

Rhombus Operating Co., Ltd

P.O. Box 8316
Midland, TX 79708-8316
(970) 349-7555; (915) 683-8873
greg@adelphia.net

AMESO-435238547

December 6, 2004

New Mexico Oil Conservation District
Attn: Michael Scogner
1220 S. St. Francis Dr.
Santa Fe, NM 87505

RECEIVED

DEC 8 2004

Oil Conservation Division
1220 S. St. Francis Drive
Santa Fe, NM 87505

RE: Request for Non-Standard Location
Pennzoil Federal #1
1980' FSL & 1780' FEL
Sec 29, T-18-S, R-34-E
Lea County, NM

Dear Mr. Scogner:

Rhombus Operating Company would like to recomplete the subject well from the Morrow formation to the E-K Bone Springs formation. My understanding is that since the Bone Springs is on 80 Acre proration units, this would be a Non-Standard Location. We are requesting that the New Mexico Oil Conservation Division approve this as a Non-Standard Location since the wellbore is already drilled in this location.

Sincerely,



Gregory D. Cielinski
President of the General Partner

12-14-2004

- Greg Cielinski called David about this application, who gave me the message.
- 10:35 AM talked w/ Greg N/2 SE/4 dedication, no notification since the NSL is internal.

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

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-025-27013	² Pool Code 21650	³ Pool Name E-K BONE SPRINGS
⁴ Property Code 009598	⁵ Property Name PENNZOIL FEDERAL COM	⁶ Well Number 1
⁷ OGRID No. 019111	⁸ Operator Name RHOMBUS OPERATING CO., LTD.	⁹ Elevation

¹⁰ Surface Location

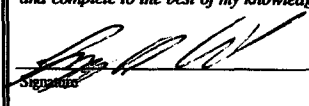
UL or lot no. J	Section 29	Township 18S	Range 34E	Lot Idn	Feet from the 1980	North/South line SOUTH	Feet from the 1780	East/West line EAST	County LEA
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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¹² Dedicated Acres	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16										17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  _____ GREGORY D. CIELINSKI Printed Name PRESIDENT OF THE GENERAL PARTNER rhombusop@cox.net _____ Title and E-mail Address 12-704 _____ Date
										18 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. _____ Date of Survey Signature and Seal of Professional Surveyor: _____ Certificate Number

1780' FEL

1980 FSL

Fee Lease

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE- Other instructions on reverse side.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator **RHOMBUS OPERATING CO., LTD**

3a. Address
P.O. BOX 8316, MIDLAND TX 79708-8316

3b. Phone No. (include area code)
432-683-8873

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980 FSL, 1780 FEL, Sec 29, T-18-S, R-34-E

5. Lease Serial No.

NMNM88498

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

NMNM88498

8. Well Name and No.

PENNZOIL FEDERAL COM 1

9. API Well No.

30-025-27013

10. Field and Pool, or Exploratory Area

E-K Bone Springs

11. County or Parish, State

LEA COUNTY, NEW MEXICO

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Rig up as soon as possible. Install BOP Set CIBP at 13,288' (current Morrow perms are at 13,388-400'). Dump 35' cement on top. Perforate Bone Spring 9,902-18' w/ 4 SPF. Acidize. Put on pump if necessary

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

GREGORY D. CIELINSKI

Title **PRESIDENT OF THE GENERAL PARTNER**

Signature

Date

12-3-04

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

(Instructions on page 2)