MARNEL PIPE & SUPPLY CO.

NEW – USED OIL FIELD PIPE & EQUIPMENT
SHALLOW POOL CASING PULLING & WELL PLUGGING
PIPE THREADING & TESTING

P. O. Box 1037
401 N. 1st St.

Artesia, New Mexico 88210
(505) 746-6558

NSP - 1260
R5353
R-4 #6
8-21-81

July 15, 1981

NM Energy & Minerals Dept.
Oil Conservation Comm.
P.O. Box 2088
Santa Fe, N.M. 87501

Re: Double-L State #1
Unit N SW/SE
330' FSL & 2296' FWL
Sec. 1 - T15S - R29E, NMPM
Chaves County, N.M.
State Lease K-6647

ATTENTION: Joe Ramey-Director

Gentlemen:

Application is hereby made for administrative approval of a 40-acre non-standard unit and unorthodox well location for the above captioned gas well. This well was drilled and operated by J.B. Adamson and was never completed. We have since taken over and completed the well as a dry-gas well testing at 75MCFD.

Attached is a plat showing the acerage involved and the offset operators. All offset operators have been furnished a copy of this application and plat by certified mail(receipts attached).

RECEIVED
JUL 22 1981
OIL CONSERVATION DIVISION
SANTA FE

Very truly yours,

Nelson A. Muncy

Nelson A. Muncy

cc: Burk Royalty Co.
800 Oil & Gas Bldg.
Wichita Falls, Tx. 76301

Corinne Grace
Box 1801
Carlsbad, N.M. 88201

Nelson Muncy
Marnel Pipe & Supply Co.
Box 1037
Artesia, N.M. 88210

C.H. Juni
1500 Douglas
Midland, Texas 79703

NMOCC %Bill Gressett
Artesia Office
Drawer DD
Artesia, N.M. 88210

P25 4261983

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO: Burk Royalty Co.
STREET AND NO.: 800 Oil & Gas Bldg.
P.O., STATE AND ZIP CODE: Wichita Falls, Tx 76301

POSTAGE			$ 1.8
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		75 ¢
	OPTIONAL SERVICES	SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	60 ¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES			$ 153
POSTMARK OR DATE			JUL 24 1981

PS Form 3800, Apr. 1976

P25 4261984

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO: Corinne Lasseter
STREET AND NO.: Box 1801
P.O., STATE AND ZIP CODE: Carlsbad, NM 88220

POSTAGE			$ 1.8
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		75 ¢
	OPTIONAL SERVICES	SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	60 ¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES			$ 153
POSTMARK OR DATE			JUL 24 1981

PS Form 3800, Apr. 1976

P25 4261982

RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO: Bill Hressett
STREET AND NO.: DR. DD
P.O., STATE AND ZIP CODE: Artesia, N.M.

POSTAGE			$ 1.8
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		75 ¢
	OPTIONAL SERVICES	SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	60 ¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES			$ 153
POSTMARK OR DATE			JUL 24 1981

PS Form 3800, Apr. 1976

P25 4261981

RECEIPT FOR CERTIFIED MAIL
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NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO: C. H. Juni
STREET AND NO.: 15 00 Douglas
P.O., STATE AND ZIP CODE: Midland, Tx 79703

POSTAGE			$ 1.8
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		75 ¢
	OPTIONAL SERVICES	SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	60 ¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES			$
POSTMARK OR DATE			JUL 24 1981

PS Form 3800, Apr. 1976

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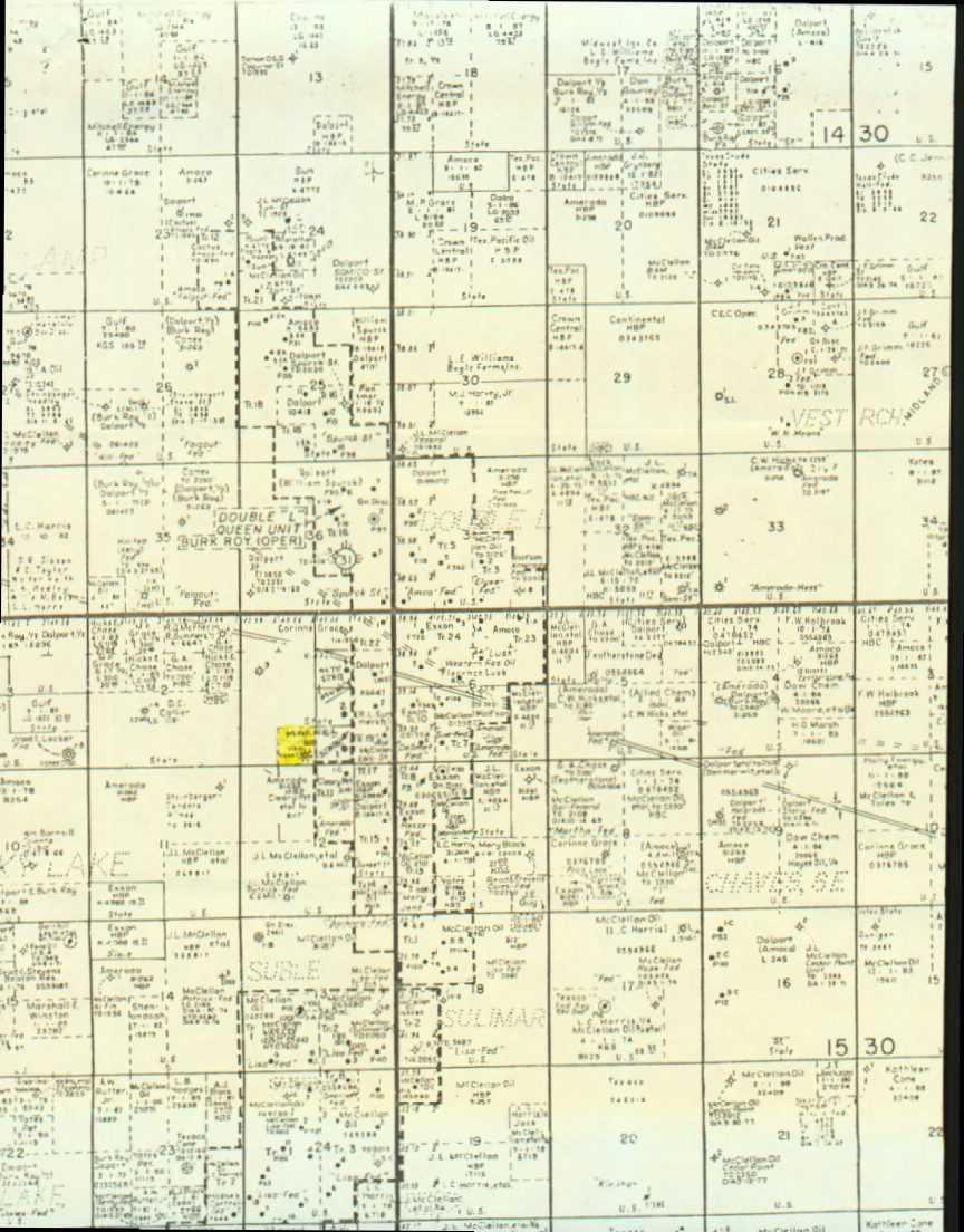
OIL CONSERVATION DIVISION
SANTA FE



DOUBLE "L"
QUEEN UNIT
BURK ROY (OPER)
L. E. Williams
Bogle Farms, Inc.
M. J. Harvey, Jr.
Continental
Cities Serv.
Amerada-Hess
Corinne Grace
Amoco
Exxon
Dalport
Western Res. Oil
Florence Lusk
McClellan Oil
J. L. McClellan, etal
L. C. Harris
Texaco
Kathleen Cone
Marshall E. Winston
Gulf
Sun
Mitchell Energy
Midland
14 30
15 30
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OPERATOR	1

...AND MINERALS DEPARTMENT

RECEIVED

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501 JUL 8 1981

O. C. D.

ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [XX] Fee [ ]

5. State Oil & Gas Lease No.: K-6647

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 [XX] OTHER-

7. Unit Agreement Name: —

Name of Operator: Marnel Pipe & Supply Co.✓

8. Farm or Lease Name: Double-L State

Address of Operator: Box 1037 Artesia, NM 88210

9. Well No.: 1

Location of Well: UNIT LETTER N, 330 FEET FROM THE South LINE AND 2296 FEET FROM THE West LINE, SECTION 1, TOWNSHIP 15 South, RANGE 29 East, NMPM.

10. Field and Pool, or Wildcat: Undesignated Double-L Qn. Assoc.

15. Elevation (Show whether DF, RT, GR, etc.): 3885.5 GR

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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Change Ownership & PROGRESS REPORT [XX]	

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.

This well was formally operated by J.B Adamson Rt. 1 Box 202J Artesia, NM 88218

Transfer operator to Marnel Pipe & Supply Co.

(A) PREVIOUS OPERATOR PERF. WELL FROM 1945-58' (26-SHOTS)

(B) SPOTTED ACID OVER PERFS & COULD NOT BREAK DOWN @ 2500#

(C) RAN ABRASIJET TO 1950' & CUT 2-HOLES (180°-APART)

(D) PUMPED 1500-GAL 15%-MUD ACID & BROKE DOWN PERFS AT 1600# THEN, DROPPED 100# BENZOIC ACID FLAKES & PLUGGED WELL OFF-WOULD NOT BREAK DOWN AT 2700# - SWABBED-GAS APPROX. 15MCFD @ 84#.

(E) PRESENT OPERATOR TOOK OVER WELL AT POINT (D) ABOVE.

Posted U-P Operator 7-24-81

RECEIVED
JUL 22 1981
CONSERVATION DIVISION
SANTA FE

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

SIGNED [signature] TITLE Agent DATE 7-8-81

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE JUL 20 1981

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State [XX] Fee [ ]

5. State Oil & Gas Lease No.
K-6647

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. OIL WELL [ ] GAS WELL [XX] OTHER-

7. Unit Agreement Name

2. Name of Operator
MARNEL PIPE & SUPPLY CO.

8. Farm or Lease Name
Double-L State

3. Address of Operator
Box 1037 Artesia, N.M. 88210

9. Well No.
1

4. Location of Well
UNIT LETTER N , 330 FEET FROM THE South LINE AND 2296 FEET FROM THE West LINE, SECTION 1 TOWNSHIP 15 South RANGE 29 East NMPM.

10. Field and Pool, or Wildcat
Und. Double-L Qn A

15. Elevation (Show whether DF, RT, GR, etc.)
3885.5' GL

12. County
Chaves

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]			COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	CHANGE PLANS	[ ]	CASING TEST AND CEMENT JOB	[ ]		
OTHER	[ ]			OTHER			[ ]

17. 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.

May-1981:

Broke down with 375-gal of acid at 1700#

Swabbed Dry & Tested gas at 75 MCFD @ 86# Shut-In Tubing Pressure(Dry Gas)

Well Shut-In waiting on connection and approval of non-standard unit & unorthodox well location approval.

COPY ORIG. SENT TO ARTESIA NMOCC 7-20-81

RECEIVED
JUL 22 1981
OIL CONSERVATION DIVISION
ARTESIA, OFFICE

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

SIGNED A. Nelson Muncy TITLE Owner DATE 7-11-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
MARNEL PIPE & SUPPLY CO.

Address
Box 1037 Artesia, N.M. 88210

Reason(s) for filing (Check proper box)
New Well [XXX]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Double-L State	1	Und. Double-L Qn. Assoc.	State, Federal or Fee State	K-6647

Location
Unit Letter N : 330 Feet From The South Line and 2296 Feet From The West

Line of Section 1 Township 15 South Range 29 East , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	4th & Washington Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	Connection applied for

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
		XXXX	XXXXX					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-20-78	June 3, 1981	1986'	1963'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3885.5'	Queen	1945'	1928'
Perforations			**Depth Casing Shoe**
1945-58'			1986'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10"	7"-20#	364'	160-sxs "C"
6¼"	4½"-9½#	1986'	100-Poz + 100-sxs "C
	2-3/8" EUE 8-Rd.	1903'	

RECEIVED
JUL 22 1981
OIL CONSERVATION DIVISION
SANTA FE

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

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

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
75 MCF/D	24 Hours	-0-	-
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back-Pressure 1-Point.	7#	93#	½"

VI. 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.

A. Nelson Murray
(Signature)

Owner
(Title)

7-14-81
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY _____

TITLE _____

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

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

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

Fill out only Sections I, II, III, and VI for changes of ow well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in mult completed wells.

Form C-105
Revised 10-1-78

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED		
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U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease: State [XX] Fee [ ]

5. State Oil & Gas Lease No.: K-6647

1a. TYPE OF WELL: OIL WELL [ ] GAS WELL [XX] DRY [ ] OTHER

b. TYPE OF COMPLETION: NEW WELL [XX] WORK OVER [ ] DEEPEN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] OTHER

7. Unit Agreement Name:

8. Farm or Lease Name: Double-L State

2. Name of Operator: MARNEL PIPE & SUPPLY CO.

9. Well No.: 1

3. Address of Operator: Box 1037 Artesia, N.M. 88210

10. Field and Pool, or Wildcat: Und. Double-L Qn. Assoc.

4. Location of Well: UNIT LETTER N LOCATED 330 FEET FROM THE South LINE AND 2296 FEET FROM

12. County: Chaves

THE West LINE OF SEC. 1 TWP. 15 S RGE. 29 E NMPM

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
2-20-78	3-16-79	7-3-81	3885.5' GL	3885.5'

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
1986'	1963'		→		0-1986'

24. Producing Interval(s), of this completion — Top, Bottom, Name: 1945-58' QUEEN SAND

25. Was Directional Survey Made: NO

26. Type Electric and Other Logs Run: GR/N 1000-1986'

27. Was Well Cored: NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20#	364'	10"	160-sxs"C"	None
4½"	9½#	1986'	6¼'	100 sxs Poz + 100 sxs "C"	None

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET
2-3/8" 8Rd EUE	1903'	

31. Perforation Record (Interval, size and number)

1945-58' (26-Holes ½")
1950' (2-Holes) Abrasijet

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
1945-58'	TOTAL--2350 Gal MCA-15%(3-Times) Acid

PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping — Size and type pump)	Well Status (Prod. or Shut-in)
7-3-81	½" Choke 1-Point Back-Pressure	Shut-In waiting on Conn

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas — Oil Ratio
7-3-81	24	½"		0	75 MCF	0	

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate →	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
7#	0#		-0-	75MCF	-0-	-

34. Disposition of Gas (Sold, used for fuel, vented, etc.): Shut-In waiting for Connection

Test Witnessed by: S.K. Desai

35. List of Attachments

RECEIVED
JUL 22 1981
OIL CONSERVATION DIVISION
SANTA FE

36. 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 A.M. Money TITLE OWNER DATE 7-16-81

ORIG. SENT TO NMOCC 7-21-81

INSTRUCTIONS

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 radio-activity 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 filled in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico				Northwestern New Mexico			
T. Anhy	591'	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		T. Miss		T. Cliff House		T. Leadville	
T. 7 Rivers		T. Devonian		T. Menefee		T. Madison	
T. Queen	1945'	T. Silurian		T. Point Lookout		T. Elbert	
T. Grayburg		T. Montoya		T. Mancos		T. McCracken	
T. San Andres		T. Simpson		T. Gallup		T. Ignacio Qtzte	
T. Glorieta		T. McKee		Base Greenhorn		T. Granite	
T. Paddock		T. Ellenburger		T. Dakota		T.	
T. Blinebry		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 1945' to 1958' Qn. Gas 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	30	30	Caliche				
30	59	29	Red Bed				
59	280	221	Anhy				
280	400	120	Red Sand(No Water)				
400	1054	654	Salt				
1054	1945	891	anhy & shale				
1945	1958	13	Queen Sand				
1958	1986	28	Anhy				