11:47
Service type:	FedEx Ground		
Special Handling:	Adult Signature Required		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	773174148029	Ship date:	Sep 10, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
DALLAS, TX US

Shipper:
HOUSTON, TX US

Reference

1751-SHOLES #1/LEGAL NOTICE

Thank you for choosing FedEx.

October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773174180124**.

Delivery Information:

Status:	Delivered	Delivery location:	Midland, TX
Signed for by:	CLAWRENCE	Delivery date:	Sep 12, 2018 12:21
Service type:	FedEx Ground		
Special Handling:	Adult Signature Required		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	773174180124	Ship date:	Sep 10, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:	Shipper:
MIDLAND, TX US	HOUSTON, TX US

Reference	1751-SHOLES #1/LEGAL NOTICE
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Thank you for choosing FedEx.



October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773174248904**.

Delivery Information:

Status:	Delivered	Delivery location:	Lawrenceville, IL
Signed for by:	GENGEL	Delivery date:	Sep 12, 2018 10:31
Service type:	FedEx Ground		
Special Handling:	Adult Signature Required		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	773174248904	Ship date:	Sep 10, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
LAWRENCEVILLE, IL US

Shipper:
HOUSTON, TX US

Reference

1751-SHOLES #1/LEGAL NOTICE

Thank you for choosing FedEx.

October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773174275530**.

Delivery Information:

Status:	Delivered	Delivery location:	Spring, TX
Signed for by:	SHAZE	Delivery date:	Sep 13, 2018 10:23
Service type:	FedEx Ground		
Special Handling:	Adult Signature Required		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	773174275530	Ship date:	Sep 10, 2018
		Weight:	0.9 lbs/0.4 kg

Recipient:	Shipper:
HOUSTON, TX US	HOUSTON, TX US

Reference	1751-SHOLES #1/LEGAL NOTICE
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Thank you for choosing FedEx.



October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773174221210**.

Delivery Information:

Status:	Delivered	Delivery location:	Farmington, NM
Signed for by:	LLIVINGSTON	Delivery date:	Sep 14, 2018 14:33
Service type:	FedEx Ground		
Special Handling:	Adult Signature Required		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	773174221210	Ship date:	Sep 10, 2018
		Weight:	1.0 lbs/0.5 kg

Recipient:
FARMINGTON, NM US

Shipper:
HOUSTON, TX US

Reference 1751-SHOLES #1/LEGAL NOTICE

Thank you for choosing FedEx.

October 19, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **773497885683**.

Delivery Information:

Status:	Delivered	Delivered to:	Residence
Signed for by:	Signature not required	Delivery location:	ALLEN, TX
Service type:	FedEx 2Day AM	Delivery date:	Oct 19, 2018 10:48
Special Handling:	Deliver Weekday		
	Residential Delivery		

NO SIGNATURE REQUIRED

Proof-of-delivery details appear below; however, no signature is available for this FedEx Express shipment because a signature was not required.

Shipping Information:

Tracking number:	773497885683	Ship date:	Oct 17, 2018
		Weight:	0.5 lbs/0.2 kg

Recipient:	Shipper:
ALLEN, TX US	Austin, TX US

Reference	Project #1751
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Thank you for choosing FedEx.

wellname	api	latitude	longitude	section	township	range	unit	figs	figw	county	state	formation	sampledate	ph	iw5_mg	relativity_ohm_cm	sodium_mg	calcium_mg	magnesium_mg	chloride_mg	carbonate_mg	hydrobnsulfide_mg
STATE CON #001	3002509967	32.1790505	-103.2218254	36.245	36E	36E	M	660N	1800W	LEA	NM	DEVONIAN			1755.34							128
COTTON DRAW UNIT #237H	3002511188	32.1382394	-103.6638884	10.255	36E	36E	M	200S	950W	LEA	NM	BONE SPRING AND SAND			2007.55	0.05017	684.07	4041.6	1744.5	12676.3	4	222
UPPIZZANA A FEDERAL #001H	3002541829	32.1660957	-103.6665616	4.255	37E	37E	D	200N	960W	LEA	NM	BONE SPRING AND SAND			1427.015	6.3	1402.35	4218.1	785.3	8798.81	0	244
UPPIZZANA A FEDERAL #001H	3002541829	32.1660957	-103.6665616	4.255	37E	37E	D	200N	960W	LEA	NM	BONE SPRING AND SAND			1111/2014	6.5	1397.3	7021.9	913.2	8728.0	6	244
UPPIZZANA A FEDERAL #001H	3002541829	32.1660957	-103.6665616	4.255	37E	37E	D	200N	960W	LEA	NM	BONE SPRING AND SAND			447/2015	7.2	1410.0	4393.5	789.5	8846.4	0	244
TRICON F&E FEDERAL #005H	3002540044	32.1525841	-103.7135702	6.255	37E	37E	D	200S	2270W	LEA	NM	DEVILWABE-BRUSHY CANYON			1/15/2015	6.8	2388.1	7487.7	1439.1	2437.4	0	122
TRICON F&E FEDERAL #005H	3002540046	32.1525841	-103.7132197	6.255	37E	37E	O	200S	2210E	LEA	NM	BONE SPRING AND SAND			1/29/2014	6.3	1388.7	4036.4	664.3	8897.5	0	122
TRICON F&E FEDERAL #005H	3002540046	32.1525841	-103.7131295	6.255	37E	37E	O	200S	2260E	LEA	NM	DEVILWABE-BRUSHY CANYON			9/20/2015	6.7	2456.93	7827.1	1375.1	15016.2	0	122
TRICON F&E FEDERAL #007H	3002540047	32.1525841	-103.7080307	6.255	37E	37E	P	200S	685E	LEA	NM	DEVILWABE-BRUSHY CANYON			4/7/2015	6.7	2462.62	7217.5	1555.36	8	122	
TRICON F&E FEDERAL #007H	3002540047	32.1525841	-103.7080307	6.255	37E	37E	P	200S	685E	LEA	NM	DEVILWABE-BRUSHY CANYON			6/1/2015	6.7	2462.62	7217.5	1555.36	8	122	
TRICON F&E FEDERAL #009H	3002542475	32.1525748	-103.7188071	6.255	37E	37E	M	200S	635E	LEA	NM	BONE SPRING AND SAND			12/29/2014	7.65	1739.68	4047.3	832	824.8	0	244
TRICON F&E FEDERAL #010H	3002542476	32.1525748	-103.7188448	6.255	37E	37E	M	200S	1300W	LEA	NM	BONE SPRING AND SAND			8/31/2015	6.5	1620.95	4054.6	987.1	10090.0	0	48.8
TRICON F&E FEDERAL #010H	3002542476	32.1525748	-103.7188448	6.255	37E	37E	M	200S	1300W	LEA	NM	BONE SPRING AND SAND			8/31/2015	6.5	1515.49	4058.66	463.0	9440.50	0	48.8
TRICON F&E FEDERAL #014	3002511736	32.1185147	-103.1150602	24.255	37E	37E	G	1650N	2310E	LEA	NM	DEVILWABE-BRUSHY CANYON			10/7/2015	6.5	2398.60	7602.35	1350.6	2237.5	0	872
1 B COATES FEDERAL #001A	3002511864	32.0922278	-103.1784438	32.255	37E	37E	A	660N	660E	LEA	NM	DEVONIAN			1/2/1900		3526.1			1724.4	5345	470
ANNOT TADMAN NCT B #003	3002511864	32.0922278	-103.1784438	32.255	37E	37E	A	660N	660E	LEA	NM	DEVONIAN			1/2/1900		3526.1			1724.4	5345	470
CALSON A #02	3002511764	32.1038328	-103.1113434	25.255	37E	37E	A	2310S	990E	LEA	NM	FUSSELMAN			2080.80		1240.90		1120.00		3400	68
CALSON B #03	3002511764	32.0967268	-103.11198425	13.255	37E	37E	P	1650N	990S	LEA	NM	FUSSELMAN			1840.90		673.50		1120.00		1806	1806
CALSON FEDERAL #001	3002511974	32.1159018	-103.1198425	13.255	37E	37E	F	1650N	1650W	LEA	NM	GLORIETA			1137.31		606.60		673.50		280	280
COPPER #001	3002511818	32.0799483	-103.1656723	28.255	37E	37E	F	1800S	1981E	LEA	NM	DEVONIAN			1014.12		275.06		2996		606.60	963
HALE STATE #003	3002512381	32.1670369	-103.1762589	2.255	37E	37E	M	1650N	318E	LEA	NM	MONTOYA			275.06		6491.6		37000		1079	1089
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			1565.96		2506		37000		1784	288
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			81.712		4750		4750		722	722
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1880S	330W	LEA	NM	TUOH/DRINKARD			131.505		2740		7382		1637	244
HODGES B #003	3002511383	32.1572766	-103.1241115	1.255	37E	37E	C	1														

McMillan, Michael, EMNRD

From: Holm, Anchor <aholm@slo.state.nm.us>
Sent: Wednesday, January 2, 2019 2:01 PM
To: McMillan, Michael, EMNRD
Subject: [EXT] RE: Produced Water Summaries

Mike,

The San Andres formation appears to contain protectable ground water within this area, as does the Grayburg formation.

Regarding the intermediate casing being set only 50 feet into the top of the Glorieta is a bit risky. Setting this casing string about 200 to 300 feet into the Glorieta formation would be protective of the shallower fresh ground waters in the San Andres and Grayburg formations, assuming the upper Glorieta formation has low vertical permeability.

Anchor E. Holm
Geoscientist/Petroleum Engineering Specialist
Oil Gas & Minerals Division
505.827.5759
New Mexico State Land Office
310 Old Santa Fe Trail
P.O. Box 1148
Santa Fe, NM 87504-1148
aholm@slo.state.nm.us
nmstatelands.org



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From: McMillan, Michael, EMNRD [mailto:Michael.McMillan@state.nm.us]
Sent: Wednesday, January 2, 2019 1:35 PM
To: Holm, Anchor <aholm@slo.state.nm.us>
Subject: FW: Produced Water Summaries

Anchor
Happy New Year!!!!
What do you think of the 3rd intermediate string?
Is the San Andres freshwater in the area of this proposed well?
Well located Unit O, Section 19, T25S R37E
I just want to make sure that the intermediate string will not mix fresh Capitan Water with San Andres water

Mike



FORM C-108 Technical Review Summary [Prepared by reviewer and included with application; V16.2]

DATE RECORD: First Rec: 9/10/2018 Admin Complete: 10/25/2018 or Suspended: _____ Add. Request/Reply: _____

ORDER TYPE: WFX / PMX / SWD Number: _____ Order Date: _____ Legacy Permits/Orders: _____

Well No. #1 Well Name(s): Sholes Deep

API: 30-0 25-Pending Spud Date: TBD New or Old (EPA): N (UIC Class II Primacy 03/07/1982)

Footages 900FSL 2414REL Lot _____ or Unit 0 Sec 14 Tsp 2SS Rge 37E County Eddy

General Location: 2 1/2 miles SAI Pool: _____ Pool No.: _____

BLM 100K Map: SAI Operator: OWLS Operations OGRID: 308339 Contact: Ramon Hovley

COMPLIANCE RULE 5.9: Total Wells: 1 Inactive: 2 Fincl Assur: OK Compl. Order? NA IS 5.9 OK? X Date: 10-25-2018

WELL FILE REVIEWED ☐ Current Status: Proposed

WELL DIAGRAMS: NEW: Proposed ☒ or RE-ENTER: Before Conv. ☐ After Conv. ☐ Logs in Imaging: N/A see revised WSD

Planned Rehab Work to Well: _____

Well Construction Details		Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement Sx or Cf	Cement Top and Determination Method
Planned ___ or Existing ___	Surface	<u>30"/24"</u>	<u>1400</u>	<u>3092</u>	<u>SURFCE/Vis</u>
Planned ___ or Existing ___	Interm/Prod	<u>20"/14"</u>	<u>4370</u>	<u>2453</u>	<u>SURFCE/Vis</u>
Planned ___ or Existing ___	Interm/Prod	<u>13 1/2"/10"</u>	<u>8250</u>	<u>2159</u>	<u>SURFCE/Vis</u>
Planned ___ or Existing ___	Prod/Liner	<u>12 1/2"/10"</u>		<u>949</u>	<u>SURFCE/Vis</u>
Planned ___ or Existing ___	Liner				
Planned ___ or Existing ___	OH/PERF	<u>10392/12170</u>			

Injection Lithostratigraphic Units:	Depths (ft)	Injection or Confining Units	Tops
Adjacent Unit: Litho. Struc. Por.		<u>uv</u>	<u>9888</u>
Confining Unit: Litho. Struc. Por.		<u>uv</u>	<u>10392</u>
Proposed Inj Interval TOP:			
Proposed Inj Interval BOTTOM:			
Confining Unit: Litho. Struc. Por.			
Adjacent Unit: Litho. Struc. Por.			

Completion/Operation Details:	
Drilled TD	<u>12170</u> PBTD _____
NEW TD	_____ NEW PBTD _____
NEW Open Hole	<input checked="" type="radio"/> or NEW Perfs <input type="radio"/>
Tubing Size	<u>5 1/2</u> in. Inter Coated? _____
Proposed Packer Depth	<u>10350</u> ft
Min. Packer Depth	<u>10350</u> (100-ft limit)
Proposed Max. Surface Press.	<u>2078</u> psi
Admin. Inj. Press.	<u>2078</u> (0.2 psi per ft)

AOR: Hydrologic and Geologic Information

POTASH: R-111-P NA Noticed? _____ BLM Sec Ord ☐ WIPP ☐ Noticed? _____ Salt/Salado T: 1350 B: _____ NW: Cliff House fm _____

FRESH WATER: Aquifer Quaternary Need to be sure HYDRO AFFIRM STATEMENT By Qualified Person ☒

NMOSE Basin: CAPITAN CAPITAN REEF: thru adj NA No. GW Wells in 1-Mile Radius? 37 FW Analysis? X

Disposal Fluid: Formation Source(s) ASAFD Analysis? X On Lease ☐ Operator Only ☐ or Commercial ☒

Disposal Interval: Inject Rate (Avg/Max BWPD): 206/306 Protectable Waters? N/A Source: _____ System: Closed or Open

HC Potential: Producing Interval? _____ Formerly Producing? _____ Method: Logs/DST/P&A/Other neg 2-Mi Radius Pool Map ☒

AOR Wells: 1/2-M Radius Map and Well List? X No. Penetrating Wells: 1 [AOR Horizontals: 0 AOR SWDs: _____]

Penetrating Wells: No. Active Wells 0 Num Repairs? _____ on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells 1 Num Repairs? _____ on which well(s)? _____ Diagrams? X

NOTICE: Newspaper Date 9-14-2018 Mineral Owner _____ Surface Owner Fulford N. Date 9-25-2018

RULE 26.7(A): Identified Tracts? X Affected Persons: Archie, ConocoPhillips, Enbridge N. Date 10-02-2018

Order Conditions: Issues: CIRCULATE SURFCE + Int / 15m

Additional COAs: _____



FORM C-108 Technical Review Summary [Prepared by reviewer and included with application; V16.2]

DATE RECORD: First Rec: _____ Admin Complete: _____ or Suspended: _____ Add. Request/Reply: _____

ORDER TYPE: WFX / PMX / SWD Number: _____ Order Date: _____ Legacy Permits/Orders: _____

Well No. _____ Well Name(s): _____

API : 30-0 _____ Spud Date: _____ New or Old (EPA): _____ (UIC Class II Primacy 03/07/1982)

Footages _____ Lot _____ or Unit _____ Sec _____ Tsp _____ Rge _____ County _____

General Location: _____ Pool: _____ Pool No.: _____

BLM 100K Map: _____ Operator: _____ OGRID: _____ Contact: _____

COMPLIANCE RULE 5.9: Total Wells: _____ Inactive: _____ Fincl Assur: _____ Compl. Order? _____ IS 5.9 OK? _____ Date: _____

WELL FILE REVIEWED ☐ Current Status: _____

WELL DIAGRAMS: NEW: Proposed ☐ or RE-ENTER: Before Conv. ☐ After Conv. ☐ Logs in Imaging: _____

Planned Rehab Work to Well: _____

Well Construction Details		Sizes (in) Borehole / Pipe	Setting Depths (ft)	Stage Tool	Cement Sx or Cf	Cement Top and Determination Method
Planned ___ or Existing ___ Surface		36"/30'	1400		1738	SURFACE / VISUAL
Planned ___ or Existing ___ Interm/Prod		30"/24"	2750		3650	SURFACE / VISUAL
Planned ___ or Existing ___ Interm/Prod		20"/16"	4520		365205	SURFACE / VISUAL
Planned ___ or Existing ___ Prod/Liner		13 1/4"/10 3/4"	8250		365205	SURFACE / VISUAL
Planned ___ or Existing ___ Liner		6 1/2"/7 5/8"	10400		365205	SURFACE / VISUAL
Planned ___ or Existing <input checked="" type="radio"/> OH PERF		10342-1249		Inj Length		
Injection Lithostratigraphic Units:		Depths (ft)	Injection or Confining Units	Tops	Completion/Operation Details:	
Adjacent Unit: Litho. Struc. Por.					Drilled TD	PBTD
Confining Unit: Litho. Struc. Por.					NEW TD	NEW PBTD
Proposed Inj Interval TOP:					NEW Open Hole <input type="radio"/> or	NEW Perfs <input type="radio"/>
Proposed Inj Interval BOTTOM:					Tubing Size	in. Inter Coated?
Confining Unit: Litho. Struc. Por.					Proposed Packer Depth	ft
Adjacent Unit: Litho. Struc. Por.					Min. Packer Depth	(100-ft limit)
					Proposed Max. Surface Press.	psi
					Admin. Inj. Press.	(0.2 psi per ft)
AOR: Hydrologic and Geologic Information						
POTASH: R-111-P _____ Noticed? _____ BLM Sec Ord <input type="radio"/> WIPP <input type="radio"/> Noticed? _____ Salt/Salado T: _____ B: _____ NW: Cliff House fm _____						
FRESH WATER: Aquifer _____ Max Depth _____ HYDRO AFFIRM STATEMENT By Qualified Person <input type="radio"/>						
NMOSE Basin: _____ CAPITAN REEF: thru _____ adj _____ NA _____ No. GW Wells in 1-Mile Radius? _____ FW Analysis? _____						
Disposal Fluid: Formation Source(s) _____ Analysis? _____ On Lease <input type="radio"/> Operator Only <input type="radio"/> or Commercial <input type="radio"/>						
Disposal Interval: Inject Rate (Avg/Max BWPD): _____ Protectable Waters? _____ Source: _____ System: Closed or Open						
HC Potential: Producing Interval? _____ Formerly Producing? _____ Method: Logs/DST/P&A/Other _____ 2-Mi Radius Pool Map <input type="radio"/>						
AOR Wells: 1/2-M Radius Map and Well List? _____ No. Penetrating Wells: _____ [AOR Horizontals: _____ AOR SWDs: _____]						
Penetrating Wells: No. Active Wells _____ Num Repairs? _____ on which well(s)? _____ Diagrams? _____						
Penetrating Wells: No. P&A Wells _____ Num Repairs? _____ on which well(s)? _____ Diagrams? _____						
NOTICE: Newspaper Date _____ Mineral Owner _____ Surface Owner _____ N. Date _____						
RULE 26.7(A): Identified Tracts? _____ Affected Persons: _____ N. Date _____						

Order Conditions: Issues: _____

Additional COAs: _____