| Form-3160-5<br>(August 1999)                                                                      | UNITED STATES DEPARTMENT OF THE IN BUREAU OF LAND MANAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NTERIOR                                 | RECE                         |                                 | FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000  5. Lease Serial No.                |  |  |  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------|--|--|--|
| SUI                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | วก                                      | 3 SEP 18                     | 242 O. AC                       | IMSF078476                                                                                    |  |  |  |
| Do not us<br>abandone                                                                             | NDRY NOTICES AND REPORT Se this form for proposals to divide the control of the c | drill or to re-end<br>for such prope    | ter an<br>sals.<br>Ú Farmíni | aton NM                         | If Indian, Allottee or Tribe Name                                                             |  |  |  |
|                                                                                                   | TRIPLICATE - Other Instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                              |                                 | If Unit or CA/Agreement, Name and/or No.                                                      |  |  |  |
| 1. Type of Well                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                                       | <u> </u>                     | 2, 7                            |                                                                                               |  |  |  |
| Oil Well XX Gas We                                                                                | II Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | C. C.                        |                                 | 8 Well Name and No.<br>Federal J#1-B                                                          |  |  |  |
| 2. Name of Operator                                                                               | DRAME ADDRAGENG CARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                              | (v) 100                         | O ADLAN HAY                                                                                   |  |  |  |
| 3a. Address P O Box 3638, M                                                                       | RBONS OPERATING CORP<br>idland, TX 79702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3b. Phone No. (Inc. 432-686-98          |                              |                                 | 30-045-31815                                                                                  |  |  |  |
| 4. Location of Well (Footage                                                                      | Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I                                       | TOPIC .                      | ~/                              | Blanco Mesaverde                                                                              |  |  |  |
| 0; Sec 11; T-27<br>20 mi south of                                                                 | -N; R-8-W; 720' FSL<br>Blanco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | & 1305' FEL                             |                              | المستعشطين                      | County or Parish, State                                                                       |  |  |  |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                              |                                 | an Juan, New Mexico                                                                           |  |  |  |
| 12. CHECK                                                                                         | APPROPRIATE BOX(ES) TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INDICATE NAT                            | URE OF NO                    | OTICE, REPOR                    | T, OR OTHER DATA                                                                              |  |  |  |
| TYPE OF SUBMISSION                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TION                                    |                              |                                 |                                                                                               |  |  |  |
| XXX Notice of Intent                                                                              | Acidize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Deepen Fracture Treat                   | =                            | uction (Start/Resum<br>amation  | ☐ Well Integrity                                                                              |  |  |  |
| XXX Subsequent Report                                                                             | Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | New Construction                        |                              | mplete                          | depth of the 8 5/8" cs                                                                        |  |  |  |
| Final Abandonment Notice                                                                          | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Plug and Abandon  Plug Back             |                              | porarily Abandon<br>or Disposal | Change the location of                                                                        |  |  |  |
| testing has been completed<br>determined that the site is re                                      | . Final Abandonment Notices shall be fady for final inspection.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | iled only after all re                  | quirements, inc              | luding reclamation,             | interval, a Form 3160-4 shall be filed once<br>have been completed, and the operator has      |  |  |  |
| the we applie                                                                                     | well is scheduled to sell location has been ed for 7/28/03. Our coursely the Farmington Field                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | moved 70'                               | FS and l                     | 45' FE of to ed to submi        | By order of the BLM<br>the original location<br>it a sundry notice to<br>ge. By ROGER HERRERA |  |  |  |
| origin<br>to 370                                                                                  | ffice is changing the nally to set the casino'. Original Setting I 230' ORIGINAL LOCATION 50' FSL & 1450' FEL, 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ng at 230'.<br>Depth                    | We are                       | New Requesting                  | casing. It was requested to change that depth dested Setting Depth 370'  JESTED LOCATION      |  |  |  |
| 14. I hereby certify that the fore Name (Printed/Typed)                                           | going is true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                              | 720 F3L 6                       | 1305' FEL, 0; Sec 11-27                                                                       |  |  |  |
| Phyllis R.                                                                                        | Gunter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Title                                   | Agent                        |                                 |                                                                                               |  |  |  |
| Signature /                                                                                       | IN PAINTE!<br>THIS SPACE FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date Date                               | 9-17-(                       |                                 | Street Wood                                                                                   |  |  |  |
|                                                                                                   | INIS SPACE FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                              |                                 |                                                                                               |  |  |  |
| Approved by                                                                                       | Sanc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | Title EP/R                   | caw Tesm                        | Date 9/30/03                                                                                  |  |  |  |
| Conditions of approval, if any certify that the applicant holds which would entitle the applicant | are attached. Approval of this notice do legal or equivable title to those rights in to conduct operations thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | pes not warrant or<br>the subject lease | Office [2                    | FO                              |                                                                                               |  |  |  |

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

District I Pt) Rex 1980, Hobbs, NM 88241-1980 District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV

## State of New Mexico

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-1 02 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

State Lease - 4 Copies Fee Lease - 3 Copies

RТ

| 2040 South Pache                                                                                                                                     | cco, Santa F    | 'e, NM 87505        | 5            |             |                                                             |       |                     |                                                                            |                                                                                  | J <sub>AMI</sub>                         | ENDED REPOR                                                       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------------|-------------|-------------------------------------------------------------|-------|---------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------|--|--|
| 'API Number                                                                                                                                          |                 |                     |              |             | CATION AND ACREAGE DEDICA  Pool Code 2319  Blanco Mesaverde |       |                     | ³ Pool N                                                                   | <sup>3</sup> Pool Name                                                           |                                          |                                                                   |  |  |
| <sup>4</sup> Property Code                                                                                                                           |                 |                     |              |             | <sup>5</sup> Property Name                                  |       |                     | T GC                                                                       | ' Well Number                                                                    |                                          |                                                                   |  |  |
| 26851                                                                                                                                                |                 |                     |              | reae        | Federal Operator Name                                       |       |                     |                                                                            | J1B • Elevation                                                                  |                                          |                                                                   |  |  |
|                                                                                                                                                      |                 |                     |              | droc        | drocarbons Operating Corp.                                  |       |                     |                                                                            |                                                                                  |                                          |                                                                   |  |  |
|                                                                                                                                                      | ·               | <b>7</b>            |              | <del></del> | 10 Surfa                                                    | ice ] | Location            | _                                                                          | ·                                                                                |                                          |                                                                   |  |  |
| UL or let no.                                                                                                                                        | Section 11      | Township 27N        | Range<br>8W  | Lot Id      | n Feet from the                                             | 1 _ 1 |                     | Feet from the                                                              | East/West line                                                                   |                                          | County                                                            |  |  |
| <u> </u>                                                                                                                                             | 1 11            | 1 2/N               |              | tom L       |                                                             | l     | South Different Fro | 1305                                                                       | East                                                                             |                                          | San Juar                                                          |  |  |
| UL or let no.                                                                                                                                        | Section         | Township            | Range        | Let 1d      |                                                             |       | North/South fine    | Feet from the                                                              | East/West                                                                        | line                                     | County                                                            |  |  |
|                                                                                                                                                      |                 |                     |              |             |                                                             |       |                     |                                                                            |                                                                                  |                                          | County                                                            |  |  |
| 12 Dedicated Acr                                                                                                                                     | es Doint        | or Infill 10        | Consolidatio | a Code      | <sup>15</sup> Order No.                                     |       |                     |                                                                            |                                                                                  |                                          |                                                                   |  |  |
| NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION |                 |                     |              |             |                                                             |       |                     |                                                                            |                                                                                  |                                          |                                                                   |  |  |
| 16                                                                                                                                                   |                 |                     |              |             |                                                             |       |                     | Signature  Signature  Corregory  Printed Name Enginee  Title 9/17/00  Date | y F. Ba                                                                          | iano                                     | TIFICATION contained herein is nowledge and belief                |  |  |
|                                                                                                                                                      |                 |                     |              |             |                                                             |       |                     | I hereby certifi<br>was plotted fro<br>or under my si<br>correct to the l  | what the well<br>on field notes<br>opervision, as<br>best of my bell<br>on ber 9 | l location : of actual ad that the lief. | IFICATION shown on this plat sourceys made by me same is true and |  |  |
|                                                                                                                                                      | MA 8<br>notgnit | 103 SEP<br>170 Farn |              |             | 720                                                         |       | 1305                | Certificate Visi                                                           | 967                                                                              | 2                                        | WHEYOR A                                                          |  |  |

## Well Pad Layout Phoenix Hydrocarbons Operating Corp.

FEDERAL J 1B /2U F/SL & 1305 F/EL SECTION 11 T27N R8W N.M.P.M. SAN JUAN COUNTY, NEW MEXICO GL ELEVATION 6655'



