

PKRVD 300833534

WFX 1/22/03
DRC

PHOENIX HYDROCARBONS OPERATING CORPORATION

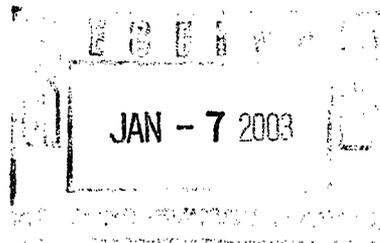
415 WEST WALL, SUITE 703
MIDLAND, TX 79701

P. O. BOX 3638
Midland, Texas 79702

Phone 915 686-9869
FAX 915 686-7798

December 23, 2002

Mr. David Catanach
New Mexico Oil Conservation Commission
2040 South Pacheco Street
Santa Fe, NM 87505



RE: LANGLIE JAL UNIT WELL NO. 91
1980' FSL & 1980' FEL
SEC 17, T-25S, R-37E
LEA COUNTY, NEW MEXICO

Gentlemen:

Phoenix Hydrocarbons Operating Corporation has taken over operations of the Langlie Jal Unit from Kenson Operating Company, effective October 1, 2002. Phoenix respectfully request permission to convert the referenced well to a injection well. Enclosed are the necessary forms, including Form C-108 with all its attachments and the sundry form describing our procedure.

We would appreciate your prompt attention, as we are anxious to perform this conversion.

The Langlie Jal Unit Well #87 is back on production and will not be an applicant for conversion at this time.

Yours truly,

PHOENIX HYDROCARBONS OPERATING CORPORATION

A handwritten signature in cursive script that reads "Phyllis R. Gunter". The signature is written in dark ink and is positioned above the printed name of the signatory.

Phyllis R. Gunter

Prg

Attachments

Cc: Oil Conservation Commission
P O Box 1980
Hobbs New Mexico 88240

Offset Operators

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

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		5. Lease Serial No. NM 0140978
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No. 8910115870
1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Convert to injection well		8. Well Name and No. Langlie Jal Unit #91
2. Name of Operator Phoenix Hydrocarbons Operating Corp		9. API Well No. 30-025-24891
3a. Address P O Box 3638, Midland, TX 79702	3b. Phone No. (include area code) 915 686-9869	10. Field and Pool, or Exploratory Area Langlie Mattix
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) J, 1980' FSL & 1980' FEL Sec 17, T25S, R37E		11. County or Parish, State Lea County, NM

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 type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input checked="" type="checkbox"/> Convert to Injection	<input 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 recomplete 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.)

- (1) Move in rig up.
- (2) Trip out production equipment.
- (3) Clean out to PBTD.
- (4) Trip in hole with injection packer to 3212.7'.
- (5) Circulate packer fluid and set injection packer.
- (6) Nipple up wellhead.
- (7) Place on injection.

NOTE: Start date will be immediately after approval.

14. I hereby certify that the foregoing is true and correct	
Name (Printed/Typed) Phyllis R. Gunter	Title Agent
Signature <i>Phyllis R. Gunter</i>	Date 12-23-02

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	

APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? Yes No

II. OPERATOR: PHOENIX HYDROCARBONS OPERATING CORPORATION
ADDRESS: P O Box 3638, Midland, Texas 79702
CONTACT PARTY: Chris Mitchell PHONE: 894-1750 cell

III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? Yes No
If yes, give the Division order number authorizing the project: R-4051, Nov 1970

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected; Top side 500 - 1000 bbl/day
2. Whether the system is open or closed; Closed
3. Proposed average and maximum injection pressure; Top side 700 to 850 psi
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and, #2 WSW, analysis attached
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.). Not for disposal purposes.

*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval. Information previously furnished.

IX. Describe the proposed stimulation program, if any. No stimulation will be required.

*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted). Logging data previously furnished.

*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. A chemical analysis of water supply well #2 is attached.
Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water. The available geologic & engineering data has been examined no evidence of open faults or any other hydrologic connection between the

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form. (over)

XIV. Proof of Notice attached.
Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: Phyllis R. Gunter TITLE: Agent

SIGNATURE: Phyllis R. Gunter DATE: 12-23-02

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: Nov 1970, R-4051

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

(1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.

attached

(2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.

attached

(3) A description of the tubing to be used including its size, lining material, and setting depth.

attached

(4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

attached

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

(1) The name of the injection formation and, if applicable, the field or pool name.

Seven Rivers-Queen

(2) The injection interval and whether it is perforated or open-hole.

3255' to 3666'

(3) State if the well was drilled for injection or, if not, the original purpose of the well.

Producer

(4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations. None

(5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

Above = Yates

Below = Greyburg

XIV. PROOF OF NOTICE

Attached

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

(1) The name, address, phone number, and contact party for the applicant;

(2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;

(3) The formation name and depth with expected maximum injection rates and pressures; and,

(4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

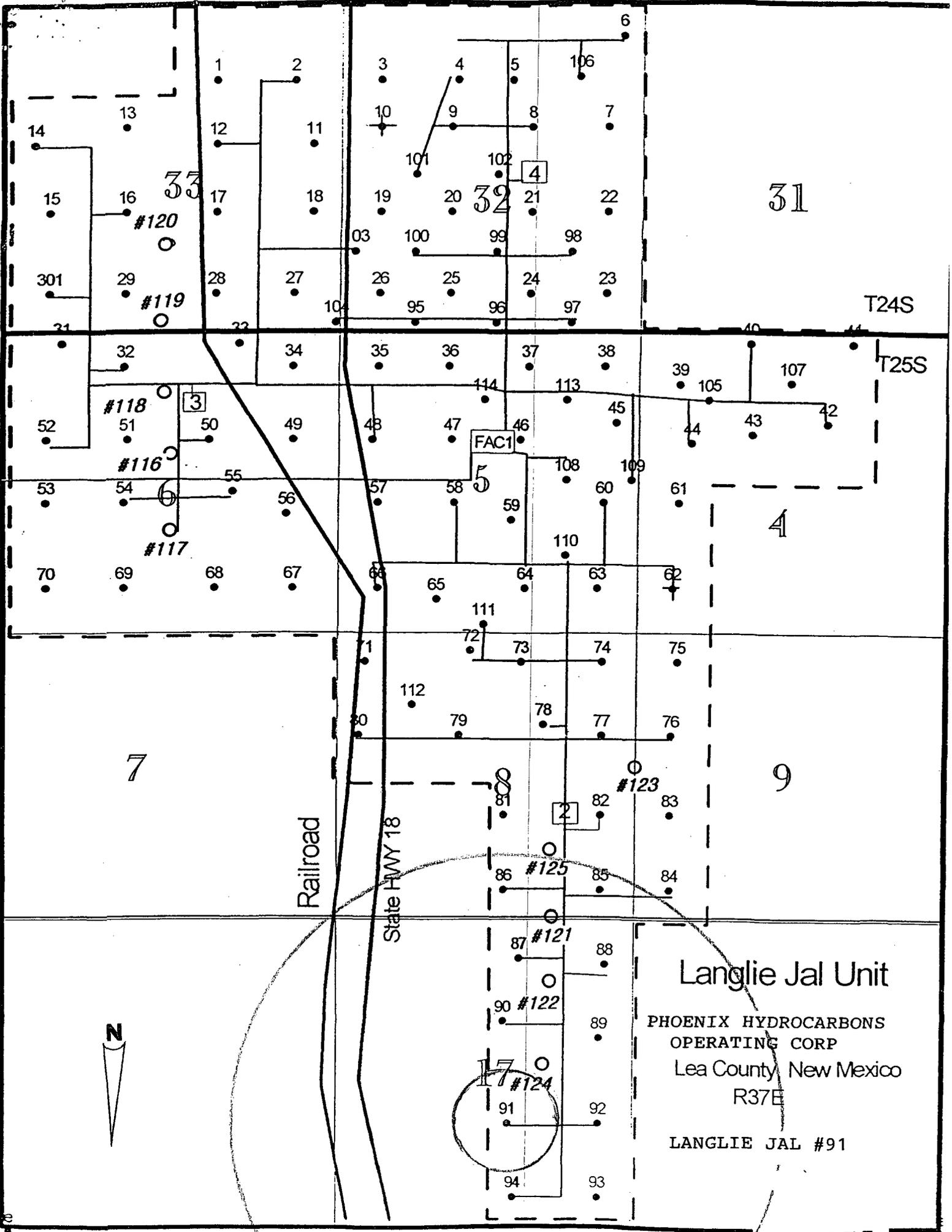
NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

PHOENIX HYDROCARBONS OPERATING CORPORATION
P O BOX 3638
MIDLAND, TEXAS

SUPPLEMENT TO FORM C-108
APPLICATION FOR AUTHORIZATION TO INJECT

- III. WELL DATA: See attached well data sheets.
- V. Map attached.
- VI. N/A
- VII. Data on proposed operation:
1. Estimated average daily rate 500 bbls/day
Estimated average daily volume 500 bbls/day
Estimated maximum daily rate 1000 bbls/day
Estimated maximum daily volume 1000 bbls/day
 2. The system is closed.
 3. Estimated average injection pressure 700 psi
Estimated maximum injection pressure 850 psi
 4. Water from water supply well #2.
 5. Injection is not for disposal purposes.
- VIII. GEOLOGIC DATA ON THE INJECTION ZONE: The geologic name is the Seven Rivers-Queen and Grayburg, occurring around 3066' to 3582'. The Seven Rivers interval is composed of interbedded sandstone, siltstone and some dolomite. The Queen consists of siltstones and fine sandstones interbedded with silty dolomites. The predominant porosity in both Grayburg and Queen is of micro-intercrystalline type, some vuggy and fenestral pores also being present (Queen is about 45 ft thick). The Seven Rivers anhydrite (300 to 400 ft thick) forms the seal of the reservoir. The clastic portion of the Seven Rivers (an up to 100 ft thick arc of sandstone, siltstone, and dolomite cement) has predominately micro-crystalline and intercrystalline porosity. The Grayburg sediments (10 to 115 ft thick) consist of approximately equal amounts of clastics (mostly silt) and carbonates (90% dolomite).
- The Ogallala Aquifer (ground water) occurs approximately 206' below the surface to a depth of somewhere around 600'. The perforations that will be injected into occur 2,655' below.
- IX. Presently no stimulation is planned.
- X. Logging data previously furnished.
- XI. A chemical analysis of water supply well #2 is attached.



Langlie Jal Unit

PHOENIX HYDROCARBONS
 OPERATING CORP
 Lea County, New Mexico
 R37E

LANGLIE JAL #91

Analytical Laboratory Report for:

Phinox HydroCarbon



BJ Unichem
Chemical Services

UNICHEM Representative: Charles Vaden

Production Water Analysis

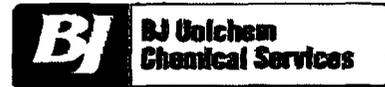
Listed below please find water analysis report from: LJU, WSW

Lab Test No: 2002145884 Sample Date: 12/18/2002
 Specific Gravity: 1.238
 TDS: 366965
 pH: 5.65

Cations:	mg/L	as:
Calcium	1004	(Ca ⁺⁺)
Magnesium	998	(Mg ⁺⁺)
Sodium	171025	(Na ⁺)
Iron	4.20	(Fe ⁺⁺)
Barium	0.00	(Ba ⁺⁺)
Strontium	45.30	(Sr ⁺⁺)
Manganese	0.48	(Mn ⁺⁺)
Anions:	mg/L	as:
Bicarbonate	488	(HCO ₃ ⁻)
Sulfate	4700	(SO ₄ ⁼)
Chloride	188700	(Cl ⁻)
Gases:		
Carbon Dioxide	210	(CO ₂)
Hydrogen Sulfide	204	(H ₂ S)

Phinox HydroCarbon

Lab Test No: 2002145884



**DownHole SAT™ Scale Prediction
@ 100 deg. F**

Mineral Scale	Saturation Index	Momentary Excess (lbs/1000 bbls)
Calcite (CaCO ₃)	.146	-.0189
Aragonite (CaCO ₃)	.124	-.0229
Witherite (BaCO ₃)	0	-29.37
Strontianite (SrCO ₃)	.00108	-3.86
Magnesite (MgCO ₃)	.239	-.00865
Anhydrite (CaSO ₄)	1.23	59.98
Gypsum (CaSO ₄ *2H ₂ O)	.784	127.67
Barite (BaSO ₄)	0	-.348
Celestite (SrSO ₄)	.075	-271.47
Silica (SiO ₂)	0	-24.03
Brucite (Mg(OH) ₂)	< 0.001	-.135
Magnesium silicate	0	-74.4
Siderite (FeCO ₃)	.114	-.0289
Halite (NaCl)	1.45	20874
Thenardite (Na ₂ SO ₄)	.00257	-86597
Iron sulfide (FeS)	1.15	2.15

Interpretation of DHSat Results:

The Saturation Index is calculated for each mineral species independently and is a measure of the degree of supersaturation (driving force for precipitation) under the conditions modeled. This value ranges from 0 to infinity with 1.0 representing a condition of equilibrium where scale will neither dissolve nor precipitate. Values less than 1.0 are undersaturated and values greater than 1.0 are supersaturated. The scale is logarithmic, i.e. a Saturation Index of 3 is 10 times more saturated than a value of 2.

The Momentary excess is a measure of how much scale would have to precipitate to bring the system back to a non-scaling condition. This value ranges from negative (dissolving) infinity to positive (precipitating) infinity. The Momentary Excess represents the amount of scale possible while the Saturation Level represents the probability that scale will form.

Supplemental to
Application for Authorization to Inject into LJU #91
AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KATHI BEARDEN

Publisher

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period

of 1 weeks.

Beginning with the issue dated

December 10 2002

and ending with the issue dated

December 10 2002

Kathi Bearden
Publisher

Sworn and subscribed to before

me this 10th day of

December 2002

Jodi Iderson
Notary Public.

My Commission expires
October 18, 2004
(Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

LEGAL NOTICE

December 10, 2002

Phoenix Hydrocarbons Operating Corp has submitted applications to the New Mexico Oil Conservation Commission to convert to injection the following wells located in Lea County, New Mexico:

Langlie Jal Unit No. 91

1980' FSL & 660' FWL

Sec 17, T-24S, R-37E

Perf: 3291'-3447'

Langlie Jal Unit No. 87

660' FNL & 1980' FEL

Sec 17, T-25S, R-37E

Perf: 3294'-3550'

The above wells will be used to inject salt water into the Seven Rivers and Queen formation at perforated intervals above. Injection rate is estimated at a daily rate of 500 barrels with a maximum of 1000 barrels at an estimated injection pressure of 700' psi not to exceed 850 psi, or not to exceed formation fracture pressure.

Interested parties have 15 days from the date of this publication to file an objection or to request a hearing. Objection may be filed by contacting the Oil Conservation Commission Division, 2040 South Pacheco Street, Santa Fe, NM 87505.

Applicant can be contacted by writing Phoenix Hydrocarbons Operating Corporation, P O Box 3638, Midland, Texas 79705 or by calling Phyllis R. Gunter at 915-686-9869.

PHOENIX HYDROCARBONS OPERATING CORP

PHYLLIS R GUNTER

AGENT

#19445

02105941000

02561089

Phoenix Hydrocarbons Operating
P. O. Box 3638
MIDLAND, TX 79702

PHOENIX HYDROCARBONS
P O BOX 3638
MIDLAND, TEXAS 79702

OFFSET OPERATORS AND SURFACE OWNERS TO LANGLIE JAL UNIT #91
SUPPLEMENT TO FORM C-108

FOUR STAR OIL & GAS CO
% CHEVRON USA INC
ATTN: LAND MANAGER
935 GRAVIER ST
NEW ORLEANS, LA 70112

APCO OIL CORP
210 PARK AVENUE
1ST NATL BK BLDG
OKLAHOMA CITY, OK 73101

ARCO OIL & GAS CO
P O BOX 1610
MIDLAND, TX 79702

AMERADA HESS
P O BOX 2040
TULSA OK 74102

DOYLE HARTMAN, INC
P O BOX 10406
MIDLAND, TEXAS 79702

SUNOCO EXPLORATION & PROD
P O BOX 1861
MIDLAND, TEXAS 79702

GULF OIL CORPORATION
P O BOX 1150
MIDLAND, TX 79702

EL PASO NATURAL
ATTN: LAND MANAGER
#9 GREENWAY PLAZA
HOUSTON, TX 77046

WESTATES ITALO CO
1504 ONE HOUSTON CENTER
HOUSTON, TX 77010

SANTA FE ENERGY
ONE SECURITY PARK
7200 I-40 WEST
AMARILLO, TX 79106

PHILLIPS PETROLEUM
4001 PENBROOK
ODESSA, TX 79762

MOBIL OIL CORPORATION
P O BOX 1800
HOBBS NM 88240

CONOCO, INC
P O BOX 460
HOBBS NM 88240

PETCO
1100 1ST NATL BK BLDG
HOUSTON, TX 77002

WOOLWORTH ESTATES
% BOARD OF TRUSTEES
BOX 178
JAL NEW MEXICO 88252

J T CRAWFORD
JAL NM 88252

HERMAN L LOEB
P O BOX 524
LAWRENCEVILLE, ILL 62439

PHOENIX HYDROCARBONS OPERATING CORPORATION
P O BOX 3638
MIDLAND, TEXAS 79702

SUPPLEMENT TO FORM C-108
APPLICATION FOR AUTHORIZATION TO INJECT

FIELD: LANGLIE MATRIX
LEASE: LANGLIE JAL UNIT WELL NO: 91
DATE: 12/16/02 SPUDDED: 11/74 COMP: 12/20/74
ELEV: 3109.5 GL
LOCATION: 1980' FSL & 1980' FEL, J, SEC 17, T25S, R37E
LEA COUNTY NEW MEXICO

8 5/8", 24# csg at 814' w/600 sx Class C w/2% CaCl
12 1/4" Hole TOC Surface

Perforations
Injection Interval
3255' to 3666'

4 1/4", 10.5# csg at 3850' w/1200 sx BJ Lo-Dense
7 7/8" Hole TOC 650' FS

42' between Packer
&
top perf @ 3255'

BAKER 4 1/2"
AD-1 I.P.C. PACKER
SET @ 3212.70'

TOP PERF 3255'

TD 3850'

PBTD 3815'

Tubing size 103 2 3/8" jts (3212.7') I.P.C. tbg coated with scot coat 134

OTHER DATA:

1. Name of the injection formation: Seven Rivers-Queen
2. Name of Field or Pool (if applicable): Langlie-Matrix (Queen)
3. Is this a new well drilled for injection? No
If no, for what purpose was the well originally drilled? Producing Oil Well
4. Has the well ever been perforated in any other zone? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug used). No

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Norman Adams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>12/26/02</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>FOUR STAR 935 GRAVIER NEW ORLEANS 70112</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 0460 0002 0064 2135		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Troy Hobbs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Troy Hobbs</u> C. Date of Delivery <u>DEC 26 2002</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>ARC OIL CORP P O Box 1610 MIDLAND TX 79702</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 0460 0002 0064 2104		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Bob Bell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Bob Bell</u> C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>ARC OIL CORP P O Box 1150 MIDLAND TX 79702</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 0460 0002 0064 3729		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>J T Crawford</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>J T Crawford</u> C. Date of Delivery <u>12-31-02</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>J T CRAWFORD TAL NM 88252</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 0460 0002 0064 2203		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Norman Adams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery <u>12-26-02</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>NORMAN ADAMS P O Box 524 LAWRENCEVILLE IN 48139</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 0460 0002 0064 2081		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <i>EL PASO 49 GREENWAY PARK HOUSTON TX 77046</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) 7002 0460 0002 0064 3736		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M	

1-6-03

MR CATANACH,
 ALL OF THE ABOVE COMPANIES AND THE TWO
 ON THE ATTACHED SHEET HAVE RECEIVED NOTICE OF
 PHOENIX INTENT TO INJECT.

SINCERELY,
 P. J. Miller R. Hunter

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PHILLIPS
4001 PEARSON
00885 A Tr
79762

2. Article Number

(Transfer from service label)

7002 0460 0002 0064 2166

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent Address
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Woolworth
Box 178
Tal NM
88252

2. Article Number

(Transfer from service label)

7002 0460 0002 0064 2111

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] Agent Address
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

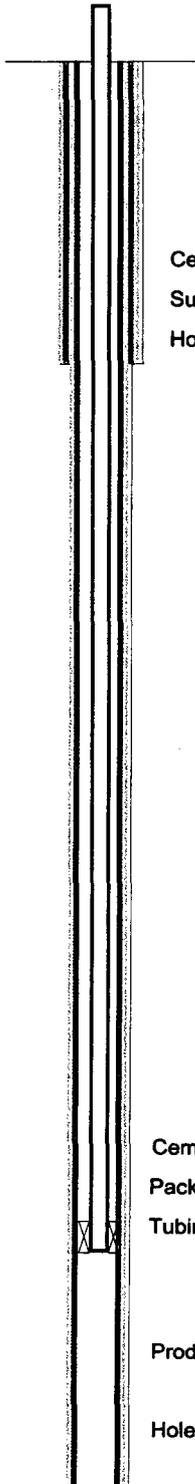
Wellbore Diagram

API Well No: 30-025-24891-00-00 **Permit No**
Company Name: KENSON OPERATING COMPANY INC
Location: Sec: 17 T: 25S R: 37E Spot:
Lat/Long: Lat: 32.12833 Long: -103.18227
Field Name: LANGLIE JAL UNIT
County Name: Lea

Well Name/No LANGLIE JAL UNIT

String Information

String	Bottom (ft sub)	Diameter (Inches)	Weight (lb/ft)	Length (ft)
HOL1	814	8.625		
SURF	814	8.625	24	814
HOL3	3850	4.5		
PKR	3210	4.5		5
PROD	3850	4.5	10.5	3850
T1	3205	2.375		3205



Cement from 814 ft. to surface
 Surface: 8.625 in. @ 814 ft.
 Hole: 8.625 in. @ 814 ft.

Cement Information

String	BOC (ft sub)	TOC (ft sub)	Class	Sacks
PROD	3850	0	C	1200
SURF	814	0	C	600

Perforation Information

Formation Information

St Code	Formation	Depth
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Cement from 3850 ft. to surface
 Packer: 4.5 in. @ 3210 ft.
 Tubing: 2.375 in. @ 3205 ft.
 Production: 4.5 in. @ 3850 ft.
 Hole: 4.5 in. @ 3850 ft.

TD: TVD: 3850 PBTD: 0

Comprehensive Well Report

Report Description

This report lists all well construction and well history data stored in the system for a specified well. If a well has multiple sidetracks and completions, the report options allow for one or all sidetracks and completions to be listed for the wellbore.

RBDMS Report Name: rptWellComp, rptWellPool, rptWellCompBH, rptWellFormTops, rptWellStrings, rptWellStringPipe, rptCement, rptCementCls, rptWellPerfs, rptWellZones, rptWellZoneFmtn, rptGeoStimulations, rptWellLogs, rptWellHisty

API Well# 30-025-11638-00-00 Alt#1 Alt#2
 Cnty Nm Lea
 Operator 20989.00 SMITH & MARRS INC
 OrgOp
 Drillr
 Well Nm & No SOUTH LANGLIE JAL UNIT
 Field # & Name 30978 . SOUTH LANGLIE JAL UNIT
 Basin
 Dpst Fmtn
 Pools 33820 JALMAT;TAN-YATES-7 RVRS (OI)

Alt#3
 Type Injection - (All Types)
 Catgry
 Stats Temporarily Abandoned
 Cmpl
 OpWellNo
 WIPermit
 OrgTyp
 OrgCat
 Facility/Project# NA

Status Dt	
Prmt App	7/1/2000
Prmt Exp	
Spudded	9/26/1951
TD Rchd	12/31/9999
Cmpltd	1/1/1900
1st Prod	12/31/9999
1st Inj	
PB Dt	
P/A	12/31/9999

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Region Hobbs		Mult Lateral?	
ELEVATION	Const	Meas	TVD
KB	0	Kickoff	
DF	0	Plug Back	0
Gr	3107	Hole	3405
Srf		Logger	3405

Surface Location Slant
 Zone X Y0 OrgX OrgY Source
 Lat 32.129240 Long -103.18553
 Legal S: 17 T: 25S R: 37E

Footage Calls
 Directions

DtComp Rpt Rec	Dir Survey	Drilling Unit	Production	Frequency	Water Disposal	
DtEnd Confidntl	Run <input type="checkbox"/>	Acres	Class	Idle Rpt	Method	
Surface Operator Private	Recvd <input type="checkbox"/>	Desc	Method Pumping		API WI#	
Commingled	ISIP	Nat Prod <input type="checkbox"/>	Mnrl Intrt Fed <input type="checkbox"/> St <input type="checkbox"/>	SmpRq? <input type="checkbox"/>	OpnPit <input type="checkbox"/> H2S? <input type="checkbox"/>	Facility
Dwn Hole <input type="checkbox"/>	Nat Treat	Geologic Formation Tops	Ref Top	Rig		
At Surf <input type="checkbox"/>	Oil					
Dt Srf Apr	Gas					
	Brine					

UIC Data

Revocation Dt
 Hkup Insp Dt
 UIC Permit R-4022
 Commercial
 New/Converted
 Class Enhanced Recovery
 Injection Well

Compliance Review	Allowables	Mechanical Integrity
Last Result	Rate	Planning and Date Next
Date Oper Notfd IMIT Requirement	Inj Prs 0	Tracking Info. Freq MIT Due
Annulus Pressure Monitoring	Water Analysis	External MIT
Dt Apprvd	Date	Internal MIT
Min. Req.	Inj Fld	Recording
Typ Fluid	SG Inj	Mont Report
SG of Fluid	Corr Inj	IMIT Req Tst Press
	PH Inj	Next Insp

Continuation of Well 30-025-11638-00-00

Well Name SOUTH LANGLIE JAL UNIT

Boreholes, Strings, Equipment Specifications

Specifications for Strings/Tubulars

Type	Diam	Top	Bot	Set Dt	Grade	Lgth	Wt	Cond	Taper
HOL1	8.625	0	212						
SURF	8.625	0	212			212	24		
HOL2	5.5	0	2792						
PRO	5.5	0	2792			2792	14		
T1	2.875	0	3145			3145			
PKR	5.5	3145	3150			5			

Strings Cemented, Intervals, Dates

Cement & Plug Desc Info

Bot	Top	Meth	Cemntd	Cono	Wit	Inspector	Duration
2792	0				<input type="checkbox"/>		
212	0				<input type="checkbox"/>		

Cls	Sacks	Yield	Wght
C	400		
C	125		

Completion Information for Screens, Open Hole, or Perforated Intervals

Well-Specific Zones

Zone Formations

Well-Specific Stimulations

Downhole Geophysical Logs, Drill Cores, Samples

Well History

Comprehensive Well Report

Report Description

This report lists all well construction and well history data stored in the system for a specified well. If a well has multiple sidetracks and completions, the report options allow for one or all sidetracks and completions to be listed for the wellbore.

RBDMS Report Name: rptWellComp, rptWellPool, rptWellCompBH, rptWellFormTops, rptWellStrings, rptWellStringPipe, rptCement, rptCementCls, rptWellPerfs, rptWellZones, rptWellZoneFmtn, rptGeoStimulations, rptWellLogs, rptWellHisty

Comprehensive Well Report

API Well# 30-025-11631-00-00 Alt#1
 Cnty Nm Lea
 Operator 192143.00 HERMAN L LOEB
 OrgOp
 Drillr
 Well Nm & No LANGLEIE A FEDERAL
 Field # & Name 28558 . LANGLEIE A FEDERAL
 Basin
 Dpst Fmtn
 Pools 79240 JALMAT;TAN-YATES-7 RVRS (PR)

Alt#2

Alt#3
 Type Gas (Producing)
 Catgry
 Stats Active
 Cmpl
 OpWellNo
 WIPermit
 OrgTyp
 OrgCat
 Facility/Project# NA

Status Dt	
Prmt App	4/1/1998
Prmt Exp	
Spudded	5/25/1952
TD Rchd	12/31/9999
Cmpltd	1/1/1996
1st Prod	1/1/1900
1st Inj	
PB Dt	
P/A	12/31/9999

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Region Hobbs

Mult Lateral?

ELEVATION	Const	Meas	TVD
KB	0	Kickoff	
DF	0	Plug Back	0
Gr	3108	Hole	2980
Srf		Logger	2980

Surface Location

Slant

Zone X Y 0 OrgX OrgY
 Legal S: 17 T: 25S R: 37E

Source

Lat 32.129230 Long -103.18333

Footage Calls
 Directions

DtComp Rpt Rec	Dir Survey	Drilling Unit	Production	Frequency	Water Disposal
DtEnd Confidntl	Run <input type="checkbox"/>	Acres	Class		Method
Surface Operator Federal	Recvd <input type="checkbox"/>	Desc	Method Pumping	Idle Rpt	API Wl#
Commingled	ISIP	Nat Prod <input type="checkbox"/>	Mnrl Intrl Fed <input type="checkbox"/> St <input type="checkbox"/>	SmpRq? <input type="checkbox"/>	OpnPit <input type="checkbox"/> H2S? <input type="checkbox"/>
Dwn Hole <input type="checkbox"/>	Nat Treat	Geologic Formation Tops	Ref Top	Rig	
At Surf <input type="checkbox"/>	Oil				
Dt Srf Apr	Gas				
	Brine				

UIC Data

Revocation Dt
 Hkup Insp Dt
 UIC Permit
 Commercial
 New/Converted
 Class

Compliance Review	Allowables	Mechanical Integrity
Last Result	Rate	Planning and Date Next
Date Oper Notfd IMIT Requirement	Inj Prs	Tracking Info. Freq MIT Due
Annulus Pressure Monitoring	Water Analysis	External MIT
Dt Apprvd	Date	Internal MIT
Min. Req.	Inj Fld	Recording
Typ Fluid	SG Inj	Mont Report
SG of Fluid	Corr Inj	IMIT Req Tst Press
	PH Inj	Next Insp

Continuation of Well 30-025-11631-00-00

Well Name LANGLEIE A FEDERAL

Boreholes, Strings, Equipment Specifications

Specifications for Strings/Tubulars

Type	Diam	Top	Bot	Set Dt	Grade	Lgth	Wt	Cond	Taper
HOL1	9.625	0	289						
SURF	9.625	0	289			289	36		
HOL3	7	0	2821						
PRO	7	0	2821			2821	20		
T1	2.375	0	2961			2961			
PKR	7	2961	2966			5			

Strings Cemented, Intervals, Dates

Cement & Plug Desc Info

Bot	Top	Meth	Cemntd	Cono	Wit	Inspector	Duration
2821	0					<input type="checkbox"/>	
289	0					<input type="checkbox"/>	

Cls	Sacks	Yield	Wght
C	350		
C	140		

Completion Information for Screens, Open Hole, or Perforated Intervals

Well-Specific Zones

Zone Formations

Well-Specific Stimulations

Downhole Geophysical Logs, Drill Cores, Samples

Well History

Comprehensive Well Report

Report Description

This report lists all well construction and well history data stored in the system for a specified well. If a well has multiple sidetracks and completions, the report options allow for one or all sidetracks and completions to be listed for the wellbore.

RBDMS Report Name: rptWellComp, rptWellPool, rptWellCompBH, rptWellFormTops, rptWellStrings, rptWellStringPipe, rptCement, rptCementCls, rptWellPerfs, rptWellZones, rptWellZoneFmtn, rptGeoStimulations, rptWellLogs, rptWellHisty

API Well# 30-025-34620-00-00 Alt#1 Alt#2
 Cnty Nm Lea
 Operator 192143.00 HERMAN L LOEB
 OrgOp 0.00
 Drillr 0.00
 Well Nm & No LANGLEIE A FEDERAL
 Field # & Name 28558 . LANGLEIE A FEDERAL
 Basin
 Dpst Fmtn
 Pools 79240 JALMAT;TAN-YATES-7 RVRS (PR

Alt#3
 Type Gas (Producing)
 Catgry
 Stats Active
 Cmpl
 OpWellNo
 WIPermit
 OrgTyp
 OrgCat
 Facility/Project# NA

Status Dt
Prmt App 4/28/1999
Prmt Exp
Spudded 6/18/1999
TD Rchd 12/31/9999
Cmpltd 6/18/1999
1st Prod 7/22/1999
1st Inj
PB Dt
P/A 12/31/9999

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Region Hobbs	Mult Lateral?		
ELEVATION	Const	Meas	TVD
KB 0		Kickoff	0
DF 0		Plug Back	0 0
Gr 3091		Hole	0 3080
Srf 0		Logger	0

Surface Location Slant
 Zone X 0 Y 0 OrgX 0 OrgY 0
 Legal S: 17 T: 25S R: 37E

Source
 Lat 32.124700 Long -103.18225

Footage Calls
 Directions

DtComp Rpt Rec	Dir Survey	Drilling Unit	Production	Frequency	Water Disposal
DtEnd Confidntl	Run <input type="checkbox"/>	Acres 0	Class	Idle Rpt 0	Method
Surface Operator Federal	Recvd <input type="checkbox"/>	Desc	Method Flowing		API WI#
Commingled	ISIP 0 Nat Prod <input type="checkbox"/>	Mnrl Intrl Fed <input type="checkbox"/> St <input type="checkbox"/>	SmpRq? <input type="checkbox"/>	OpnPit <input type="checkbox"/> H2S? <input type="checkbox"/>	Facility
Dwn Hole <input type="checkbox"/>	Nat Treat	Geologic Formation Tops	Ref Top	Rig	
At Surf <input type="checkbox"/>	Oil 0 0				
Dt Srf Apr	Gas 0 0				
	Brine 0 0				

UIC Data

Revocation Dt
 Hkup Insp Dt
 UIC Permit
 Commercial
 New/Converted
 Class

Compliance Review	Allowables	Mechanical Integrity
Last Result	Rate 0	Planning and Date Next
Date Oper Notfd IMIT Requirement	Inj Prs 0	Tracking Info. Freq MIT Due
Annulus Pressure Monitoring	Water Analysis	External MIT 0
Dt Apprvd	Date	Internal MIT 0
Min. Req. 0	Inj Fld	Recording 0
Typ Fluid	SG Inj 0	Mont Report
SG of Fluid 0	Corr Inj	IMIT Req Tst Press 0
	PH Inj 0	Next Insp 0

Continuation of Well 30-025-34620-00-00

Well Name LANGLEIE A FEDERAL

Boreholes, Strings, Equipment Specifications

Specifications for Strings/Tubulars

Type	Diam	Top	Bot	Set Dt	Grade	Lgth	Wt	Cond	Taper
HOL1	8.625	0	640						
SURF	8.625	0	640			640	24		
T1	2.375	0	2813			2813			
PKR	4.5	2813	2818			5			
HOL2	4.5	0	3079						
PRO	4.5	0	3079			3079	10.5		

Strings Cemented, Intervals, Dates

Cement & Plug Desc Info

Bot	Top	Meth	Cemntd	Cono	Wit	Inspector	Duration
3079	0				<input type="checkbox"/>		
640	0				<input type="checkbox"/>		

Cls	Sacks	Yield	Wght
C	650		
C	425		

Completion Information for Screens, Open Hole, or Perforated Intervals

Well-Specific Zones

Zone Formations

Well-Specific Stimulations

Downhole Geophysical Logs, Drill Cores, Samples

Well History

Comprehensive Well Report

Report Description

This report lists all well construction and well history data stored in the system for a specified well. If a well has multiple sidetracks and completions, the report options allow for one or all sidetracks and completions to be listed for the wellbore.

RBDMS Report Name: rptWellComp, rptWellPool, rptWellCompBH, rptWellFormTops, rptWellStrings, rptWellStringPipe, rptCement, rptCementCls, rptWellPerfs, rptWellZones, rptWellZoneFmtn, rptGeoStimulations, rptWellLogs, rptWellHisty

Comprehensive Well Report

API Well# 30-025-24891-00-00 **Alt#1**
Cnty Nm Lea
Operator 185433.00 KENSON OPERATING COMPANY INC, JOHN N F
OrgOp
Drillr
Well Nm & No LANGLIE JAL UNIT
Field # & Name 25415 . LANGLIE JAL UNIT
Basin
Dpst Fmtn
Pools 37240 LANGLIE MATTIX;7 RVRS-Q-GRA

Alt#2
Alt#3
Type Oil (Producing)
Catgry
Stats Active
Cmpl
OpWellNo
WlPermit
OrgTyp
OrgCat
Facility/Project# NA

Status Dt
Prmt App 1/1/1975
Prmt Exp
Spudded 11/24/1974
TD Rchd 12/31/9999
Cmpltd 1/1/1975
1st Prod 1/1/1975
1st Inj
PB Dt
P/A 12/31/9999

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Region Hobbs		Mult Lateral?	
ELEVATION	Const	Meas	TVD
KB 0	Kickoff		
DF 0	Plug Back	0	0
Gr 99999	Hole		3850
Srf	Logger	3850	

Surface Location

Slant

Zone X Y 0
Legal S: 17 T: 25S R: 37E

OrgX **OrgY**

Source
Lat 32.128330 **Long** -103.18227

Footage Calls
Directions

DtComp Rpt Rec	Dir Survey	Drilling Unit	Production	Frequency	Water Disposal
DtEnd Confidntl	Run <input type="checkbox"/>	Acres	Class	Idle Rpt	Method
Surface Operator Private	Recvd <input type="checkbox"/>	Desc	Method Pumping		API Wl#
Commingled	ISIP	Nat Prod <input type="checkbox"/>	Mnrl Intrt Fed <input type="checkbox"/> St <input type="checkbox"/>	SmpRq? <input type="checkbox"/> OpnPit <input type="checkbox"/> H2S? <input type="checkbox"/>	Facility
Dwn Hole <input type="checkbox"/>	Nat Treat	Geologic Formation Tops		Ref Top	Rig
At Surf <input type="checkbox"/>	Oil				
Dt Srf Apr	Gas				
	Brine				

UIC Data

Revocation Dt
Hkup Insp Dt
UIC Permit
Commercial
New/Converted
Class

Compliance Review	Allowables	Mechanical Integrity
Last Result	Rate	Planning and Date Next
Date Oper Notfd IMIT Requirement	Inj Prs	Tracking Info. Freq MIT Due
Annulus Pressure Monitoring	Water Analysis	External MIT
Dt Apprvd	Date	Internal MIT
Min. Req.	Inj Fld	Recording
Typ Fluid	SG Inj	Mont Report
SG of Fluid	Corr Inj	IMIT Req Tst Press
		Next Insp

Continuation of Well 30-025-24891-00-00

Well Name LANGLIE JAL UNIT

Boreholes, Strings, Equipment Specifications					Specifications for Strings/Tubulars				
Type	Diam	Top	Bot	Set Dt	Grade	Lgth	Wt	Cond	Taper
HOL1	8.625	0	814						
SURF	8.625	0	814			814	24		
T1	2.375	0	3205			3205			
PKR	4.5	3205	3210			5			
HOL3	4.5	0	3850						
PRO	4.5	0	3850			3850	10.5		

Strings Cemented, Intervals, Dates

Bot	Top	Meth	Cemntd	Cono	Wit	Inspector	Duration
3850	0				<input type="checkbox"/>		
814	0				<input type="checkbox"/>		

Cement & Plug Desc Info

Cls	Sacks	Yield	Wght
C	1200		
C	600		

Completion Information for Screens, Open Hole, or Perforated Intervals

Well-Specific Zones

Zone Formations

Well-Specific Stimulations

Downhole Geophysical Logs, Drill Cores, Samples

Well History