

PNRM0635551779

C-103 Received 11-22-06
DHC No. Assigned 11-22-06

Order Number HOB-0173	API Number 30-025-34735	Operator Capataz Operating Inc	County Lea			
Order Date 11/22/06	Well Name Roitan	Number 001	G UL	J4 Sec	20s T (+Dir)	38e R (+Dir)
Pool 1	72480	Blinbry OOG <Pro Gas	Oil % 8%	Gas % 13%		
Pool 2	78760	House Tubb	8%	87%		
Pool 3						
Pool 4						
Comments: Work completed effective _____ Work cancelled effective _____ Supplement _____						

Posted to
RBM's
12-19-2006

3

Gas Well

30-025-34735

HOB-0173

DOWNHOLE COMMINGLE CALCULATIONS:

OPERATOR: Capataz Operating Inc

PROPERTY NAME: Roitan

WNULSTR: 1-6, 14-20s-38e

	SECTION I:		ALLOWABLE AMOUNT	
72480	POOL NO. 1	<u>Blinebry Oil & Gas (ProGas)</u>	<u>999</u>	<u>9999</u> MCF <u>99999</u>
78760	POOL NO. 2	<u>House Tubb</u>	<u>142</u>	<u>284</u> MCF <u>2000</u>
	POOL NO. 3	_____	_____	_____ MCF
	POOL NO. 4	_____	_____	_____ MCF
		POOL TOTALS	<u>142</u>	<u>284</u>

SECTION II:		Oil	Gas
POOL NO. 1	<u>Blinebry Oil & Gas (ProGas)</u>	<u>0%</u>	<u>13%</u>
POOL NO. 2	<u>House Tubb</u>	<u>0%</u>	<u>87%</u>
POOL NO. 3	_____		
POOL NO. 4	_____		

SECTION III:	<u>OIL</u>	<u>GAS</u>

SECTION IV:		

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

PAUL

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.	30-025-34735
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	Roitan
8. Well Number	1
9. OGRID Number	3659
10. Pool name or Wildcat	Blinebry Oil & Gas, House; Tubb

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 "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
 Capataz Operating, Inc

3. Address of Operator
 PO Box 10549
 Midland, TX 79702

4. Well Location
 Unit Letter G : 1650 feet from the North line and 1650 feet from the East line
 Section 14 Township 20S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3560 GR

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER:DHC: Blinebry, Tubb <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103: For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Per R-11363

Pool Names: Blinebry Oil & Gas (~~6660~~), House; Tubb (78760)
 Perforations: (72480)
 Blinebry 6014-44, 6076-82, 6097-6104' 1 JSPF
 Tubb 6691-94, 6700-01, 06-07, 12, 14, 18-19, 22-23, 27-29, 32, 34-38, 41-42, 46-47, 49-51, 54-55' 1 JSPF

The allocation method will be as follows:

	Oil	%	Water	%	Gas	%
Blinebry	0		0		27	13
Tubb	0		0		185	87
	0	N/A	0	N/A	212	100

Downhole commingling will not reduce the value of the pools.
 Ownership is the same for each of these pools.

DHC Order No. HUB-0173

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE _____ TITLE Agent DATE 07/26/2006

Type or print name H Scott Davis E-mail address: Capataz1@sbcglobal.net Telephone No. (432)620-8820

For State Use Only OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Hay W. Wink TITLE _____ DATE NOV 22 2006

Conditions of Approval (if any):

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88211-0719

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

DISTRICT IV
 P.O. BOX 2088, SANTA FE, N.M. 87504-2088

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-34735	Pool Code 72480	Pool Name Blinebry Oil & Gas (Gas)
Property Code 24993	Property Name Roitan	Well Number 1
OCRID No. 3659	Operator Name CAPATAZ OPERATING, INC.	Elevation 2560

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	14	20 S	38-E		1650	North	1650	East	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

Dedicated Acres 80	Joint or Infill	Consolidation Code	Order No.
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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>OPERATOR CERTIFICATION</p> <p>I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>[Signature]</i></p> <p>Signature</p> <p>H Scott Davis</p> <p>Printed Name</p> <p>Agent</p> <p>Title</p> <p>6/11/98</p> <p>Date</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>MAY 27, 1998</p> <p>Date Surveyed</p> <p>DMCC</p> <p>Signature: <i>[Signature]</i></p> <p>Professional Surveyor</p>
	<p>NEW MEXICO</p> <p>Professional Surveyor</p> <p>6-2-98</p> <p>98-11-0839</p>
	<p>Certificate No. RONALD S. EDSON 3239</p> <p>ORR EDSON 12641</p> <p>WILLIAM MCDONALD 12185</p>

DISTRICT I
 P. O. Box 1980
 Hobbs, NM 88241-1980

State of New Mexico
 Energy, Minerals, and Natural Resources Department

Form C-102
 Revised 02-10-94
 Instructions on back

DISTRICT II
 P. O. Drawer DD
 Artesia, NM 88211-0719

OIL CONSERVATION DIVISION
 P. O. Box 2088
 Santa Fe, New Mexico 87504-2088

Submit to the Appropriate
 District Office
 State Lease - 4 copies
 Fee Lease - 3 copies

DISTRICT III
 100 Rio Brazos Rd.
 Tucuman, NM 87410

AMENDED REPORT

DISTRICT IV
 P. O. Box 2088
 Santa Fe, NM 87507-2088

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-025-34735		2 Pool Code 78760		3 Pool Name House Tubb		
4 Property Code 24993		5 Property Name ROITAN				6 Well Number 1
7 OGRID No. 3659		8 Operator Name CAPATAZ OPERATING, INC.				9 Elevation 3580'

10 SURFACE LOCATION

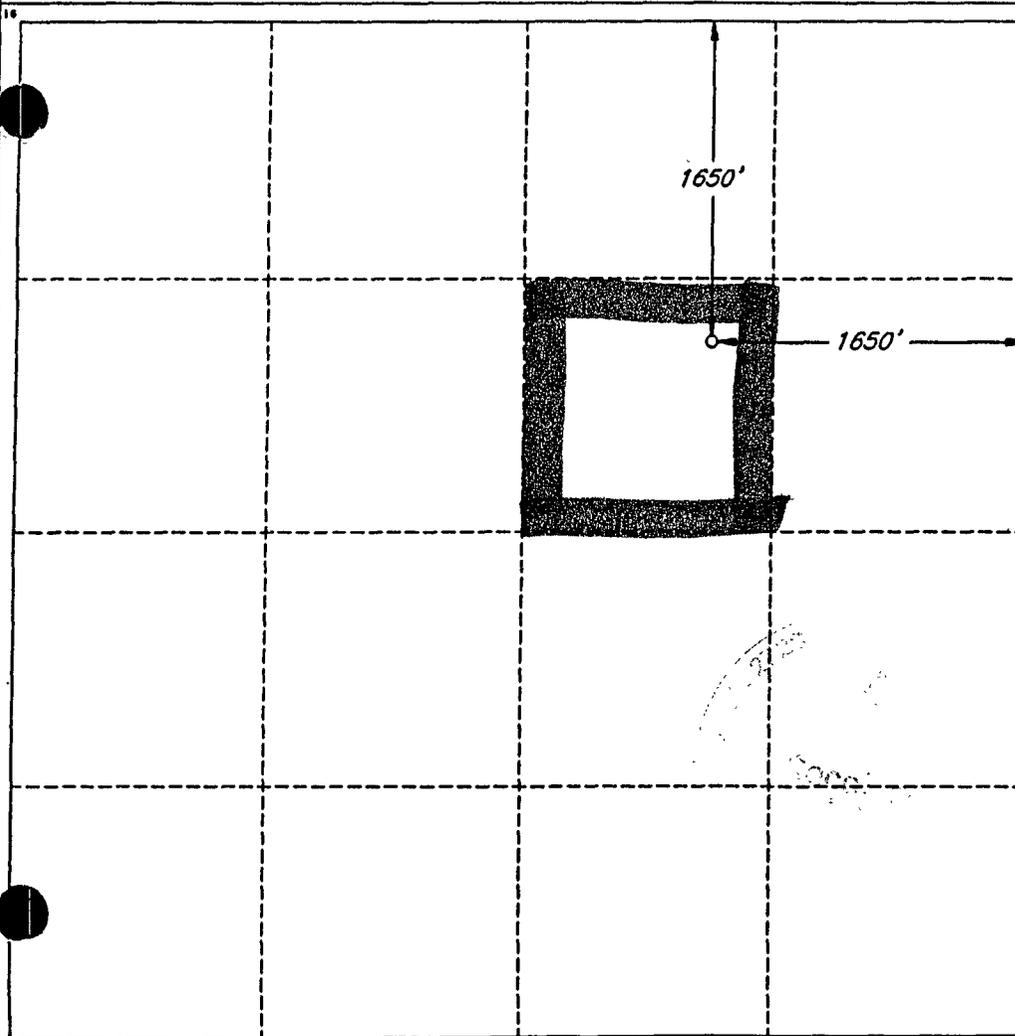
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
G	14	20 SOUTH	38 EAST, N.M.P.M.		1650'	NORTH	1650'	EAST	LEA

"BOTTOM HOLE LOCATION IF DIFFERENT FROM SURFACE"

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

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
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NO ALLOWABLE WELL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

Signature: *[Handwritten Signature]*

Printed Name: **H Scott Davis**

Title: **Agent**

Date: **10/13/99**

SURVEYOR CERTIFICATION

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.

Date of Survey: **OCTOBER 6, 1999**

Signature and Seal of Professional Surveyor

[Handwritten Signature]

Certificate No. **V. & BEZNER R.P.S. #7920**

JOB #65575 / 70 SE / V.H.B.