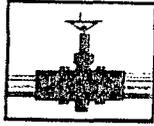


1R - 385

Plugging
REPORTS

DATE:

12-10-09



PLAINS
PIPELINE, L.P.

RECEIVED

2009 DEC 30 PM 1 38

December 10, 2009

Mr. Edward Hansen
New Mexico Oil Conservation Division
Environmental Bureau
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

RE: Plains Pipeline, L.P. Red Byrd #1 Release Site
NMOCD Reference # 1R-0085
Unit Letter H of Section 10, Township 20 South, Range 36 East
Lea County, New Mexico

Plains Pipeline, L.P. Vacuum 10" to Jal Release Site
NMOCD Reference # 1R-385
Unit Letter M of Section 20, Township 19 South, Range 37 East
Lea County, New Mexico

Dear Mr. Hansen:

Please find the attached reports documenting the plugging and abandonment of monitor wells at the above referenced release sites. The monitor wells were plugged by Straub Corporation of Stanton, Texas (License Number WD-1478) using industry standard practices, approved by The New Mexico Office of the State Engineer (NMOSE).

Should you have any questions or comments, please contact me at (575) 441-1099.

Sincerely,

Jason Henry
Remediation Coordinator
Plains Pipeline, L.P.

Enclosure



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC 10" TO JAL RW-1				OSE FILE NUMBER(S)						
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)						
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON		STATE TX		ZIP 77078		
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE 32		MINUTES 38		SECONDS 23.00 N		* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84			
		LONGITUDE 103		16		46.00 W					
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY											
2. OPTIONAL	(2.5 ACRE) ¼	(10 ACRE) ¼	(40 ACRE) ¼	(160 ACRE) ¼	SECTION		TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH		RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST		
	SUBDIVISION NAME				LOT NUMBER		BLOCK NUMBER		UNIT/TRACT		
	HYDROGRAPHIC SURVEY						MAP NUMBER		TRACT NUMBER		
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN				NAME OF WELL DRILLING COMPANY STRAUB CORPORATION				
	DRILLING STARTED 10-28-09		DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 29.4		BORE HOLE DEPTH (FT) 29.4		DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT)				
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:										
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:										
	DEPTH (FT) FROM TO		BORE HOLE DIA. (IN)	CASING MATERIAL		CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)		
4. WATER BEARING STRATA	DEPTH (FT) FROM TO		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)					YIELD (GPM)		
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)					

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER		POD NUMBER		TRN NUMBER	
LOCATION					PAGE 1 OF 2

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		29.4'	2'	5	3 BAGS OF 3/8 HOLEPLUG		TOPLOAD
2'	0	5	.5 BAGS OF CEMENT		TOPLOAD		

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?
	FROM	TO			
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	12/6/09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC TO JAL 10" RW-2				OSE FILE NUMBER(S)			
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)			
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON	STATE TX	ZIP 77078	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE	MINUTES 38	SECONDS 23.00 N	* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84			
	LONGITUDE	103	16 46.00 W					
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY								
2. OPTIONAL	(2.5 ACRE) ¼	(10 ACRE) ¼	(40 ACRE) ¼	(160 ACRE) ¼	SECTION	TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST	
	SUBDIVISION NAME				LOT NUMBER	BLOCK NUMBER	UNIT/TRACT	
	HYDROGRAPHIC SURVEY					MAP NUMBER	TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER WD1478	NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION			
	DRILLING STARTED 10-28-09	DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 32.9	BORE HOLE DEPTH (FT) 32.9	DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)				STATIC WATER LEVEL IN COMPLETED WELL (FT)			
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:							
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:							
	DEPTH (FT)		BORE HOLE DIA. (IN)	CASING MATERIAL	CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)
	FROM	TO						
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)			YIELD (GPM)	
	FROM	TO						
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA					TOTAL ESTIMATED WELL YIELD (GPM)			

FOR OSE INTERNAL USE

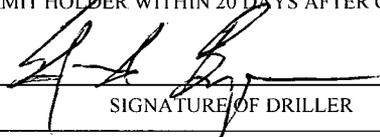
WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		32.9	2'	5	3 BAGS OF 3/8 HOLEPLUG		TOPLoad
2'	0	5	.5 BAGS OF CEMENT		TOPLoad		

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL							

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	12/2/09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC TO JAL 10" RW-3				OSE FILE NUMBER(S)					
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)					
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON		STATE TX		ZIP 77078	
	WELL LOCATION (FROM GPS)	DEGREES		MINUTES	SECONDS	* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84				
		LATITUDE	32	38	23.00 N					
	LONGITUDE		103	16	46.00 W					
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY										
2. OPTIONAL	(2.5 ACRE) ¼	(10 ACRE) ¼	(40 ACRE) ¼	(160 ACRE) ¼	SECTION	TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST			
	SUBDIVISION NAME				LOT NUMBER	BLOCK NUMBER	UNIT/TRACT			
	HYDROGRAPHIC SURVEY					MAP NUMBER	TRACT NUMBER			
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION				
	DRILLING STARTED 10-28-09		DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 36.3		BORE HOLE DEPTH (FT) 36.3	DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)					STATIC WATER LEVEL IN COMPLETED WELL (FT)				
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:									
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:									
	DEPTH (FT)		BORE HOLE DIA. (IN)	CASING MATERIAL	CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)		
	FROM	TO								
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)				YIELD (GPM)		
	FROM	TO								
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)				

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

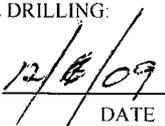
FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		36.3'	2'	5	4 BAGS OF 3/8 HOLEPLUG		TOPLOAD
2'	0	5	.5 BAGS OF CEMENT		TOPLOAD		

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?	
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC 10" TO JAL MW-1				OSE FILE NUMBER(S)								
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)								
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON		STATE TX		ZIP 77078				
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE 32		MINUTES 38		SECONDS 23.00 N		* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84					
		LONGITUDE 103		16		46.00 W							
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY													
2. OPTIONAL	(2.5 ACRE) ¼		(10 ACRE) ¼		(40 ACRE) ¼		(160 ACRE) ¼		SECTION	TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH		RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST	
	SUBDIVISION NAME					LOT NUMBER		BLOCK NUMBER		UNIT/TRACT			
	HYDROGRAPHIC SURVEY							MAP NUMBER		TRACT NUMBER			
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN				NAME OF WELL DRILLING COMPANY STRAUB CORPORATION						
	DRILLING STARTED 10-28-09		DRILLING ENDED 10-28-09		DEPTH OF COMPLETED WELL (FT) 35.1		BORE HOLE DEPTH (FT) 35.1		DEPTH WATER FIRST ENCOUNTERED (FT)				
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)							STATIC WATER LEVEL IN COMPLETED WELL (FT)					
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:												
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:												
	DEPTH (FT)		BORE HOLE DIA. (IN)	CASING MATERIAL		CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)				
	FROM	TO											
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)					YIELD (GPM)				
	FROM	TO											
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA							TOTAL ESTIMATED WELL YIELD (GPM)						

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

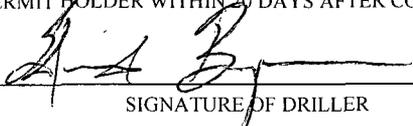
FILE NUMBER		POD NUMBER		TRN NUMBER	
LOCATION					PAGE 1 OF 2

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		35.1'	2'	5	3 BAGS OF 3/8 HOLEPLUG		TOPLOAD
	2'	0	5	.5 BAGS OF CEMENT		TOPLOAD	

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?	
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 30 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	12/6/09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC TO JAL 10" MW-2				OSE FILE NUMBER(S)					
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)					
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON		STATE TX		ZIP 77078	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE 32	MINUTES 38	SECONDS 23.00 N	* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84					
		LONGITUDE 103	16	46.00 W						
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY										
2. OPTIONAL	(2.5 ACRE) 1/4	(10 ACRE) 1/4	(40 ACRE) 1/4	(160 ACRE) 1/4	SECTION	TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH		RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST		
	SUBDIVISION NAME				LOT NUMBER		BLOCK NUMBER		UNIT/TRACT	
	HYDROGRAPHIC SURVEY						MAP NUMBER		TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION				
	DRILLING STARTED 10-28-09		DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 34.4		BORE HOLE DEPTH (FT) 34.4	DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT)			
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:									
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:									
	DEPTH (FT) FROM TO		BORE HOLE DIA. (IN)	CASING MATERIAL		CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)	
4. WATER BEARING STRATA	DEPTH (FT) FROM TO		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)					YIELD (GPM)	
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)				

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

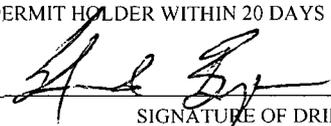
FILE NUMBER		POD NUMBER		TRN NUMBER	
LOCATION				PAGE 1 OF 2	

5. SEAL AND PUMP	TYPE OF PUMP:	<input type="checkbox"/> SUBMERSIBLE		<input type="checkbox"/> JET	<input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED		
		<input type="checkbox"/> TURBINE		<input type="checkbox"/> CYLINDER	<input type="checkbox"/> OTHER - SPECIFY:		
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
34.4		2'	5	6 BAGS OF 3/8 HOLEPLUG		TOPLoad	
	2'	0	5	.5 BAGS OF CEMENT		TOPLoad	

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	12/6/09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC TO JAL 10" MW-3				OSE FILE NUMBER(S)			
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)			
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON	STATE TX	ZIP 77078	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE	MINUTES 32	SECONDS 38	23.00	N	* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84	
	LONGITUDE	103	16	46.00	W			
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY								
2. OPTIONAL	(2.5 ACRE) ¼	(10 ACRE) ¼	(40 ACRE) ¼	(160 ACRE) ¼	SECTION	TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST	
	SUBDIVISION NAME				LOT NUMBER	BLOCK NUMBER	UNIT/TRACT	
	HYDROGRAPHIC SURVEY					MAP NUMBER	TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER WD1478	NAME OF LICENSED DRILLER EDWARD BRYAN				NAME OF WELL DRILLING COMPANY STRAUB CORPORATION		
	DRILLING STARTED 10-28-09	DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 32	BORE HOLE DEPTH (FT) 32	DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)					STATIC WATER LEVEL IN COMPLETED WELL (FT)		
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:							
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:							
	DEPTH (FT)		BORE HOLE DIA. (IN)	CASING MATERIAL	CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)
	FROM	TO						
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	YIELD (GPM)			
	FROM	TO						
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA					TOTAL ESTIMATED WELL YIELD (GPM)			

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

FILE NUMBER	POD NUMBER	TRN NUMBER	
LOCATION			PAGE 1 OF 2

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP – WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER – SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		32'	2'	5	3 BAGS OF 3/8 HOLEPLUG		TOPLOAD
2'	0	5	.5 BAGS OF CEMENT		TOPLOAD		

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER – SPECIFY:
		TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	12/4/09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC TO JAL 10" MW-4				OSE FILE NUMBER(S)					
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)					
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON		STATE TX		ZIP 77078	
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE	MINUTES 32	SECONDS 38	23.00	N	* ACCURACY REQUIRED: ONE TENTH OF A SECOND			
		LONGITUDE	103	16	46.00	W	* DATUM REQUIRED: WGS 84			
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY										
2. OPTIONAL	(2.5 ACRE) 1/4	(10 ACRE) 1/4	(40 ACRE) 1/4	(160 ACRE) 1/4	SECTION	TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH		RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST		
	SUBDIVISION NAME				LOT NUMBER		BLOCK NUMBER		UNIT/TRACT	
	HYDROGRAPHIC SURVEY						MAP NUMBER		TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN				NAME OF WELL DRILLING COMPANY STRAUB CORPORATION			
	DRILLING STARTED 10-28-09		DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 35		BORE HOLE DEPTH (FT) 35	DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT)			
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:									
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:									
	DEPTH (FT) FROM TO		BORE HOLE DIA. (IN)	CASING MATERIAL		CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)	
4. WATER BEARING STRATA	DEPTH (FT) FROM TO		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)					YIELD (GPM)	
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)				

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

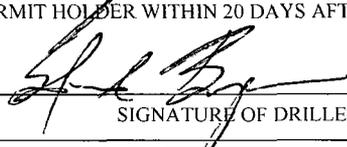
FILE NUMBER		POD NUMBER		TRN NUMBER	
LOCATION				PAGE 1 OF 2	

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP – WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER – SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		35'	2'	5	4 BAGS OF 3/8 HOLEPLUG		TOPLOAD
2'	0	5	.5 BAGS OF CEMENT		TOPLOAD		

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?		
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO
						<input type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER – SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING.	
	 _____ SIGNATURE OF DRILLER	12/6/09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC TO JAL 10" MW-5				OSE FILE NUMBER(S)					
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)					
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON		STATE TX		ZIP 77078	
	WELL LOCATION (FROM GPS)	DEGREES	MINUTES	SECONDS						
		LATITUDE	32	38	23.00	N				
	LONGITUDE	103	16	46.00	W					
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY										
2. OPTIONAL	(2.5 ACRE) ¼	(10 ACRE) ¼	(40 ACRE) ¼	(160 ACRE) ¼	SECTION	TOWNSHIP	<input type="checkbox"/> NORTH	RANGE	<input type="checkbox"/> EAST	
							<input type="checkbox"/> SOUTH		<input type="checkbox"/> WEST	
	SUBDIVISION NAME					LOT NUMBER	BLOCK NUMBER	UNIT/TRACT		
	HYDROGRAPHIC SURVEY						MAP NUMBER		TRACT NUMBER	
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION				
	DRILLING STARTED 10-28-09		DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 30		BORE HOLE DEPTH (FT) 30	DEPTH WATER FIRST ENCOUNTERED (FT)			
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)						STATIC WATER LEVEL IN COMPLETED WELL (FT)			
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:									
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:									
	DEPTH (FT)		BORE HOLE DIA. (IN)	CASING MATERIAL		CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)	
	FROM	TO								
4. WATER BEARING STRATA	DEPTH (FT)		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)					YIELD (GPM)	
	FROM	TO								
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)				

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

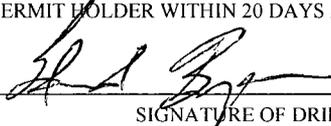
FILE NUMBER		POD NUMBER		TRN NUMBER	
LOCATION					PAGE 1 OF 2

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP – WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER – SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		30'	2'	5	3 BAGS OF 3/8 HOLEPLUG		TOPLoad
2'	0	5	.5 BAGS OF CEMENT		TOPLoad		

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?	
	FROM	TO			<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO
					<input type="checkbox"/> YES	<input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER – SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT 29' OF CASING LEFT IN HOLE	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	12/2/09 _____ DATE



WELL RECORD & LOG

OFFICE OF THE STATE ENGINEER

www.ose.state.nm.us

1. GENERAL AND WELL LOCATION	POD NUMBER (WELL NUMBER) VAC 10" TO JAL MW-9				OSE FILE NUMBER(S)						
	WELL OWNER NAME(S) PLAINS MARKETING LP				PHONE (OPTIONAL)						
	WELL OWNER MAILING ADDRESS 333 CLAY STREET, SUITE 1600				CITY HOUSTON		STATE TX		ZIP 77078		
	WELL LOCATION (FROM GPS)	DEGREES LATITUDE	MINUTES 32	SECONDS 38	23.00	N	* ACCURACY REQUIRED: ONE TENTH OF A SECOND * DATUM REQUIRED: WGS 84				
		LONGITUDE	103	16	46.00	W					
DESCRIPTION RELATING WELL LOCATION TO STREET ADDRESS AND COMMON LANDMARKS LEA COUNTY											
2. OPTIONAL	(2.5 ACRE) 1/4	(10 ACRE) 1/4	(40 ACRE) 1/4	(160 ACRE) 1/4	SECTION	TOWNSHIP <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	RANGE <input type="checkbox"/> EAST <input type="checkbox"/> WEST				
	SUBDIVISION NAME				LOT NUMBER	BLOCK NUMBER	UNIT/TRACT				
	HYDROGRAPHIC SURVEY					MAP NUMBER	TRACT NUMBER				
3. DRILLING INFORMATION	LICENSE NUMBER WD1478		NAME OF LICENSED DRILLER EDWARD BRYAN			NAME OF WELL DRILLING COMPANY STRAUB CORPORATION					
	DRILLING STARTED 10-28-09		DRILLING ENDED 10-28-09	DEPTH OF COMPLETED WELL (FT) 31.8		BORE HOLE DEPTH (FT) 31.8	DEPTH WATER FIRST ENCOUNTERED (FT)				
	COMPLETED WELL IS: <input type="checkbox"/> ARTESIAN <input type="checkbox"/> DRY HOLE <input checked="" type="checkbox"/> SHALLOW (UNCONFINED)					STATIC WATER LEVEL IN COMPLETED WELL (FT)					
	DRILLING FLUID: <input checked="" type="checkbox"/> AIR <input type="checkbox"/> MUD <input type="checkbox"/> ADDITIVES - SPECIFY:										
	DRILLING METHOD: <input type="checkbox"/> ROTARY <input type="checkbox"/> HAMMER <input type="checkbox"/> CABLE TOOL <input type="checkbox"/> OTHER - SPECIFY:										
	DEPTH (FT) FROM TO		BORE HOLE DIA. (IN)	CASING MATERIAL		CONNECTION TYPE (CASING)	INSIDE DIA. CASING (IN)	CASING WALL THICKNESS (IN)	SLOT SIZE (IN)		
4. WATER BEARING STRATA	DEPTH (FT) FROM TO		THICKNESS (FT)	FORMATION DESCRIPTION OF PRINCIPAL WATER-BEARING STRATA (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)					YIELD (GPM)		
METHOD USED TO ESTIMATE YIELD OF WATER-BEARING STRATA						TOTAL ESTIMATED WELL YIELD (GPM)					

FOR OSE INTERNAL USE

WELL RECORD & LOG (Version 6/9/08)

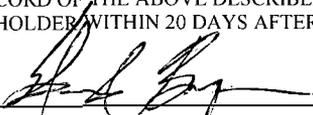
FILE NUMBER	POD NUMBER	TRN NUMBER
LOCATION	PAGE 1 OF 2	

5. SEAL AND PUMP	TYPE OF PUMP: <input type="checkbox"/> SUBMERSIBLE <input type="checkbox"/> JET <input type="checkbox"/> NO PUMP - WELL NOT EQUIPPED <input type="checkbox"/> TURBINE <input type="checkbox"/> CYLINDER <input type="checkbox"/> OTHER - SPECIFY:						
	ANNULAR SEAL AND GRAVEL PACK	DEPTH (FT)		BORE HOLE DIA. (IN)	MATERIAL TYPE AND SIZE	AMOUNT (CUBIC FT)	METHOD OF PLACEMENT
		FROM	TO				
		31.8'	2'	5	2 BAGS OF 3/8 HOLEPLUG		TOPLOAD
2'	0	5	.5 BAGS OF CEMENT		TOPLOAD		

6. GEOLOGIC LOG OF WELL	DEPTH (FT)		THICKNESS (FT)	COLOR AND TYPE OF MATERIAL ENCOUNTERED (INCLUDE WATER-BEARING CAVITIES OR FRACTURE ZONES)	WATER BEARING?
	FROM	TO			
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH ADDITIONAL PAGES AS NEEDED TO FULLY DESCRIBE THE GEOLOGIC LOG OF THE WELL

7. TEST & ADDITIONAL INFO	WELL TEST	METHOD: <input type="checkbox"/> BAILER <input type="checkbox"/> PUMP <input type="checkbox"/> AIR LIFT <input type="checkbox"/> OTHER - SPECIFY:
	TEST RESULTS - ATTACH A COPY OF DATA COLLECTED DURING WELL TESTING, INCLUDING START TIME, END TIME, AND A TABLE SHOWING DISCHARGE AND DRAWDOWN OVER THE TESTING PERIOD.	
	ADDITIONAL STATEMENTS OR EXPLANATIONS: PLUGGING REPORT	

8. SIGNATURE	THE UNDERSIGNED HEREBY CERTIFIES THAT, TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT RECORD OF THE ABOVE DESCRIBED HOLE AND THAT HE OR SHE WILL FILE THIS WELL RECORD WITH THE STATE ENGINEER AND THE PERMIT HOLDER WITHIN 20 DAYS AFTER COMPLETION OF WELL DRILLING:	
	 _____ SIGNATURE OF DRILLER	12/4/09 _____ DATE