

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage
Application qualifies for administrative approval? ☐ yes ☐ no

II. Operator: Cibola Energy Corporation

Address: PO Box 1668, Albuquerque NM 87103

Contact party: Terrell A. Dobkins Phone: (505)622-0553

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 ☒ 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 geological data on the injection zone including appropriate lithologic detail, geological 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 source 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 source 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: Terrell A. Dobkins Title Engineer

Signature: *Terrell A. Dobkins* Date: 9/15/89

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance 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 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, P. O. Box 2088, Santa Fe, New Mexico 87501 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.

AFFIDAVIT OF PUBLICATION

County of Chaves }
State of New Mexico, }

I, Jean M. Pettit
Manager,

Of the Roswell Daily Record, a daily newspaper published at Roswell, New Mexico, do solemnly swear that the clipping hereto attached was published once a week in the regular and entire issue of said paper and not in a supplement thereof for a period

of one time

weeks

beginning with the issue dated 18th

September, 1989

and ending with the issue dated 18th

September, 1989

Jean M. Pettit
Manager

Sworn and subscribed to before me

this 18th day of

September, 1989

Marylou S. Shippey
Notary Public

My commission expires

July 21, 1990
(Seal)

Publish September 18, 1989

NOTICE OF APPLICATION

Cibola Energy Corporation, P.O. Box 1688, Albuquerque, NM 87103, has filed an application with the Oil Conservation Division to convert to J.P. White D #5 to a salt water injection well. Water will be injected at 2180' to 2266' into the San Andres Formation for the purpose of disposing of the produced water in the J.P. White D #5, 330'ESL and 350'FWL, Sec. 20-10S-26E, Chaves County. The maximum water to be injected will be 500 Bbls/day with a maximum pressure of 900 psi. Any questions should be directed to Terrell A. Dobkins at (505)622-0553. Parties must file objections or requests for hearing with NMOCD, P.O. Box 2088, Santa Fe, NM 87504-2088 within 15 days.

WELL DATA SHEET

Operator Cibola Energy Corp. PO, Box 1668, Albuquerque, NM 87103
(Name & Address)

Well name & number: J.P. White D #5

Race Track Field

Unit Letter M, 330' FSL, 330' FWL

Section 20 Township 10S Range 28E County: Chaves

CASING & TUBING DATA

Maximum Injection Pressure 900 psi

Estimated Injection Rate 800 Bbl/day

| | | | |
|------------------------|----------------|-----------------|-------------------|
| Surface Wellbore | <u>10</u> in | Surface Casing | <u>8 5/8</u> - in |
| Cement | <u>140</u> sr | | <u>24</u> lb/ft |
| | | | <u>317</u> ft |
| Mine String Wellbore | <u> </u> in | Mine String | <u> </u> in |
| Cement | <u> </u> sr | | <u> </u> lb/ft |
| Circulated? <u>Y/N</u> | | | <u> </u> ft |
| Long String Wellbore | <u>8</u> in | Long String | <u>4 1/2</u> in |
| Cement | <u>150</u> sr | | <u>9.5</u> lb/ft |
| Circulated? <u>Y/N</u> | | | <u>2248</u> ft |
| PBT: <u>2248</u> ft | | Cmt top est. at | <u>1450'</u> |
| TD <u>2263</u> ft | | Proposed Tubing | <u>2 3/8</u> in |
| | | | <u>2200</u> ft |
| | | Packer set at | <u>2200</u> ft |

Name of Injection Zone(s) San Andres, Slaughter

Perforated Interval(s) 2226-2229, 2231-2235

Open Hole Interval None

Well status: / plugged / TA

Pressure Test Information

No tests to date

Next lower producing zone in the area is the Devonian at about 6000 feet. There are no producing zones above the San Andres in the area.

ADDITIONAL COMMENTS

Surface cement circulated to surface

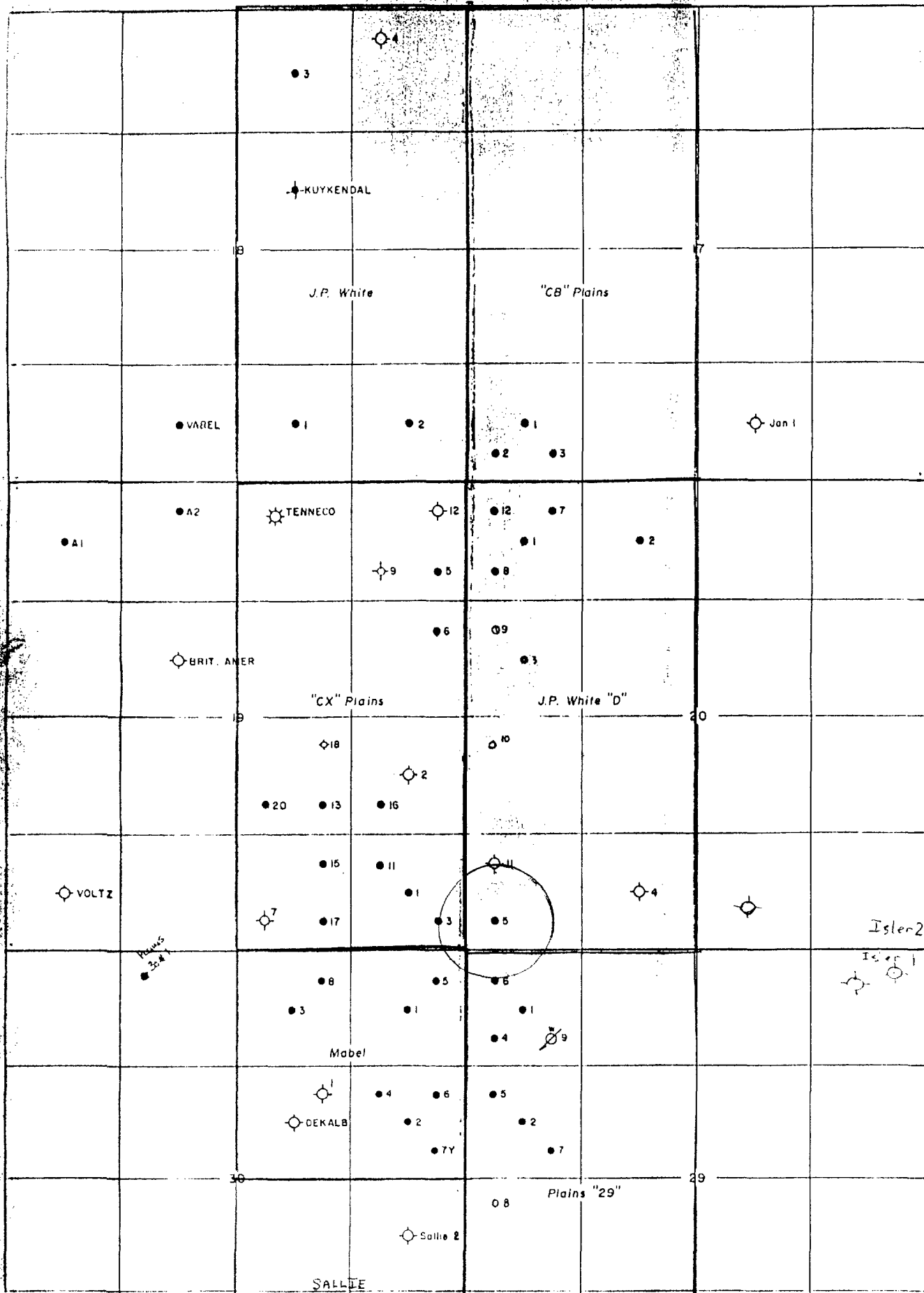
Cement top on long string was calculated from cement volume.

2 3/8" plastic lined tubing will be run with a Haliburton R4 packer, set at about 2200 feet.

I certify that this information is true and correct to the best of my knowledge and belief.

(Name)

(Date)



T95

RACETRACK FIELD
Chaves Co. N.M.

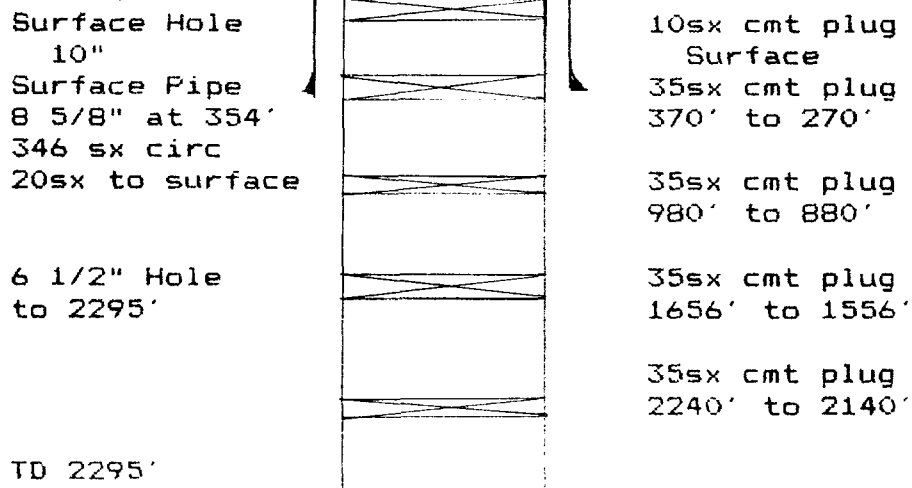
J.P. White D #5
Wells Within Area of Review

| Well Name | Location | Status | Date Drilled | Depth | Completion Interval |
|-----------------------------------|------------------------|-----------|--------------|-------|---------------------|
| Cibola Energy CX Plains #3 | SESESE 19 T10S R28E | Producing | 6/22/83 | 2312' | 2208-2256 |
| Cibola Energy Plains 29 #6 | NWNWNW 29 T10S R28E | Producing | 6/27/83 | 2330' | 2209-2254 |
| Cibola Energy J.P. White D #11 | NWSWSW 20 T10S R28E | Plugged | 7/25/84 | 2295 | None |

Plugged Well Schematic

Cibola Energy Date Plugged 12/30/85

J.P. White D #11
NWSWSW 20 T10S R28E



J.P. White D #5
Proposed Operation

1. Maximum Daily Rate Expected: 800 BWPD
Average Daily Rate Expected: 200 BWPD
2. System will be closed, with a holding tank on location for water storage.
3. Maximum Injection Pressure Expected: 900 psi
Average Injection Pressure Expected: 50 psi
4. Source of Injection Water: San Andres Formation in the Race Track Field.
5. No chemical analysis necessary. Injection into same zone as produced water source.

J.P. White D #5
Geological Summary

Injection Zone: San Andres, Slaughter

Perforated Interval: 2226' to 2235'

Formation Top: 2175'

Formation Gross Thickness: 88'

Lithologic Character: Dolomite

Sources of Drinking Water: Santa Rosa Sand, 0 to 300'

Proposed Stimulation No fresh water wells.

Acidize perforations with 1000 gallons of 28% HCl.

Additional stimulations will be performed as needed.

Well Logging and Test Data

Well logs were submitted upon completion.

Completion report is attached.

The well has been shut-in as uneconomic to operate since Sept. 1987.

| | |
|-----------------|--|
| DATE | |
| NAME | |
| ADDRESS | |
| PHONE | |
| MAILING ADDRESS | |
| MAILING PHONE | |
| MAILING FAX | |
| MAILING E-MAIL | |
| MAILING CITY | |
| MAILING STATE | |
| MAILING ZIP | |
| MAILING COUNTRY | |
| MAILING FAX | |
| MAILING E-MAIL | |
| MAILING CITY | |
| MAILING STATE | |
| MAILING ZIP | |
| MAILING COUNTRY | |

| |
|--|
| 5a. Indicate Type of Lease |
| State <input type="checkbox"/> Fee <input checked="" type="checkbox"/> |
| 5. State Oil & Gas Lease No. |

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT TEST OR FOR USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

| |
|---|
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
| Name of Operator |
| Cibola Energy Corporation |
| Address of Operator |
| P. O. Box 1668, Albuquerque, NM 87103 |
| Location of Well |
| UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>20</u> TOWNSHIP <u>10S</u> RANGE <u>28E</u> NMPM. |

| |
|---|
| 7. Unit Agreement Name |
| 8. Farm or Lease Name |
| J.P. WHITE D |
| 9. Well No. |
| #5 |
| 10. Field and Pool, or Wildcat |
| UND RaceTrack SA |
| 15. Elevation (Show whether DF, RT, GR, etc.) |
| 3838.3 |
| 12. County |
| Chaves |

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

| | |
|---------------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> |
| TEMPORARILY ABANDON | <input type="checkbox"/> |
| REPAIR OR ALTER CASING | <input type="checkbox"/> |
| OTHER <u>Perforations</u> | <input type="checkbox"/> |
| PLUG AND ABANDON | <input type="checkbox"/> |
| CHANGE PLANS | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|----------------------------|--------------------------|
| REMEDIAL WORK | <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. | <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB | <input type="checkbox"/> |
| OTHER | <input type="checkbox"/> |
| ALTERING CASING | <input type="checkbox"/> |
| PLUG AND ABANDONMENT | <input type="checkbox"/> |

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.

11/30/88
Rigged up pulling unit
Set 4 1/2" cast iron bridge plug (CIBP) at 2244'
Perfed w 3 3/8" casing gun:

2226-2229
2231-2235

18 Holes Total

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

By Betty McBride TITLE Drilling Secretary DATE 12/29/88
Original Signed By Mike Williams DATE JAN 5 1989

CONDITIONS OF APPROVAL, IF ANY:

| UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT | | | | NATIONAL OIL WELL DIVISION NEW MEXICO ALBUQUERQUE, NEW MEXICO 87501 | | | | Form No. 105-105 Rev. 1-78 | | | |
|--|--|--|--|---|--|--|--|--|--|---------------------------|--|
| 1. WELL IDENTIFICATION OR RECOMPLETION REPORT AND LOG 2. Unit Agreement Name | | | | | | | | | | | |
| 3. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | | | | | 7. Unit Agreement Name | | | |
| 4. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER <input type="checkbox"/> | | | | | | | | 8. Name of Lessee to be | | | |
| 5. Name of Operator Cibola Energy Corporation | | | | | | | | 9. Well No. 5 | | | |
| 6. Address of Operator P.O. Box 1668, Albuquerque, New Mexico 87103 | | | | | | | | 10. Field and Pool, or Wildcat Und. Race Track SA | | | |
| 11. Location of Well NE 1/4 Sec. 20 Twp. 10S R. 28E West LINE OF SEC. 20 TWP. 10S R. 28E NMPM | | | | | | | | 12. County Chaves | | | |
| 13. Date Spudded 10-22-81 | | 16. Date T.D. Reached 02-12-82 | | 17. Date Compl. (Ready to Prod.) 04-07-82 | | 18. Elevations (DF, RAB, RT, GR, etc.) 3738.3 | | 19. Elev. Casinghead | | | |
| 20. Total Depth -2263' | | 21. Plug Back T.D. | | 22. If Multiple Compl., How Many | | 23. Intervals Drilled By Rotary Tools | | Cable Tools 0-2263' | | | |
| 24. Producing Interval(s), of this completion - Top, bottom, Name 2250-2260' | | | | | | | | 25. Was Directional Survey Made | | | |
| 26. Type Electric and Other Logs Run Acoustic Cement Bond Log, Compensated Density Sidewall Neutron Log | | | | | | | | 27. Was Well Cased | | | |
| CASING RECORD (Report all strings set in well) | | | | | | | | | | | |
| CASING SIZE | | WEIGHT LB./FT. | | DEPTH SET | | HOLE SIZE | | CEMENTING RECORD | | AMOUNT PULLED | |
| 8 5/8" | | 24# | | 317' | | 10" | | 140 sx Class C Cmt w/2% CaCl | | | |
| 4 1/2" | | 9.5# | | 2248' | | 8" | | 150 sx Class C Cmt w/2% CaCl, 50/50 poz & 6 lb salt/sack | | | |
| LINER RECORD | | | | | | | | | | | |
| SIZE | | TOP | | BOTTOM | | SACKS CEMENT | | SCREEN | | | |
| | | | | | | | | | | | |
| TUBING RECORD | | | | | | | | | | | |
| SIZE | | DEPTH SET | | PACKER SET | | | | | | | |
| 2 3/8" | | 2250' | | | | | | | | | |
| 29. Perforation Record (Interval, size and number) Perf'd 2250-60' with 4 shots per foot | | | | | | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL 2250-60' | | | | | |
| | | | | | | AMOUNT AND KIND MATERIAL USED 10,000 gallons 28% acid | | | | | |
| PRODUCTION | | | | | | | | | | | |
| Date First Production 04-07-82 | | Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping | | | | | | Well Status (Prod. or Shut-in) Producing | | | |
| Date of Test 5/1/82 | | Hours Tested 24 | | Casing Size 4 1/2" | | Prod'n. For Test Period 30 | | Oil - Bbl. 30 | | Gas - MCF 30 | |
| New Tubing Press. Casing Pressure | | Calculated 24-Hour Rate 30 | | Oil - Bbl. 30 | | Gas - MCF 30 | | Water - Bbl. 30 | | Oil Gravity - API (Corr.) | |
| Disposition of Gas (Sold, used for fuel, vented, etc.) sold | | | | | | | | Test Witnessed By Chuck McCluskey | | | |
| List of Attachments | | | | | | | | | | | |
| I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief. | | | | | | | | | | | |
| SIGNED <i>Chuck McCluskey</i> | | | | TITLE <u>Drilling Secretary</u> | | | | DATE <u>05-17-82</u> | | | |

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quarterly books except on state land, where strip copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

| | | | |
|--------------------|------------------|-----------------------|-------------------|
| T. Anhy | T. Canyon | T. Ojo Alamo | T. Penn. "B" |
| T. Salt | T. Strawn | T. Kirtland-Fruitland | T. Penn. "C" |
| B. Salt | T. Atoka | T. Pictured Cliffs | T. Penn. "D" |
| T. Yates 436 | T. Miss | T. Cliff House | T. Leadville |
| T. 7 Rivers | T. Devonian | T. Menefee | T. Madison |
| T. Queen 1068 | T. Silurian | T. Point Lookout | T. Elbert |
| T. Grayburg | T. Montoya | T. Mancos | T. McCracken |
| T. San Andres 1600 | T. Simpson | T. Gallup | T. Ignacio Qtzite |
| T. Glorieta | T. McKee | Base Greenhorn | T. Granite |
| T. Paddock | T. Ellenburger | T. Dakota | T. |
| T. Blinberry | T. Gr. Wash | T. Morrison | T. |
| T. Tubb | T. Granite | T. Todilto | T. |
| T. Drinkard | T. Delaware Sand | T. Entrada | T. |
| T. Abo | T. Bone Springs | T. Wingate | T. |
| T. Wolfcamp | T. | T. Chinle | T. |
| T. Penn. | T. | T. Permian | T. |
| T. Cisco (Bough C) | T. | T. Penn. "A" | T. |

OIL OR GAS SANDS OR ZONES

| | |
|--------------------------|----------------|
| No. 1, from 2180 to 2263 | No. 4, from to |
| No. 2, from to | No. 5, from to |
| No. 3, from to | No. 6, from to |

IMPORTANT WATER SANDS

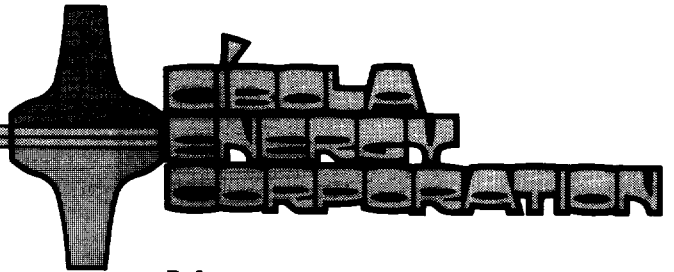
Include data on rate of water inflow and elevation to which water rose in hole.

| | |
|---------------------|--|
| No. 1, from to feet | |
| No. 2, from to feet | |
| No. 3, from to feet | |
| No. 4, from to feet | |

FORMATION RECORD (Attach additional sheets if necessary)

| From | To | Thickness in Feet | Formation | From | To | Thickness in Feet | Formation |
|------|------|-------------------|-----------------------------|------|----|-------------------|-----------|
| 0 | 436 | | very fine sand, shale | | | | |
| 436 | 1068 | | very fine sand, shale, salt | | | | |
| 1068 | 1600 | | fine sand, salt | | | | |
| 1600 | 2263 | | Dolomite, anhydrite | | | | |

Post Office Box 1668 / Albuquerque, New Mexico 87103 / (505) 843-6762



Reference _____

I, Terrell A. Dobkins, engineer, 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 source of drinking water.

A handwritten signature in cursive script, appearing to read "Terrell A. Dobkins".

Terrell A. Dobkins
Engineer
September 19, 1989

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: **MCNB OF TEXAS**
P.O. BOX 830308
DALLAS TX 75283-0308
ATT JAMES COBURN

4. Article Number **P567646912**

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Agent *[Signature]*

6. Signature - Addressee *[Signature]*

7. Date of Delivery **9.22.89**

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

Article Addressed to: **RESEARCH CORPORATION**
SUITE 201 BUILDING 2
7801 ACADEMY BLVD
ALBUQUERQUE, NM 87109

4. Article Number **P567646919**

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)

Signature - Agent *[Signature]*

Date of Delivery **9.22.89**

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: **YATES EXPLORATION**
P.O. BOX 81
ALBUQUERQUE, NM 87103

4. Article Number **P567646918**

Type of Service: ☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

8. Addressee's Address (ONLY if requested and fee paid)

5. Signature - Agent *[Signature]*

6. Signature - Addressee *[Signature]*

7. Date of Delivery **9.22.89**

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

| | | | |
|--|--|---|--|
| 3. Article Addressed to: LE MINERALS P.O. BOX 874 ROSWELL, NM 88201 | | 4. Article Number PS67646917 | |
| Signature - Address Signature - Agent Date of Delivery 9.21.89 | | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | |

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

| | | | |
|---|--|---|--|
| 3. Article Addressed to: WHITE RANCH MINERALS, LTD. MARSHALL & WINSTON, INC. 20. BOX 56880 MIDLAND, TX 79710-0880 | | 4. Article Number PS67646909 | |
| Signature - Agent Signature - Address Date of Delivery 9/24 | | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | |

Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

| | | | |
|---|--|---|--|
| 3. Article Addressed to: SHAMEDAN OIL CO. 10 DESTA DRIVE SUITE 240E MIDLAND, TX 79705 AT JACK ANDERSON | | 4. Article Number 567646913 | |
| Signature - Address Signature - Agent Date of Delivery 9-21-89 | | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

| | | | |
|--|--|---|--|
| 3. Article Addressed to: ELDORADO OIL CO. C/O BROWNWOOD ETAL ONE WORLD TRADE CENTER NEW YORK, NY 10048 ATT DON TURKINGTON | | 4. Article Number PS67646916 | |
| Signature - Address Signature - Agent Date of Delivery 9/25/89 | | Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if requested and fee paid) | |

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
MARSHALL & WINSTON
P.O. Box 58880
MIDLAND, TX 79710-0880

4. Article Number
P567646910

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery
9/21

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-665 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
MARSHALL & WINSTON
P.O. Box 58880
MIDLAND TX 79710-0880

4. Article Number
P567646911

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery
9/21

8. Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
PLANS RADIO
P.O. Box 2526
AMARILLO TX 79105

4. Article Number
P567646914

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery
SEP 22 1988

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-665 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional services requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
FINA OIL & CHEMICAL CO
6 DESTA DRIVE
SUITE 4400
MIDLAND TX 79705

4. Article Number
P567646915

Type of Service: ☐ Registered ☐ Insured ☐ Certified ☐ COD ☐ Return Receipt for Merchandise ☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery
9/21/88

8. Addressee's Address (ONLY if requested and fee paid)

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-78

| | |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| OPERATOR | |

RECEIVED BY BOX 2088
SANTA FE, NEW MEXICO 87501
JAN 17 1986
O. C. D.
ARTESIA, OFFICE

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐
Name of Operator
Cibola Energy Corporation
Address of Operator
P. O. Box 1668, Albuquerque, New Mexico 87103
Location of Well
UNIT LETTER M 990 South 330
West 20 10S 28E
THE LINE, SECTION TOWNSHIP RANGE NMPM.

7. Unit Agreement Name
8. Farm or Lease Name
J. P. White D
9. Well No.
11
10. Field and Pool, or Wildcat
Race Track San Andres

15. Elevation (Show whether DF, RT, GR, etc.)
3750 GL
12. County
Chaves

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"/> | PLUG AND ABANDONMENT <input checked="" type="checkbox"/> |
| ILL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/> |

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.

12-30-85 Plugged and Abandoned well as follows:

- 1st plug 2240-2140 35 sx cement
- 2nd plug 1656-1556 35 sx cement
- 3rd plug 980-880 35 sx cement
- 4th plug 370-270 35 sx cement
- 5th plug Surface 10 sx cement

The location was leveled and a dry hole marker will be set.

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

by Karen Agan TITLE Drilling Secretary DATE 1-15-86
by Danell Moore TITLE Geologist DATE 3/27/86
CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION

SANTA FE, NEW MEXICO 87501

| | |
|---------------|--|
| DATE RECEIVED | |
| DISTRICT | |
| SANTA FE | |
| FILE NO. | |
| LAND OFFICE | |
| OPERATOR | |

WELL COMPLETION OR RECOMPLETION REPORT AND RECEIVED

JUL 21 1983

1. TYPE OF WELL

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. TYPE OF COMPLETION

NEW WELL ☒ WORK OVER ☐ DISPERSE ☐ PLUG BACK ☐ REPERFORATE ☐ OTHER ☐

3. Name of Operator

Cibola Energy Corporation

4. Address of Operator

P.O. Box 1668, Albuquerque, New Mexico 87103

5. Location of Well

WELL LETTER D LOCATION 330 FEET FROM THE North END AND 330 FEET FROM

THE West LINE OF SEC. 29 TWP. 10S R. 28E

6. Date of Completion

6/21/83

6/27/83

7/11/83

3736.6

7. Total Depth

2330'

2330'

320-2330

0-320

8. Producing Intervall, if other than from 0 to total depth

2209-2254 San Andres

9. Type of Electric Metering Equipment

Densilog

| CASING SIZE | WEIGHT PER FOOT | CEMENTING METHOD | AMOUNT PULLED |
|-------------|-----------------|-------------------------------|---------------|
| 8 5/8" | 23# | 110 sx class C cement 2% CaCl | |
| 4 1/2" | 9.5# | 125 sx self stress cement | |
| | | TOC @ 1802 by Cole | |

| SIZE | TYPE | AMOUNT USED |
|--------|------|-------------|
| 2 3/8" | | 2128' |

2209-13, 2216-20, 2222-26, 2234-37, 2244-54

2 jet shots per foot

4500 gal 28% acid

10. First Production

7/11/83

pump

producing

11. Last Test

7/14/83

24 hrs

13.92

TSTM

0

12. Flowing Pressure

13.92

TSTM

0

13. Name of Well Owner

Mark Hamilton

The City of Albuquerque, New Mexico, hereby certifies that the information furnished herein is true and correct.

Signature *Mark Hamilton*

Date *7/22/83*

Page *32*

STATE OF NEW MEXICO
DEPT. OF ENERGY AND MINES

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
RECEIVED Revised 10-3-78

JUL 01 1983

O. C. D.
ARTESIA, OFFICE

| | |
|-------------------|-------------------------------------|
| AS APPLIED TO: | |
| DISTRIBUTION | <input checked="" type="checkbox"/> |
| LAND OFFICE | <input type="checkbox"/> |
| TRANSPORTER | <input type="checkbox"/> |
| OPERATOR | <input type="checkbox"/> |
| PRODUCTION OFFICE | <input type="checkbox"/> |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Cibola Energy Corp.

Address
P.O. Box 1668, Albuquerque, New Mexico 87103

Reason(s) for filing (check proper box)
 New Well ☒ Change in Transporter of:
 Recombination ☐ Oil ☐ Dry Gas ☐
 Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|--|-----------|
| Lease Name CX Plains | Well No. 3 | Pool Name, including Formation Race Track SA | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter P : 330 Feet From The South Line and 330 Feet From The East Line of Section 19 Township 10S Range 28E , NMPM, Chaves County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, N.M. 88210 |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. P 19 10S 28E |
| Is gas actually connected? | When |

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 <input checked="" type="checkbox"/> Gas well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'ty. Diff. <input type="checkbox"/> |
| Date Spudded 6/15/83 | Date Compl. Ready to Prod. 6/28/83 |
| Elevations (DF, RKB, RT, GR, etc.) 3745.1 | Name of Producing Formation San Andres |
| Perforations 2208-2227, 2241-2243, 2246-2256 | Total Depth 2312' |
| | Top Oil/Gas Pay 2208' |
| | Tubing Depth 2125' |
| | Depth Casing Shoe 2312' |

| TUBING, CASING, AND CEMENTING RECORD | | | |
|--------------------------------------|----------------------|-----------|----------------------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 10" | 8 5/8" | 320' | 150 sx class C cmt 2% CaCl |
| 7 7/8" | 4 1/2" | 2307' | 125 sx self stress |
| | 2 7/8" | 2128' | 75 cmt 1854' |

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 6/25/83 | Date of Test 6/25/83 Swab test | Producing Method (flow, pump, gas lift, etc.) pump |
| Length of Test 5 hrs. | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test 25 bbls | Oil-Bbls. 25 bbls | Water-Bbls. 0 |
| | | Gas-MCF TSTM |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (prior, 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.

Karen Azar
(Signature)
Production Secretary
(Title)
6/29/83
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 14 1983
BY [Signature]
TITLE OIL AND GAS INSPECTOR

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 deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiply completed wells.