

PNRM0621549392

C-103 Received 7-31-2006  
DHC No. Assigned 8-2-2006

	Order Number	API Number	Operator	County	
	HOB-0154	30-025-07768	Capataz Operating Inc.	Lea	
	Order Date	Well Name	Number	Location	
		Blankenship	003	M UL	12 Sec
				20S T (+Dir)	38E R (+Dir)
			Oil %	Gas %	
Pool 1	33225	House Blinebry, South	88%	74%	
Pool 2	78760	House Tubb	12%	26%	
Pool 3					
Pool 4					
<b>Comments:</b> Work completed effective _____ Work cancelled effective _____ Supplement _____					

Posted to  
RBDMS  
8-3-2006



30-025-07768

HOB-0154

DOWNHOLE COMMINGLE CALCULATIONS:OPERATOR: Capataz Operating Inc.PROPERTY NAME: BlankenshipWNULSTR: 3-M, 12-20-38

## SECTION I:

POOL NO. 1 House Blinebry, South

## ALLOWABLE AMOUNT

142 284 MCF 2000POOL NO. 2 House Tubb142 284 MCF 2000

POOL NO. 3 \_\_\_\_\_

MCF

POOL NO. 4 \_\_\_\_\_

MCF

POOL TOTALS 284 568

## SECTION II:

POOL NO. 1 House Blinebry, South

Oil

 $88\% \times 284 = 249.92$ 

Gas

14%

POOL NO. 2 House Tubb

12%

26%

POOL NO. 3 \_\_\_\_\_

POOL NO. 4 \_\_\_\_\_

OILGAS

## SECTION III:

 $142 \div 88\% = 161.363 (162)$ 

## SECTION IV:

 $162 \times 88\% = 142.56 (143)$  $162 \times 12\% = 19.44 (19)$



Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
S. St. Francis Dr., Santa Fe, NM  
05

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-07768
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name Blankenship
8. Well Number 3
9. OGRID Number 3659
10. Pool name or Wildcat House; Blinebry South, Tubb

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

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

2. Name of Operator  
Capataz Operating, Inc

3. Address of Operator PO Box 10549  
Midland, TX 79702

4. Well Location  
Unit Letter M : 950 feet from the South line and 950 feet from the West line  
Section 12 Township 20S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3561 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐ OTHER:DHC: Blinebry & Tubb ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Per R-11363

Pool Names: House; Blinebry South (33225), House; Tubb (78760)

Perforations:

Blinebry 5942-50, 5996-6002, 6026-46, 6082-86' 4 SPF

Tubb 6674-84, 6704-14, 6734-47' 4 SPF

The allocation method will be as follows:

	Oil	%	Water	%	Gas	%
Blinebry	7	88	22	73	28	74
Tubb	1	12	8	27	10	26
	8	100	30	100	38	100

Downhole commingling will not reduce the value of the pools.

Ownership is the same for each of these pools.

DHC Order No.

HOB-0154

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE

TITLE Agent

DATE 07/26/2006

or print name H Scott Davis

E-mail address: Capataz1@sbcglobal.net

Telephone No. (432)620-8820

For State Use Only

APPROVED BY:

TITLE

PETROLEUM ENGINEER

DATE AUG 02 2006

Conditions of Approval (if any):



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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 30-025-07768		2 Pool Code 332203		3 Pool Name House, Blinebry, South	
4 Property Code 301012		5 Property Name Blankenship			6 Well Number 3
7 OGRID No. 3659		8 Operator Name Capataz Operating, Inc.			9 Elevation 3561

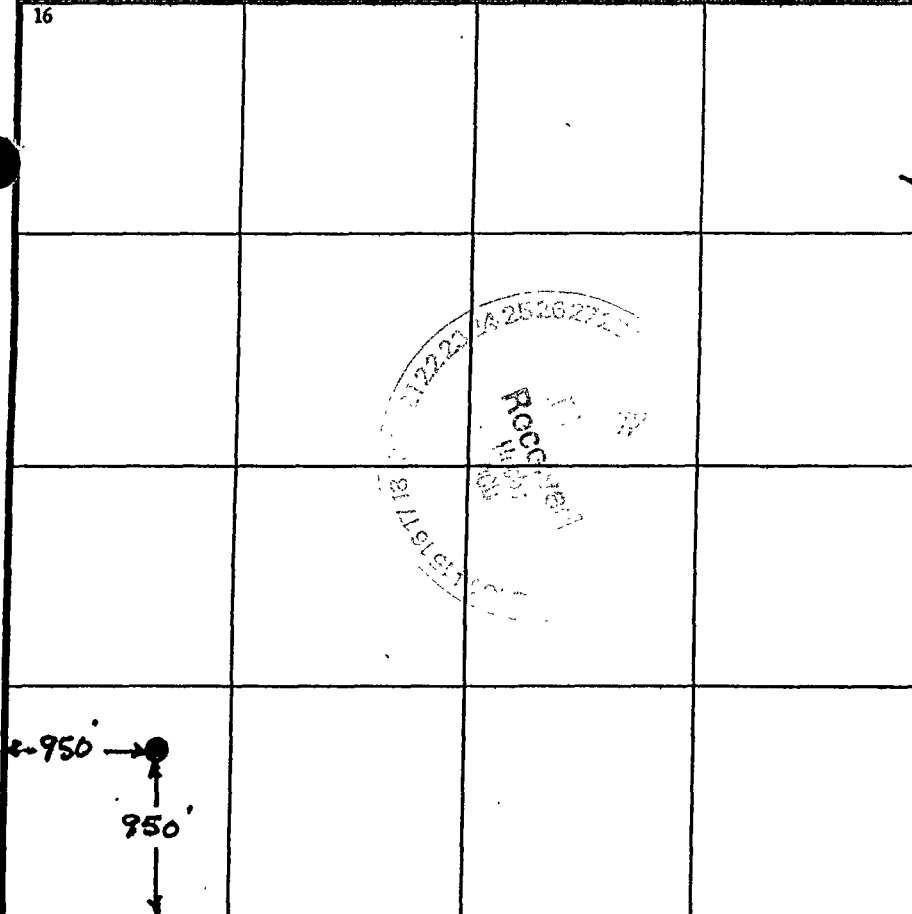
**10 Surface Location**

UL or lot no. L	Section 12	Township 20S	Range 38E	Lot Idn	Feet from the 950'	North/South line South	Feet from the 950'	East/West line West	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
12 Dedicated Acres		13 Joint or Infill		14 Consolidation Code		15 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

<div>16</div> 				<div>17 OPERATOR CERTIFICATION</div> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>[Signature]</i> Signature</p> <p>H Scott Davis Printed Name</p> <p>Agent Title and E-mail Address</p> <p>09/24/04 Date</p> <p>capataz1@sb global.net</p>	
				<div>18 SURVEYOR CERTIFICATION</div> <p>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.</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>	
				Certificate Number	



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☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number 30-025-07768	Pool Code 78760	Pool Name House, Tubb
Property Code 301012	Property Name Blankenship	Well Number 3
OGRID No. 3659	Operator Name Capataz Operating, Inc.	Elevation 3561

10 Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	12	20S	38E		950'	South	950'	West	Lea

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
Dedicated Acres		Joint or Infill		Consolidation Code		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 				17 <b>OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature H Scott Davis Printed Name Agent Title and E-mail Address 09/24/04 capataz1@shcglobal.net Date
				18 <b>SURVEYOR CERTIFICATION</b> 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