



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Carol Leach
Acting Cabinet Secretary

Lori Wrotenbery
Director
Oil Conservation Division

January 18, 2002

Hal J. Rasmussen Operating, Inc.
550 W. Texas AV, Suite 200
Midland, TX 79701

VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 12758-A: Amendment to Application of the New Mexico Oil Conservation Division for an Order Requiring Operators to Bring One Hundred Forty-Seven (147) Wells into Compliance with Rule 201.B, and Assessing Appropriate Civil Penalties; Lea, Roosevelt and Chaves Counties, New Mexico.

Ladies and Gentlemen:

You are hereby notified that the New Mexico Oil Conservation Division has filed an Amendment to the referenced Application, a copy of which is enclosed herewith, adding to the wells that are the subject of that Application the Hal J. Rasmussen Operating, Inc., San Simon Well No. 1 (**API No. 30-025-28495**), located 1325 feet from the North line and 650 feet from the East line (Unit H) of Section 13, Township 21 South, Range 34 East, NMPM, Lea County, New.

A hearing on this Application will take place before a Division hearing officer on Thursday, February 7, 2002, at 8:15 a.m., in the Division Hearing Room, First Floor, 1220 South St. Francis Drive in Santa Fe, New Mexico. At that hearing you will have an opportunity to show cause, if any there be, why an order should not be entered requiring the said San Simon Well No. 1 and the other wells included in the original Application, to be brought into compliance with Division Rule 201.

Operational inquiries concerning the subject of this hearing should be directed to Mr. Chris Williams, District Supervisor, Oil Conservation Division, 1625 French Drive, Hobbs, NM 88240; phone (505)-393-6161. Counsel may contact the undersigned in the Santa Fe office at (505)-476-3450.

Very truly yours,

David K. Brooks
Assistant General Counsel

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 HAL 8 2001

Sent To
Hal J. Rasmussen Operating, Inc.
 Street, Apt. No., or PO Box No.
550 W. Texas Av., Suite 200
 City, State, ZIP+4
Midland, TX 79701

PS Form 3800, May 2000 See Reverse for Instructions

9454 4252 9000 049T 0002

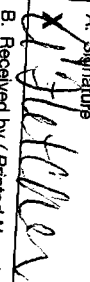
SENDER: COMPLETE THIS SECTION

- 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:
Hal J. Rasmussen Operating, Inc.
550 W. Texas Av., Suite 200
Midland, TX 79701

2. Article Number
 (Transfer from service label) **7000 1670 0008 7524 4546**
 PS Form 3811, August 2001 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 B. Received by (Printed Name) _____
 C. Date of Delivery **7-27**
 Agent
 Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

102505-01-M-2509

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
 Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Kevin O. Butler & Assoc Inc.
 Street, Apt. No.; or PO Box No.
500 W. Texas, Ste 995
 City, State, ZIP+4
Midland, TX 79701

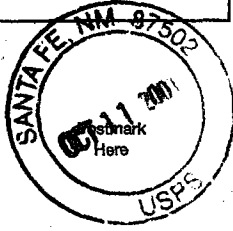
PS Form 3800, February 2000 See Reverse for Instructions

9459 122E 1200 0250 0002

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Recipient's Name (Please Print Clearly) (To be completed by mailer)
Kenson Operating Co. Inc.
 Street, Apt. No.; or PO Box No. **c/o Rimco Holdings Corp. 600 Travis St. Ste 6875**
 City, State, ZIP+4 **Houston, TX 77002**

PS Form 3800, February 2000 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X [Signature]	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

7000 0520 0021 3771 6524

Case 12758

Domestic Return Receipt

PS Form 3811, July 1999

102595-00-M-0952

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mallon Oil Co.
 Street, Apt. No.; or PO Box No. **999 18th St., Ste. 1700**
 City, State, ZIP+4 **Denver, CO 80202**

PS Form 3800, February 2000 See Reverse for Instructions

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:

Kenson Operating Co. Inc.
c/o Rimco Holdings Corp.
600 Travis St., Ste 6875
Houston, TX 77002

2. Article Number (Copy from service label)

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:

Mallon Oil Co.
999 18th St., Ste. 1700
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X [Signature]	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No	

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Copy from service label)

7000 0520 0021 3771 6210

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

9029 722E 1200 0250 0007

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Recipient's Name (Please Print Clearly) (To be completed by mailer)
 C E Larue & B M Muncy Jr.

Street, Apt. No.; or PO Box No. PO Box 1370

City, State, ZIP+ 4 Artesia, NM 88211-1370

PS Form 3800, February 2000 See Reverse for Instructions

PS Form 3811, July 1999 Domestic Return Receipt Case 1275F 102395-99-M-1789

2. Article Number (Copy from service label) 7000 0520 0021 3771 6708

1. Article Addressed to:
 C E Larue & B M Muncy Jr.
 PO Box 1370
 Artesia, NM 88211-1370

- 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.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *C E Larue & B M Muncy Jr.* B. Date of Delivery *10-15-01*

C. Signature *[Signature]* Agent Addressee

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

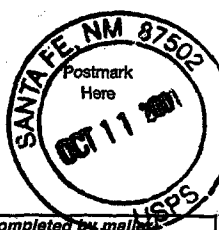
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

2159 722E 1200 0250 0007

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Recipient's Name (Please Print Clearly) (To be completed by mailer)
 John A. Yates, Jr.

Street, Apt. No.; or PO Box No. PO Box 853

City, State, ZIP+ 4 Artesia, NM 88210

PS Form 3800, February 2000 See Reverse for Instructions

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:
 John A. Yates, Jr.
 PO Box 853
 Artesia, Nm 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *Josha Fuentes* B. Date of Delivery *10-15-01*

C. Signature *[Signature]* Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0520 0021 3771 6517

7000 0520 0021 3771 6203

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Amtex Energy, Inc.

Street, Apt. No., or PO Box No.
PO Box 3418

City, State, ZIP+4
Midland, TX 79702

PS Form 3800, February 2000 See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
William J. Savage *10/15/91*

C. Signature
x William J. Savage Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7000 0520 0021 3771 6203

102595-00-M-0952

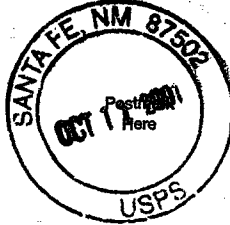
Case 12758

Domestic Return Receipt

7000 0520 0021 3771 6630

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Recipient's Name (Please Print Clearly) (To be completed by mailer)
Bettis, Boyle & Stovall

Street, Apt. No., or PO Box No.
PO Box 1240

City, State, ZIP+4
Graham, TX 76450

PS Form 3800, February 2000 See Reverse for Instructions

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:
Amtex Energy, Inc.
PO Box 3418
Midland, TX 79702

2. Article Number (Copy from service label)

PS Form 3811, July 1999

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:

Bettis, Boyle & Stovall
PO Box 1240
Graham, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
Staudia Wiley *10/15/91*

C. Signature
x Staudia Wiley Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0520 0021 3771 6630

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION,
THROUGH THE SUPERVISOR OF DISTRICT I, FOR AN ORDER REQUIRING
OPERATORS TO BRING ONE HUNDRED FORTY-SEVEN (147) WELLS INTO
COMPLIANCE WITH RULE 201.B, AND ASSESSING APPROPRIATE CIVIL
PENALTIES; LEA, ROOSEVELT AND CHAVES COUNTIES, NEW MEXICO**

CASE NO. 12758

**AMENDMENT TO APPLICATION FOR COMPLIANCE ORDER AND CIVIL
PENALTIES**

1. On October 9, 2001, the Division filed its Application in this case to require the operators of 147 inactive wells to bring those wells into compliance with Division Rule 201 either by restoring those wells to production or injection (as applicable), causing the wells to be plugged and abandoned or securing approval for temporary abandonment thereof.

2. One of the operators named as a respondent in the original application in this case was Hal J. Rasmussen Operating Inc., which was named as the operator of thirty (30) wells, therein identified, which were not in compliance with rule 201.

3. At the hearing on November 1, 2001, this case as to Respondent, Hal J. Rasmussen Operating Inc., was continued to the Division hearing docket scheduled for February 7, 2002.

4. In addition to the wells identified in the original application, Hal J. Rasmussen, Inc. is also the operator of the San Simon Well No. 1 (API No. 30-025-

28495), a permitted salt water disposal well, which had not been used for salt water disposal or other beneficial use for more than one year next preceding August 30, 2000.

5. On August 30, 2000, and again on August 20, 2001, representatives of the District Office for District I of the Division notified Hal J. Rasmussen, Inc. of the non-compliant status of its San Simon Well No. 1, as well as of other wells described in the original application filed herein. However, no action has been taken to bring said San Simon No. 1 well into compliance.

6. As a result of the failure, for a continuous period of more than one year, to use the said San Simon Well No. 1 well for injection, the authority to inject salt water into said well for disposal has terminated pursuant to Division Rule 705.C(1).

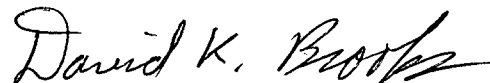
WHEREFORE, the Supervisor of District I of the Division hereby applies to the Director to enter an order:

A. Specifically ordering Hal J. Rasmussen, Inc. to bring its San Simon Well No. 1, in addition to its other wells described in the original Application in this case, into compliance with OCD rules within a specified time fixed in said order by taking one of the following actions with respect to each of such wells:

- (i) causing such well to be plugged and abandoned in accordance with Division rules.
- (ii) obtaining a renewal of injection authority for such well and restoring such well to use as a salt water disposal well or other Division-approved beneficial use,

- (iii) applying to the Division for permission to place such well in “temporary abandonment” status pursuant to Division Rule 203, or
 - (iv) truly and accurately reporting to the Division any production from or injection into said well which has, in fact, occurred and not been reported to the Division.
- B. Assessing an appropriate civil penalty against Hal J. Rasmussen Operating, Inc., in addition to any penalties assessed against it pursuant to the prayer in the original application, for failure to take action to remedy the non-compliance of the San Simon Well No. 1 after notice and demand from the Division to do so; such penalty to be not less than \$1,000.

RESPECTFULLY SUBMITTED,



David K. Brooks
Assistant General Counsel
Energy, Minerals and Natural
Resources Department of the State of
New Mexico
1220 S. St. Francis Drive
Santa Fe, NM 87505
(505)-476-3450
Attorney for The New Mexico Oil
Conservation Division

Case No. 12758: **Amendment to Application of the New Mexico Oil Conservation Division for an Order Requiring Operators to Bring One Hundred Forty-Seven (147) Wells into Compliance with Rule 201.B, and Assessing Appropriate Civil Penalties; Lea, Roosevelt and Chaves Counties, New Mexico.** The Applicant original Application in this Case seeks an order requiring the operators of 147 inactive wells located in Lea, Roosevelt and Chaves Counties, New Mexico, to bring said wells into compliance with OCD Rule 201.B by either restoring said wells to production or beneficial use, plugging and abandoning said wells or securing Division approval for temporary abandonment thereof. This Amendment adds to the wells named in the original application the following additional well:

H.J. Rasmussen Operating, Inc.; San Simon Well No. 1 (API No. 30-025-28495), located 1325 feet from the North line and 650 feet from the East line (Unit H) of Section 13, Township 21 South, Range 34 East, NMPM, Lea County, New Mexico.



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON

Governor

Jennifer A. Salisbury

Cabinet Secretary

October 11, 2001

Lori Wrotenbery

Director

Oil Conservation Division

ADDRESS LIST

VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Case No. 12758: Application of the New Mexico Oil Conservation Division for an Order Requiring Operators to Bring One Hundred Forty-Seven (147) Wells into Compliance with Rule 201.B, and Assessing Appropriate Civil Penalties; Lea, Roosevelt and Chaves Counties, New Mexico.

Ladies and Gentlemen:

You are hereby notified that the New Mexico Oil Conservation Division has filed the referenced Application, a copy of which is enclosed herewith, seeking an Order requiring you to bring specified inactive wells in Lea, Roosevelt and Chaves Counties, New Mexico into compliance with Division Rule 201.B, by either restoring such wells to production or beneficial use, permanently abandoning or temporarily abandoning them. In addition, the Division seeks assessment of civil penalties for your failure to comply with previous administrative notices to bring these wells into compliance.

A hearing on this Application will take place before a Division hearing officer on Thursday, November 1, 2001, at 8:15 a.m., in the Division Hearing Room, First Floor, 1220 South St. Francis Drive in Santa Fe, New Mexico. At that hearing you will have an opportunity to show cause, if any there be, why an order should not be entered as requested in the Application.

Operational inquiries concerning the subject of this hearing should be directed to Mr. Chris Williams, District Supervisor, Oil Conservation Division, 1625 French Drive, Hobbs, NM 88240; phone (505)-393-6161. Counsel may contact the undersigned in the Santa Fe office at (505)-476-3450.

Very truly yours,

Handwritten signature of David K. Brooks in cursive.

David K. Brooks

Assistant General Counsel

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:
 Happy Oil Co. Inc.
 811 Bullock Ave.
 Artesia, NM 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature X	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)	
<input type="checkbox"/> Yes	

2. Article Number (Copy from service label) **7000 0520 0021 3771 6500**

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 FOLD AT DOTTED LINE
CERTIFIED MAIL

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

7000 0520 0021 3771 6500
 7000 0520 0021 3771 6500

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Happy Oil Co. Inc.
 Street, Apt. No., or PO Box No. **811 Bullock Ave.**
 City, State, ZIP+ 4 **Artesia, NM 88210**

PS Form 3800, February 2000 See Reverse for Instructions

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:

Hal J. Rasmussen Operating Inc
 550 West TEXAS AVE, Ste. 200
 Midland, TX 79701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
 Addressee

X

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

2. Article Number (Copy from service label) 7000 0520 0021 3771 6494

Case 12758

PS Form 3800, February 2000
 See Reverse for Instructions

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Hal J. Rasmussen Operating Inc.
 Street, Apt. No., or PO Box No.
 550 W. Texas Ave., Ste. 200
 City, State, ZIP+4
 Midland, TX 79701

	Postage	\$		
	Certified Fee			
	Return Receipt Fee (Endorsement Required)			
	Restricted Delivery Fee (Endorsement Required)			
	Total Postage & Fees	\$		

Postmark Here

CERTIFIED MAIL RECEIPT
 U.S. Postal Service
 (Domestic Mail Only: No Insurance Coverage Provided)

7000 0520 0021 3771 6494
 7000 0520 0021 3771 6494

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE

CERTIFIED MAIL

7000 0520 0021 3771 6692
7000 0520 0021 3771 6692

PS Form 3800, February 2000 See Reverse for Instructions

City, State, ZIP+4
Roswell, NM 88201

Street, Apt. No., or P.O. Box No.
RR 4 6628 Devonian

Recipient's Name (Please Print Clearly) (To be completed by mailer)
FI-Ro Corp.

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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:

**FI-RO CORP.
RR 4
6628 Devonian
Roswell, NM 88201**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Agent
 Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below:

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

Yes
 No

7000 0520 0021 3771 6692

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Case 256 1276

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. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:		C. Signature	
Erwin Oil & Gas Ltd. Co. PO Box 1506 Hobbs, NM 88241-1506		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label)		D. Is delivery address different from item 1?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
		3. Service Type	
		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7000 0520 0021 3771 6685	

PS Form 3811, July 1999 Domestic Return Receipt *Case 12758* 102595-00-M-0952

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 FOLD AT DOTTED LINE
CERTIFIED MAIL

7000 0520 0021 3771 6685
 7000 0520 0021 3771 6685

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
Postmark Here	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Recipient's Name (Please Print Clearly) (To be completed by mailer) Erwin Oil & Gas Ltd. Co.	
Street, Apt. No.; or PO Box No. PO Box 1506	
City, State, ZIP+ 4 Hobbs, NM 88241-1506	
PS Form 3800, February 2000 See Reverse for Instructions	

Case 12758

2. Article Number (Copy from service label)

7000 0520 0021 3771 6678

Crestridge Drilling and
Production Co, LLC
550 West Texas
Two Fasken Center, Ste. 650
Midland, TX 79701

1. Article Addressed to:

- 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.

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____

Agent Addressee

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

PS Form 3800, February 2000

City, State, ZIP+4
Midland, TX 79701

Street, Apt. No., or PO Box No.
Two Fasken Ctr., Ste. 650

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Crestridge Drilling & Production CO
LLC

7000 0520 0021 3771 6678

Postage	\$
Certified Fee	
Return Receipt Fee (endorsement Required)	
Restricted Delivery Fee (endorsement Required)	
Total Postage & Fees	\$

Postmark Here

U.S. Postal Service

CERTIFIED MAIL-RECEIPT

(Domestic Mail Only - No Insurance Coverage Provided)

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS
 FOLD AT DOTTED LINE

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

2499 7222 7000 0520 0021 3772 6447
 2000 0520 0021 3772 7000 0520 0021 3772 6447

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 C W Stumhoffer
 Street, Apt. No.; or PO Box No.
 PO Box 100416
 City, State, ZIP+4 Ft. Worth, TX 76185
 PS Form 3800, February 2000 See Reverse for Instructions

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:
 C W Stumhoffer
 PO Box 100416
 Ft. Worth, TX 76185

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) | B. Date of Delivery

C. Signature Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label) 7000 0520 0021 3771 6647

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952
 C W Stumhoffer

FL

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:
 C E Larue & B M Muncy Jr.
 PO Box 1370
 Artesia, NM 88211-1370

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X Agent
 Addressee

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

2. Article Number (Copy from service label) 7000 0520 0021 3771 6708

PS Form 3811, July 1999 Domestic Return Receipt Case 12758 102595-99-M-1789

PS Form 3800, February 2000 See Reverse for Instructions

City, State, ZIP+4
 Artesia, NM 88211-1370

Street, Apt. No., or PO Box No.
 PO Box 1370

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 C E Larue & B M Muncy Jr.

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 3771 6708
 7000 0520 0021 3771 6708



PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL

7000 0520 0021 3771 6630
7000 0520 0021 3771 6630

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name *(Please Print Clearly) (To be completed by mailer)*
Bettis, Boyle & Stovall
 Street, Apt. No.; or PO Box No. PO Box 1240
 City, State, ZIP+4 **Graham, TX 76450**

PS Form 3800, February 2000 See Reverse for Instructions

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:

Bettis, Boyle & Stovall
 PO Box 1240
 Graham, TX 76450

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* B. Date of Delivery

C. Signature Agent
 Addressee

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

2. Article Number *(Copy from service label)* 7000 0520 0021 3771 6630

PLACE STICKER AT TOP OF ENVELOPE.
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 3771 6203
7000 0520 0021 3771 6203

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Amtex Energy, Inc.

Street, Apt. No.; or PO Box No. **PO Box 3418**

City, State, ZIP+4 **Midland, TX 79702**

PS Form 3800, February 2000 See Reverse for Instructions

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:
Amtex Energy, Inc.
PO Box 3418
Midland, TX 79702

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____
 Addressee
 Agent

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

2. Article Number (Copy from service label)

7000 0520 0021 3771 6203

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL

7000 0520 0021 3771 6210
7000 0520 0021 3771 6210

PS Form 3800, February 2000 See Reverse for Instructions

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Mallon Oil Co.
Street, Apt. No., or PO Box No. 999 18th St., Ste. 1700
City, State, ZIP+4 Denver, CO 80202

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided)

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:

Mallon Oil Co.
999 18th St., Ste. 1700
Denver, CO 80202

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

Agent
 Addressee

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

2. Article Number (Copy from service label)

7000 0520 0021 3771 6210

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

case 12758

PLACE STICKER AT TOP OF ENVELOPE
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CERTIFIED MAIL

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0022 3772 6527
7000 0520 0022 3772 6527
7000 0520 0022 3772 6527
7000 0520 0022 3772 6527

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 John A. YATES, Jr.
 Street, Apt. No., or PO Box No. PO Box 853
 City, State, ZIP+4 Artesia, NM 88210
 PS Form 3800, February 2000 See Reverse for Instructions

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:
 John A. Yates, Jr.
 PO Box 853
 Artesia, Nm 88210

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
 C. Signature Agent
 Addressee
 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

2. Article Number (Copy from service label) 7000 0520 0021 3771 6517

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS
FOLD AT DOTTED LINE
CERTIFIED MAIL

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 3772 6524
7000 0520 0021 3772 6524
7000 0520 0021 3772 6524
7000 0520 0021 3772 6524

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Kenson Operating Co. Inc.
Street, Apt. No., or PO Box No. 600 Travis St. Ste 6875
City, State, ZIP+4 Houston, TX 77002

PS Form 3800, February 2000 See Reverse for Instructions

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:

Kenson Operating Co. Inc.
c/o Rimco Holdings Corp.
600 Travis St., Ste 6875
Houston, TX 77002

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X
 Agent
 Addressee

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

7000 0520 0021 3771 6524

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Case 12758

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0021 3772 6531
7000 0520 0021 3772 6531

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Kersey & Co.

Street, Apt. No.; or PO Box No. **PO Box 1248**

City, State, ZIP+4 **Fredericksburg, TX 78624**

PS Form 3800, February 2000 See Reverse for Instructions

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:
**Kersey & Co.
PO Box 1248
Fredericksburg, TX 78624**

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature Agent
 Addressee

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

2. Article Number (Copy from service label) **7000 0520 0021 3771 6531**

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 FOLD AT DOTTED LINE
CERTIFIED MAIL

7000 0520 0021 3771 6548
 7000 0520 0021 3771 6548

PS Form 3811, July 1999
 PS Form 3800, February 2000
 See Reverse for Instructions

Recipient's Name (Please Print Clearly) (To be completed by mailer)
 Kevin O. Butler & Assoc. Inc.
 Street, Apt. No., or PO Box No.
 500 W. Texas, Ste 995
 City, State, ZIP+4[®] Midland, TX 79701

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

PS Form 3811, July 1999
 Domestic Return Receipt
 Case 1275
 102595-00-M-0952

2. Article Number (Copy from service label)
 7000 0520 0021 3771 6548

3. Service Type

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

4. Restricted Delivery? (Extra Fee)
 Yes
 No

1. Article Addressed to:
 Kevin O. Butler & Assoc. Inc.
 500 W. Texas, Ste 995
 Midland, TX 79701

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

3. Signature
 Addressee
 Agent

A. Received by (Please Print Clearly) B. Date of Delivery

1. Article Addressed to:
 Kevin O. Butler & Assoc. Inc.
 500 W. Texas, Ste 995
 Midland, TX 79701

2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

3. Print your name and address on the reverse so that we can return the card to you.

4. Attach this card to the back of the mailpiece, or on the front if space permits.

SENDER: COMPLETE THIS SECTION **COMPLETE THIS SECTION ON DELIVERY**

AMTEX ENERGY INC
PO BOX 3418
MIDLAND, TX 79702

MALLON OIL CO
999 18TH ST, STE 1700
DENVER, CO 80202

BETTIS BOYLE & STOVALL
PO BOX 1240
GRAHAM, TX 76450

C E LARUE & B M MUNCY JR
PO BOX 1370
ARTESIA, NM 88211-1370

C W STUMHOFFER
P.O. BOX 100416
FORT WORTH, TX 76185

CRESTRIDGE DRILLING AND
PRODUCTION CO., LLC
550 WEST TEXAS
TWO FASKEN CENTER, STE. 650
MIDLAND, TX 79701

ERWIN OIL & GAS LTD CO
PO BOX 1506
HOBBS, NM 88241-1506

FI-RO CORP
RR4
6628 DEVONIAN
ROSWELL, NM 88201

HAL J RASMUSSEN OPER INC
550 WEST TEXAS AVENUE, SUITE 200
MIDLAND, TX 79701

HAPPY OIL CO INC
811 BULLOCK AVE
ARTESIA, NM 88210

JOHN A YATES, JR.
PO BOX 853
ARTESIA, NM 88210

KENSON OPERATING COMPANY INC
C/O RIMCO HOLDINGS CORP
600 TRAVIS ST STE 6875
HOUSTON, TX 77002

KERSEY & CO
PO BOX 1248
FREDERICKSBURG, TX 78624

KEVIN O BUTLER & ASSOC INC
500 W. TEXAS, STE 955
MIDLAND, TX 79701

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

**APPLICATION OF THE NEW MEXICO OIL CONSERVATION DIVISION,
THROUGH THE SUPERVISOR OF DISTRICT I, FOR AN ORDER REQUIRING
OPERATORS TO BRING ONE HUNDRED FORTY-SEVEN (147) WELLS INTO
COMPLIANCE WITH RULE 201.B, AND ASSESSING APPROPRIATE CIVIL
PENALTIES; LEA, ROOSEVELT AND CHAVES COUNTIES, NEW MEXICO**

CASE NO. 12758

01/27/10 - 9 PM 3:45

OIL CONSERVATION DIV.

APPLICATION FOR COMPLIANCE ORDERS AND CIVIL PENALTIES

1. Amtex Energy, Inc. is the operator of four (4) wells in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A. Exhibits A and B are attached hereto and by this reference incorporated into this application and made part hereof for all purposes.

2. Bettis Boyle & Stovall is the operator of eleven (11) wells in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A.

3. C.E. Larue & B.M. Muncy, Jr. are the operators of two (2) wells in Lea County, New Mexico, and of two (2) wells in Chaves County, New Mexico, specifically identified by name, location and API number on Exhibit A, and are also the operators of six (6) additional wells in Lea County, New Mexico, and of one (1) additional well in Chaves County, New Mexico, so identified on Exhibit B.

4. C.W. Stumhoffer is the operator of one (1) well in Lea County, New Mexico specifically identified by name, location and API number on Exhibit A.

5. Crestridge Drilling and Production Co., LLC is the operator of two (2) wells in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A, and is also the operator of one (1) well in Lea County, New Mexico, so identified on Exhibit B.

6. Erwin Oil & Gas Ltd Co. is the operator of one (1) well in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A.

7. Fi-Ro Corp. is the operator of one (1) well in Lea County, New Mexico, and of two (2) wells in Chaves County, New Mexico, specifically identified by name, location and API number on Exhibit A.

8. Hal J. Rasmussen Operating Inc. is the operator of twenty (20) wells in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A, and is also the operator of ten (10) additional wells in Lea County, New Mexico, so identified on Exhibit B.

9. Happy Oil Inc. is the operator of one (1) well in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A.

10. John A. Yares, Jr. is the operator of one (1) well in Roosevelt Count, New Mexico, specifically identified by name, location and API number on Exhibit A.

11. Kenson Operating Company, Inc. is the operator of eleven (11) wells in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A, and also of thirty-seven (37) additional wells in Lea County, New Mexico, so identified on Exhibit B.

12. Kersey & Co. is the operator of one (1) well in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A.

48

13. Kevin O. Butler & Associates Inc. is the operator of three (3) wells in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A, and also of ten (10) additional wells in Lea County, New Mexico, and three (3) additional wells in Chaves County, New Mexico, so identified on Exhibit B.

14. Mallon Oil Co. is the operator of twelve (12) wells in Lea County, New Mexico, specifically identified by name, location and API number on Exhibit A, and also of four (4) additional wells in Lea County, New Mexico, so identified on Exhibit B.

15. The above named operators are herein referred to collectively as "Operators" and individually as "Operator." The wells identified on Exhibit A are herein called "the subject wells," and the wells identified on Exhibit B are herein called "the additional wells." The phrase, "each Operator's subject wells" refers, as to each Operator individually, to those of the subject wells identified on Exhibit A as operated by such Operator. The phrase "each Operator's additional wells" refers, as to each Operator individually, to those of the additional wells identified on Exhibit B as operated by such Operator. The New Mexico Oil Conservation Division is hereinafter called "the Division."

16. Each of the subject wells was continuously inactive for a period in excess of one (1) year immediately preceding May 11, 2000, and has remained inactive continuously from such date to the date of filing of this Application. The date of last reported production from, or injection into, each of the subject wells is set forth on Exhibit A. None of the subject wells is currently approved for temporary abandonment by the Division.

17. In the alternative, if there has been any production from, or injection into, any of the subject wells since the date of last production or injection indicated with respect to such well on Exhibit A, such production or injection has not been reported to the Division as required by Rule 1115.

18. On May 11, 2000, the New Mexico Oil Conservation Division (hereinafter "the Division") notified Operators that the subject wells were not in compliance with Division Rule 201.B(3), and should be brought into compliance either by returning the same to production or other beneficial use or by securing Division approval for temporary abandonment. The Division received no response to such notification from any of the above-named Operators, and none of said Operators took any action to bring such Operator's subject wells into compliance.

19. On or about September 8, 2000 the Division, acting through the District Supervisor of District I, again notified Operators that the subject wells were not in compliance with Division Rule 201.B(3), and directed Operators to bring such wells into compliance within sixty (60) days following such notification. By subsequent correspondence, Operators were notified that their continued failure to bring the subject wells into compliance would result in their being summoned to a show cause hearing before a Division hearing examiner. The Division received no response to such notifications from any of Operators, and no action has been taken to bring any of the subject wells into compliance.

20. Each Operator's additional wells, though not referenced in the written notices from the Division to the Operators described above, are also out of compliance with Rule 201.B(3), in that said wells had not been produced or beneficially used for a

continuous period of one year prior to June 1, 2001, and have not been restored to production or beneficial use or plugged since that date, nor have applications been filed for temporary abandonment of any of such additional wells. The date of last reported production from, or injection into, each of the additional wells is set forth on Exhibit B.

21. If there has been any production from, or injection into, any of the additional wells since the date of last production or injection reflected on Exhibit B, such production or injection has not been reported to the Division as required by Rule 1115.

22. Division Rule 201.B(3) provides:

A well shall be either properly plugged and abandoned or temporarily abandoned in accordance with these rules ninety (90) days after:

(3) A period of one (1) year in which a well has been continuously inactive.

23. NMSA Section 70-2-31.A provides that:

Any person who knowingly and willfully violates any provision of the Oil and Gas Act or any provision of any rule or order issued pursuant to that act shall be subject to a civil penalty of not more than one thousand dollars (\$1,000) for each violation. For purposes of this subsection, in the case of a continuing violation, each day of violation shall constitute a separate violation.

24. Each Operator's failure to take action to restore such operator's subject wells to production or beneficial use, or to cause such wells to be plugged and abandoned, or to apply to the Division for approval for temporary abandonment, or, if such wells are in fact producing, to report such production to the Division as required, after receipt of notice of noncompliance from the Division as herein before described,

constitutes a continuing violation of Division Rule 201.B(3) or of Rule 1115, rules duly adopted by the Division pursuant to the Oil and Gas Act.

WHEREFORE, the Supervisor of District I of the Division hereby applies to the Director to enter an order:

- A. Specifically ordering each of Operators to bring such Operator's subject wells and additional wells into compliance with OCD rules within a specified time fixed in said order by taking one of the following actions with respect to each of said Operator's subject wells and additional wells:
- (i) causing such well to be plugged and abandoned in accordance with Division rules.
 - (ii) restoring such well to production or other Division-approved beneficial use,
 - (iii) applying to the Division for permission to place such well in "temporary abandonment" status pursuant to Division Rule 203, or
 - (iv) truly and accurately reporting to the Division any production from or injection into any of said wells which has, in fact, occurred and not been reported to the Division.
- B. In those cases where the Director deems such action appropriate, requiring an Operator to furnish single-well financial assurance as to any well that has not been produced or otherwise beneficially used for two (2) consecutive years, pursuant to NMSA 70-2-14.A.

- C. Assessing an appropriate civil penalty against each of Operators for failure to take action to remedy the non-compliance of such Operator's subject wells after notice and demand from the Division to do so; such penalty to be not less than \$1,000 for each of such Operator's subject wells.

RESPECTFULLY SUBMITTED,



David K. Brooks
Assistant General Counsel
Energy, Minerals and Natural
Resources Department of the State of
New Mexico
1220 S. St. Francis Drive
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(505)-476-3450
Attorney for The New Mexico Oil
Conservation Division

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API #	County	Type	Production/ Last Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-025-32747	Lea	O	04-1995	CHUKAR STATE #001 DAGGER LAKE 5 STATE	785	AMTEX ENERGY INC	O-16-19S-34E	1
30-025-31653	Lea	O	07-1995	#001	785	AMTEX ENERGY INC	O-05-22S-33E	2
30-025-31337	Lea	O	NONE	MERIT RECORD 35 #001	785	AMTEX ENERGY INC	P-35-19S-35E	3
30-025-32196	Lea	O	02-1997	RECORD #004	785	AMTEX ENERGY INC	N-26-19S-35E	4
30-025-11668	Lea	O	12-1986	B M JUSTIS A #002	2175	BETTIS BOYLE & STOVALL	H-20-25S-37E	5
30-025-11664	Lea	O	12-1981	B M JUSTIS A #006	2175	BETTIS BOYLE & STOVALL	H-20-25S-37E	6
30-025-11680	Lea	O	12-1987	B T LANEHART #001	2175	BETTIS BOYLE & STOVALL	G-21-25S-37E	7
30-025-11682	Lea	O	03-2000	B T LANEHART #003	2175	BETTIS BOYLE & STOVALL	C-21-25S-37E	8
30-025-11681	Lea	O	07-1990	B T LANEHART #004	2175	BETTIS BOYLE & STOVALL	B-21-25S-37E	9
30-025-11679	Lea	G	05-1994	B T LANEHART #005	2175	BETTIS BOYLE & STOVALL	G-21-25S-37E	10
30-025-25588	Lea	O	10-1985	B T LANEHART #006	2175	BETTIS BOYLE & STOVALL	B-21-25S-37E	11
30-025-23721	Lea	O	02-2000	PATSY A #001	2175	BETTIS BOYLE & STOVALL	B-20-22S-37E	12
30-025-23925	Lea	O	06-1998	PATSY B #002	2175	BETTIS BOYLE & STOVALL	N-17-22S-37E	13
30-025-11629	Lea	O	03-1985	STATE O #001	2175	BETTIS BOYLE & STOVALL	A-16-25S-37E	14
30-025-11666	Lea	O	05-1993	V H JUSTIS #002	2175	BETTIS BOYLE & STOVALL	D-20-25S-37E	15
30-005-20953	Chaves	O	12-1992	GULF KIMMONS #002	3292	C E LARUE & B M MUNCY JR	A-19-08S-31E	16
30-025-21710	Lea	O	03-1993	PEARSALL QUEEN SAND UNIT #001	3292	C E LARUE & B M MUNCY JR	P-32-17S-32E	17
30-025-00843	Lea	O	03-1995	PEARSALL QUEEN SAND UNIT #002	3292	C E LARUE & B M MUNCY JR	2-05-18S-32E	18
30-005-00983	Chaves	O	12-1993	TRIGG FEDERAL #014	3292	C E LARUE & B M MUNCY JR	J-04-14S-31E	19
30-025-27882	Lea	O	01-1983	SHIPMAN #001	3463	C W STUMHOFFER	G-35-22S-37E	20
30-025-05246	Lea	O	12-1993	MEXICO F #001	152464	CRESTRIDGE DRILLING AND PRODUCTION CO., LLC	3-02-15S-37E	21
30-025-05250	Lea	O	10-1993	MEXICO F #005	152464	CRESTRIDGE DRILLING AND PRODUCTION CO., LLC	2-02-15S-37E	22

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API #	County	Type	Production/ Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-025-04392	Lea	G	01-1996	STATE WEG #001	18703	ERWIN OIL & GAS LTD CO	H-34-20S-36E	23
30-005-00822	Chaves	O	07-1988	GULF STATE H #001 HONDO HOLLOWAY STATE	7844	FI-RO CORP	H-23-13S-31E	24
30-005-00691	Chaves	O	10-1998	#001 NORTH CAPROCK QUEEN	7844	FI-RO CORP	F-36-12S-31E	25
30-025-24155	Lea	O	04-1996	UNIT 1 TR 27 #005Y	7844	FI-RO CORP	E-08-13S-32E	26
30-025-04377	Lea	G	05-1992	CHARLOTTE STATE #002	9809	HAL J RASMUSSEN OPER INC	C-32-20S-36E	27
30-025-04371	Lea	O	06-1991	CHARLOTTE STATE #004	9809	HAL J RASMUSSEN OPER INC	N-29-20S-36E	28
30-025-23964	Lea	O	02-1994	GULF COOKIE STATE #001	9809	HAL J RASMUSSEN OPER INC	G-21-23S-36E	29
30-025-24073	Lea	O	08-1996	GULF COOKIE STATE #002	9809	HAL J RASMUSSEN OPER INC	H-21-23S-36E	30
30-025-02534	Lea	O	08-1991	KAISER STATE #005	9809	HAL J RASMUSSEN OPER INC	J-13-21S-34E	31
30-025-02546	Lea	O	08-1991	KAISER STATE #041	9809	HAL J RASMUSSEN OPER INC	E-13-21S-34E	32
30-025-02547	Lea	G	03-1997	KAISER STATE #042	9809	HAL J RASMUSSEN OPER INC	J-13-21S-34E	33
30-025-32741	Lea	O	10-1997	KAISER STATE #044	9809	HAL J RASMUSSEN OPER INC	F-13-21S-34E	34
30-025-21747	Lea	O	05-1990	MOBIL STATE #001	9809	HAL J RASMUSSEN OPER INC	O-16-23S-36E	35
30-025-02549	Lea	G	12-1982	PHILLIPS STATE #001	9809	HAL J RASMUSSEN OPER INC	G-14-21S-34E	36
30-025-03424	Lea	O	10-1991	SHELL STATE #001	9809	HAL J RASMUSSEN OPER INC	K-07-21S-35E	37

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API #	County	Type	Production/ Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-025-03422	Lea	O	06-1991	SHELL STATE #004	9809	HAL J RASMUSSEN OPER INC	4-07-21S-35E	38
30-025-03427	Lea	O	08-1991	SHELL STATE #007	9809	HAL J RASMUSSEN OPER INC	F-07-21S-35E	39
30-025-03428	Lea	O	12-1992	SHELL STATE #008	9809	HAL J RASMUSSEN OPER INC	C-07-21S-35E	40
30-025-02557	Lea	O	03-1995	STATE A #001	9809	HAL J RASMUSSEN OPER INC	O-16-21S-34E	41
30-025-02563	Lea	O	03-1995	STATE B #001	9809	HAL J RASMUSSEN OPER INC	B-21-21S-34E	42
30-025-02553	Lea	G	09-1989	VALERO STATE #001	9809	HAL J RASMUSSEN OPER INC	N-16-21S-34E	43
30-025-03433	Lea	O	03-1995	WILSON A STATE #002	9809	HAL J RASMUSSEN OPER INC	B-07-21S-35E	44
30-025-02575	Lea	O	12-1991	WILSON STATE #003	9809	HAL J RASMUSSEN OPER INC	J-23-21S-34E	45
30-025-02569	Lea	O	12-1992	WILSON STATE #017	9809	HAL J RASMUSSEN OPER INC	A-23-21S-34E	46
30-025-29725	Lea	O	01-1989	CHILKAT STATE 6 #001	9991	HAPPY OIL CO INC	O-06-21S-35E	47
30-041-00218	Roosevelt	O	05-1974	MURPHY KIRKPATRICK FEDERAL #002	11952	JOHN A YATES JR	B-14-08S-37E	48
30-025-24837	Lea	O	12-1992	LANGLIE JAL UNIT #002	185433	COMPANY INC KENSON OPERATING	1-31-24S-37E	49
30-025-11303	Lea	O	07-1996	LANGLIE JAL UNIT #012	185433	COMPANY INC	G-31-24S-37E	50

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API #	County	Type	Production/ Last Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-025-24890	Lea	O	07-1996	LANGLIE JAL UNIT #050	185433	KENSON OPERATING COMPANY INC	G-06-25S-37E	51
30-025-24480	Lea	O	10-1975	LANGLIE JAL UNIT #070	185433	KENSON OPERATING COMPANY INC	7-06-25S-37E	52
30-025-11644	Lea	O	01-1997	LANGLIE JAL UNIT #088	185433	KENSON OPERATING COMPANY INC	A-17-25S-37E	53
30-025-11635	Lea	O	05-1997	LANGLIE JAL UNIT #094	185433	KENSON OPERATING COMPANY INC	O-17-25S-37E	54
30-025-27842	Lea	O	05-1997	LANGLIE JAL UNIT #097	185433	KENSON OPERATING COMPANY INC	P-32-24S-37E	55
30-025-27844	Lea	O	02-1985	LANGLIE JAL UNIT #099	185433	KENSON OPERATING COMPANY INC	K-32-24S-37E	56
30-025-28406	Lea	O	08-1993	LANGLIE JAL UNIT #103	185433	KENSON OPERATING COMPANY INC	P-01-24S-37E	57
30-025-28963	Lea	O	06-1998	LANGLIE JAL UNIT #106	185433	KENSON OPERATING COMPANY INC	A-32-24S-37E	58
30-025-11306	Lea	O	09-1988	LANGLIE JAL UNIT #301	185433	KENSON OPERATING COMPANY INC	4-31-24S-37E	59
30-025-00789	Lea	O	11-1995	HOVER 1 #001	12576	KERSEY & CO	A-32-17S-32E	60
30-025-29786	Lea	O	05-1994	E B ANDERSON #003	12627	KEVIN O BUTLER & ASSOC INC	M-06-13S-38E	61
30-025-21806	Lea	O	01-1998	FEDERAL A #001	12627	KEVIN O BUTLER & ASSOC INC	P-12-15S-34E	62
30-025-29066	Lea	O	12-1992	STATE LAND 76 #003	12627	KEVIN O BUTLER & ASSOC INC	9-02-16S-32E	63
30-025-29980	Lea	O	08-1997	BYERS #001	13925	MALLON OIL CO	I-03-17S-37E	64
30-025-21930	Lea	O	NONE	GALLAGHER STATE #001	13925	MALLON OIL CO	I-03-17S-34E	65

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30-025-32617	Lea	O	NONE	MALLON 34 FEDERAL #006	13925	MALLON OIL CO	C-34-19S-34E	66
30-025-22029	Lea	O	01-1997	MOBIL STATE #001	13925	MALLON OIL CO	G-03-17S-34E	67
30-025-26749	Lea	O	05-1997	PENNZOIL STATE #002	13925	MALLON OIL CO	B-18-16S-37E	68
30-025-27323	Lea	O	11-1994	PENNZOIL STATE #003	13925	MALLON OIL CO	C-18-16S-37E	69
30-025-27498	Lea	O	07-1982	PENNZOIL STATE #004	13925	MALLON OIL CO	2-18-16S-37E	70
30-025-30497	Lea	O	02-1995	PRICE FAMILY TRUST #002	13925	MALLON OIL CO	N-01-17S-37E	71
30-025-24936	Lea	O	01-1988	STATE C #003	13925	MALLON OIL CO	O-17-16S-37E	72
30-025-27433	Lea	O	04-1996	STATE C #004	13925	MALLON OIL CO	G-20-16S-37E	73
30-025-29445	Lea	O	10-1994	VIERSEN #002	13925	MALLON OIL CO	O-04-17S-37E	74
30-025-29885	Lea	O	05-1994	WALDRON #002	13925	MALLON OIL CO	3-03-17S-37E	75

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API #	County	Type	Production/ Last Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-005-20967	Chaves	O	NONE	GULF WILCOX #001 PEARSALL QUEEN SAND UNIT	3292	C E LARUE & B M MUNCY JR	P-19-08S-31E	76
30-025-00839	Lea	I	03-1995	#001 PEARSALL QUEEN SAND UNIT	3292	C E LARUE & B M MUNCY JR	E-04-18S-32E	77
30-025-00842	Lea	I	03-1995	#001 PEARSALL QUEEN SAND UNIT	3292	C E LARUE & B M MUNCY JR	1-05-18S-32E	78
30-025-00846	Lea	I	12-1992	#001 PEARSALL QUEEN SAND UNIT	3292	C E LARUE & B M MUNCY JR	I-05-18S-32E	79
30-025-20242	Lea	I	12-1991	#001 PEARSALL QUEEN SAND UNIT	3292	C E LARUE & B M MUNCY JR	K-04-18S-32E	80
30-025-21711	Lea	I	12-1991	#001 PEARSALL QUEEN SAND UNIT	3292	C E LARUE & B M MUNCY JR	O-32-17S-32E	81
30-025-00838	Lea	I	03-1995	#002 PEARSALL QUEEN SAND UNIT	3292	C E LARUE & B M MUNCY JR	3-04-18S-32E	82
30-025-05249	Lea	S	12-1999	MEXICO F #004 CRESTRIDGE DRILLING AND PRODUCTION CO., LLC	152464	PRODUCTION CO., LLC	4-02-15S-37E	83
30-025-02531	Lea	S	NONE	AMERADA STATE #003	9809	HAL J RASMUSSEN OPER INC	G-13-21S-34E	84
30-025-02537	Lea	S	NONE	KAISER STATE #008	9809	HAL J RASMUSSEN OPER INC	O-13-21S-34E	85
30-025-02538	Lea	S	NONE	KAISER STATE #009	9809	HAL J RASMUSSEN OPER INC	F-13-21S-34E	86
30-025-03431	Lea	S	NONE	SHELL STATE #014	9809	HAL J RASMUSSEN OPER INC	3-07-21S-35E	87
30-025-02554	Lea	S	NONE	STATE #002	9809	HAL J RASMUSSEN OPER INC	K-16-21S-34E	88
30-025-10748	Lea	S	08-1996	STATE JCT #001	9809	HAL J RASMUSSEN OPER INC	B-16-23S-36E	89
30-025-03436	Lea	S	NONE	WILSON A STATE #001	9809	HAL J RASMUSSEN OPER INC	G-07-21S-35E	90

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API #	County	Type	Production/ Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-025-02571	Lea	S	NONE	WILSON STATE #001	9809	HAL J RASMUSSEN OPER INC	G-23-21S-34E	91
30-025-02577	Lea	S		WILSON STATE #002	9809	HAL J RASMUSSEN OPER INC	J-23-21S-34E	92
30-025-02577	Lea	S	NONE	WILSON STATE #021	9809	HAL J RASMUSSEN OPER INC	J-23-21S-34E	93
30-025-11304	Lea	I	05-1999	LANGLIE JAL UNIT #001	185433	KENSON OPERATING COMPANY INC	B-31-24S-37E	94
30-025-11311	Lea	I	12-1992	LANGLIE JAL UNIT #003	185433	KENSON OPERATING COMPANY INC	D-32-24S-37E	95
30-025-11314	Lea	I	07-1997	LANGLIE JAL UNIT #007	185433	KENSON OPERATING COMPANY INC	H-32-24S-37E	96
30-025-11308	Lea	I	12-1995	LANGLIE JAL UNIT #010	185433	KENSON OPERATING COMPANY INC	E-32-24S-37E	97
30-025-11293	Lea	I	08-1997	LANGLIE JAL UNIT #011	185433	KENSON OPERATING COMPANY INC	H-31-24S-37E	98
30-025-11305	Lea	I	12-1992	LANGLIE JAL UNIT #015	185433	KENSON OPERATING COMPANY INC	3-31-24S-37E	99
30-025-11298	Lea	I	12-1995	LANGLIE JAL UNIT #018	185433	KENSON OPERATING COMPANY INC	I-31-24S-37E	100
30-025-11475	Lea	I	12-1992	LANGLIE JAL UNIT #031	185433	KENSON OPERATING COMPANY INC	4-06-25S-37E	101
30-025-11452	Lea	I	01-2000	LANGLIE JAL UNIT #036	185433	KENSON OPERATING COMPANY INC	3-05-25S-37E	102
30-025-11442	Lea	I	12-1992	LANGLIE JAL UNIT #039	185433	KENSON OPERATING COMPANY INC	4-04-25S-37E	103
30-025-11443	Lea	I	11-1997	LANGLIE JAL UNIT #044	185433	KENSON OPERATING COMPANY INC	E-04-25S-37E	104
30-025-11473	Lea	I	12-1992	LANGLIE JAL UNIT #051	185433	KENSON OPERATING COMPANY INC	F-06-25S-37E	105
30-025-11469	Lea	I	12-1992	LANGLIE JAL UNIT #053	185433	KENSON OPERATING COMPANY INC	6-06-25S-37E	106

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API #	County	Type	Production/ Last Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-025-23884	Lea	I	12-1995	LANGLIE JAL UNIT #057	185433	KENSON OPERATING COMPANY INC	L-05-25S-37E	107
30-025-24879	Lea	I	12-1995	LANGLIE JAL UNIT #060	185433	KENSON OPERATING COMPANY INC	I-05-25S-37E	108
30-025-24880	Lea	O	04-1999	LANGLIE JAL UNIT #062	185433	KENSON OPERATING COMPANY INC	M-04-25S-37E	109
30-025-11451	Lea	I	05-1999	LANGLIE JAL UNIT #063	185433	KENSON OPERATING COMPANY INC	P-05-25S-37E	110
30-025-23885	Lea	I	05-2000	LANGLIE JAL UNIT #065	185433	KENSON OPERATING COMPANY INC	N-05-25S-37E	111
30-025-11472	Lea	I	12-1995	LANGLIE JAL UNIT #067	185433	KENSON OPERATING COMPANY INC	P-06-25S-37E	112
30-025-11471	Lea	O	03-1999	LANGLIE JAL UNIT #068	185433	KENSON OPERATING COMPANY INC	O-06-25S-37E	113
30-025-11470	Lea	I	12-1992	LANGLIE JAL UNIT #069	185433	KENSON OPERATING COMPANY INC	N-06-25S-37E	114
30-025-23869	Lea	I	12-1999	LANGLIE JAL UNIT #071	185433	KENSON OPERATING COMPANY INC	D-08-25S-37E	115
30-025-11506	Lea	I	02-1995	LANGLIE JAL UNIT #072	185433	KENSON OPERATING COMPANY INC	C-08-25S-37E	116
30-025-11497	Lea	I	05-1999	LANGLIE JAL UNIT #073	185433	KENSON OPERATING COMPANY INC	B-08-25S-37E	117
30-025-11510	Lea	I	05-1999	LANGLIE JAL UNIT #075	185433	KENSON OPERATING COMPANY INC	D-09-25S-37E	118
30-025-24881	Lea	O	04-1999	LANGLIE JAL UNIT #076	185433	KENSON OPERATING COMPANY INC	E-09-25S-37E	119
30-025-11498	Lea	I	05-1999	LANGLIE JAL UNIT #077	185433	KENSON OPERATING COMPANY INC	H-08-25S-37E	120
30-025-23870	Lea	I	05-1999	LANGLIE JAL UNIT #079	185433	KENSON OPERATING COMPANY INC	F-08-25S-37E	121
30-025-11501	Lea	I	05-1999	LANGLIE JAL UNIT #081	185433	KENSON OPERATING COMPANY INC	J-08-25S-37E	122
30-025-11513	Lea	I	05-1999	LANGLIE JAL UNIT #083	185433	KENSON OPERATING COMPANY INC	L-09-25S-37E	123

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API #	County	Type	Production/ Injection	Well Name and Number	OGRID	Operator	ULSTR	Seq. No.
30-025-11493	Lea	I	05-1999	LANGLIE JAL UNIT #085	185433	KENSON OPERATING COMPANY INC	P-08-25S-37E	124
30-025-11630	Lea	I	05-1999	LANGLIE JAL UNIT #089	185433	KENSON OPERATING COMPANY INC	H-17-25S-37E	125
30-025-11633	Lea	I	05-1999	LANGLIE JAL UNIT #093	185433	KENSON OPERATING COMPANY INC	P-17-25S-37E	126
30-025-27841	Lea	O	12-1999	LANGLIE JAL UNIT #096	185433	KENSON OPERATING COMPANY INC	N-32-24S-37E	127
30-025-28407	Lea	O	05-1999	LANGLIE JAL UNIT #104	185433	KENSON OPERATING COMPANY INC	M-32-24S-37E	128
30-025-29408	Lea	O	05-1999	LANGLIE JAL UNIT #112	185433	KENSON OPERATING COMPANY INC	C-08-25S-37E	129
30-025-31014	Lea	W	05-1999	LANGLIE JAL UNIT #115	185433	KENSON OPERATING COMPANY INC	I-05-25S-37E	130
30-025-22454	Lea	S	05-1996	E B ANDERSON #002	12627	KEVIN O BUTLER & ASSOC INC	M-06-13S-38E	131
30-025-02361	Lea	O	01-2000	EAST EK UNIT #002	12627	KEVIN O BUTLER & ASSOC INC	J-22-18S-34E	132
30-025-02357	Lea	O	01-2000	EAST EK UNIT #003	12627	KEVIN O BUTLER & ASSOC INC	K-22-18S-34E	133
30-025-22362	Lea	O		EAST EK UNIT #007	12627	KEVIN O BUTLER & ASSOC INC	G-22-18S-34E	134
30-025-22730	Lea	I		EAST EK UNIT #009	12627	KEVIN O BUTLER & ASSOC INC	E-23-18S-34E	135
30-025-27948	Lea	O		EAST EK UNIT #012	12627	KEVIN O BUTLER & ASSOC INC	F-22-18S-34E	136
30-025-20991	Lea	S		GULF FEDERAL #001	12627	KEVIN O BUTLER & ASSOC INC	H-12-15S-34E	137
30-025-21186	Lea	O		MAXWELL #001	12627	KEVIN O BUTLER & ASSOC INC	F-06-13S-38E	138
30-025-23089	Lea	S	NONE	MAXWELL #002	12627	KEVIN O BUTLER & ASSOC INC	E-06-13S-38E	139

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30-005-01180	Chaves	O		SO CAPPROCK QUEEN UNIT #012	12627	KEVIN O BUTLER & ASSOC	L-33-14S-31E	140
30-005-01193	Chaves	O		SO CAPPROCK QUEEN UNIT #014	12627	KEVIN O BUTLER & ASSOC	N-33-14S-31E	141
30-005-01161	Chaves	O		SO CAPPROCK QUEEN UNIT #015	12627	KEVIN O BUTLER & ASSOC	O-28-14S-31E	142
30-025-00376	Lea	O	01-1999	STATE LAND 76 #001	12627	KEVIN O BUTLER & ASSOC	10-02-16S-32E	143
30-025-29485	Lea	O	03-2000	BE SHIPP ESTATE #001	13925	MALLON OIL CO	G-04-17S-37E	144
30-025-32784	Lea	O	02-2000	MALLON 34 FEDERAL #009	13925	MALLON OIL CO	G-34-19S-34E	145
30-025-30351	Lea	O	06-1999	PRICE FAMILY TRUST #001	13925	MALLON OIL CO	E-01-17S-37E	146
30-025-30177	Lea	O	03-2000	SIMMONS ESTATE #001	13925	MALLON OIL CO	N-03-17S-37E	147