Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-26637

5. Indicate Type of Lease: STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Shell State

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: Carbon Energy

8. Well No. 1

3. Address of Operator: 518 ABC Hobbs N.M. 88240

9. Pool name or Wildcat

4. Well Location
Unit Letter C : ____ Feet From The ____ Line and ____ Feet From The ____ Line
Section 6 Township 19 Range 37 NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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	☐		
OTHER: N/A	☐		

SUBSEQUENT REPORT OF:			
REMEDIAL WORK	☐	ALTERING CASING	☐
COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
CASING TEST AND CEMENT JOB	☐		
OTHER: N/A RETURNED TO PROD.	☑		

12. 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.

RETURNED TO PROD.
5-19-2000

N/A 1-3-00

SI date? prior to 1998? Orig Curr "A" or B

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ken Batson TITLE Pres. DATE 5-19-00

TYPE OR PRINT NAME Ken Batson TELEPHONE NO.

(This space for State Use)

APPROVED BY Gary W. Wink TITLE ____ DATE JUN 08 2000

CONDITIONS OF APPROVAL, IF ANY:

Before the OCD
Case 13337
OCD Ex. 12

Revised 1-1-89

2

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-26637

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Shell State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Carlan Energy

8. Well No. 1

3. Address of Operator: 518 ABB Hobbs N.M 88240

9. Pool name or Wildcat

4. Well Location
Unit Letter C : ____ Feet From The ____ Line and ____ Feet From The ____ Line
Section 6 Township 19 Range 37 NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER: N/A	[ ]			OTHER: N/A RETURNED To PROD.	[✓]		

12. 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.

RETURNED TO PROD.
5-19-2000

N/A 1-3-00

SI date? prior to 1998? Curr "A" on OU(?) B

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ken Batson TITLE Pres. DATE 5-19-00

TYPE OR PRINT NAME Ken Batson TELEPHONE NO.

(This space for State Use)

APPROVED BY Gary W. Wink TITLE DATE JUN 08 2000

CONDITIONS OF APPROVAL, IF ANY:

JC

3

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Carbon Energy	30-025-26637

Address: c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM 88241

Reason(s) for Filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Operator ☒

Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain): Effective 10/1/88

If change of operator give name and address of previous operator: Apollo Oil Co., Box 1737, Hobbs, NM 88241

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Shell State	1	Eumont Yates-SR-Qu	State, ~~Federal or Fee~~	A-1118

Location

Unit Letter C : 990 Feet From The North Line and 1650 Feet From The West Line

Section 6 Township 19S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Company	Box 4648, Houston, TX 772100-4648
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	2223 Dodge St, Omaha, NB 68102

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	C	6	19S	37E	Yes	5/12/80

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL *(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)*

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Donna Holler
Signature

Donna Holler — Agent
Printed Name — Title

4-21-89 — 505-393-2727
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved: APR 2 4 1989

By: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

4

RECEIVED

APR 21 1989

OCD

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

5

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

No. of Copies Received	
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Operator	
Proration Office	

Operator

Apollo Oil Company

Address

Box 1737, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Delete "Com" as per request of Commissioner of Public Lands.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Shell State	1	Eumont	State, Federal or Fee: State

Location

Unit Letter C ; 990 Feet From The N Line and 1650 Feet From The W

Line of Section 6 Township 19S Range 37E , NMPM, Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Company	Box 4648, 3 Allen Center, Houston, Texas 77210
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	Box 2300, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	6	19S	37E	Yes	5-12-80

If this production is commingled with that from any other lease or pool, give commingling order number.

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Alan W. Ralston

Apollo Oil Co. by: (Signature) Alan W. Ralston
Owner
(Title)
11-14-85
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 19 1985, 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

6

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ENERGY AND MINERALS DEPARTMENT

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	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

7

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Apollo Oil Company

Address: Box 1737, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [X] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Shell State Com.	1	Eumont	State, Federal or Fee State	

Location
Unit Letter C : 990 Feet From The N Line and 1650 Feet From The W

Line of Section 6 Township 19S Range 37E NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Scurlock Oil Company	Box 4648, 3 Allen Center, Houston, Texas 77210
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	Box 2300, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	6	19S	37E	Yes	5-12-80

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Apollo Oil Co. by: Alan W. Ralston
(Signature)
Owner
(Title)
6-11-84
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 12 1984, 19__

BY Eddie W. Seay

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR		
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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

8

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Apollo Oil Company

Address: Box 1737, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Operator [X]

Change in Transporter of:

- Oil [X]
- Dry Gas [ ]
- Casinghead Gas [ ]
- Condensate [ ]

Other (Please explain)

If change of ~~ownership~~ Operator give name and address of previous owner: Carbon Energy, Inc., Box 129, Hobbs, New Mexico 88240

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Shell State Com.	1	Eumont	State, Federal or Fee: State	

Location: Unit Letter C : 990 Feet From The N Line and 1650 Feet From The W

Line of Section 6 Township 19S Range 37E NMPM Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Company	Box 2300, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	6	19S	37E	Yes	5-12-80

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Alan W. Ralston

Apollo Oil Co. by: (Signature) Alan W. Ralston
Owner
(Title)
6-4-84
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 6 1984, 19

ORIGINAL SIGNED BY JERRY SEXTON
BY DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, transporter, or other such changes of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

9

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Carbon Energy, Incorporated

Address: P. O. Box 129 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]

Change in Transporter of:
- Oil [ ]
- Dry Gas [ ]
- Casinghead Gas [✓]
- Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Shell State	1	Eumont	State, Federal or Fee State	

Unit Letter C ; 990 Feet From The N Line and 1650 Feet From The west

Line of Section 6 Township 19S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]: Scurlock Oil Company
Address (Give address to which approved copy of this form is to be sent): Box 2648 Two Shell Plaza Houston, Tx.

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]: Northern Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent): Box 2300 Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	6	N. 19	37	Yes	May 12, 1980

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Secretary-Treasurer
(Title)
June 6, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 10 1980, 19

BY Orig. Signed by Jerry Sexton

TITLE ~~Dist. I Supv.~~

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-105
Revised 10-1-78

11

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.:

1a. TYPE OF WELL: OIL WELL [X] GAS WELL [ ] DRY [ ] OTHER
7. Unit Agreement Name:

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [ ] DEEPEN [ ] PLUG BACK [ ] DIFF. RESVR. [ ] OTHER
8. Farm or Lease Name: Shell State

2. Name of Operator: Carbon Energy, Inc.
9. Well No.: 1

3. Address of Operator: P. O. Nox 129 Hobbs, New Mexico 88240
10. Field and Pool, or Wildcat: Eumont

4. Location of Well
UNIT LETTER C LOCATED 990 FEET FROM THE N LINE AND 1650 FEET FROM
UNIT W LINE OF SEC. 6 TWP. 19S RGE. 37 NMPM
12. County: Lea

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Cashinghead
1/17/80	1/24/80	3/7/80	3730.6' GL	-

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
4030'	3990'	--	⟶	All	

24. Producing Interval(s), of this completion — Top, Bottom, Name
3890'-3964' (Queen)

25. Was Directional Survey Made: Yes

26. Type Electric and Other Logs Run
CNL - FDC - GR; DLL - MLL

27. Was Well Cored: No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24	368	12 1/4"	250sxs Class C w/ $CaCl_2$	
5 1/2"	14	4030'	7 7/8"	1000sxs Econolite	
				300sxs Class C	

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN
	NONE			

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)
3890'-98'
3910'-12'
3926'-36'
3948'-52'
3962'-64'
0.40" holes
1 spf

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
3890'-3964'	4500 gal. 15% w/ 8 balls 100 # rock Salt; frac'd w 20,000 gals water gel & 20,000 gals CO_2

33. PRODUCTION

Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)	Well Status (Prod. or Shut-in)
3/7/80	POB 1 1/2" X 12'	

Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period ⟶	Oil — Bbl.	Gas — MCF	Water — Bbl.	Gas-Oil Ratio
3/23/80	384	-		223	55/D	250 load	

Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate ⟶	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.)
--	20		18	55/D	0	36°

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
Presently vented; gas connection expected by 4/15/80

Test Witnessed By: L. J. Buck, M. Hansen

35. List of Attachments
Logs sent in by Dresser Atlas

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED [signature] TITLE Secretary-Treasurer DATE March 25, 1980

INSTRUCTIONS

12

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly drilled or deepened well. It shall be accompanied by one copy of all electrical and radioactivity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. This form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico			Northwestern New Mexico		
T. Anhy	T. Canyon		T. Ojo Alamo	T. Penn. "B"	
T. Salt	T. Strawn		T. Kirtland-Fruitland	T. Penn. "C"	
B. Salt 2626	T. Atoka		T. Pictured Cliffs	T. Penn. "D"	
T. Yates 2762	T. Miss		T. Cliff House	T. Leadville	
T. 7 Rivers	T. Devonian		T. Menefee	T. Madison	
T. Queen 3800	T. Silurian		T. Point Lookout	T. Elbert	
T. Grayburg	T. Montoya		T. Mancos	T. McCracken	
T. San Andres	T. Simpson		T. Gallup	T. Ignacio Qtzte	
T. Glorieta	T. McKee		Base Greenhorn	T. Granite	
T. Paddock	T. Ellenburger		T. Dakota	T.	
T. Blinebry	T. Gr. Wash		T. Morrison	T.	
T. Tubb	T. Granite		T. Todilto	T.	
T. Drinkard	T. Delaware Sand		T. Entrada	T.	
T. Abo	T. Bone Springs		T. Wingate	T.	
T. Wolfcamp	T.		T. Chinle	T.	
T. Penn	T.		T. Permian	T.	
T. Cisco (Bough C)	T.		T. Penn "A"	T.	

OIL OR GAS SANDS OR ZONES

No. 1, from 3890 to 3980 No. 4, from ..... to .....

No. 2, from 2760 to 2850 No. 5, from ..... to .....

No. 3, from ..... to ..... No. 6, from ..... to .....

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from None to ..... feet. .....

No. 2, from ..... to ..... feet. .....

No. 3, from ..... to ..... feet. .....

No. 4, from ..... to ..... feet. .....

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0'	350'	350'	Sand & Shale				
350'	1100'	750'	Red Beds				
1100'	2626'	1526'	Salt & Anhydrite				
2626'	3800'	1174'	Salt & Shale & Dolamite				
3800'	4030		Sand & Shale				

OIL CONSERVATION DIV.

MAR 28 '80

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

13

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Carbon Energy, Inc.

Address
P. O. Box 129, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other: CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/1/80 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

If change of ownership give name and address of previous owner —

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease
Shell State	1	Eumont (Queen)	State, Federal or Fee State	

Location
Unit Letter C : 990 Feet From The N Line and 1650 Feet From The W
Line of Section 6 Township 19S Range 37E , NMPM, Lea County Co

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corporation	Box 2648, Two Shell Plaza Houston, T
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Northern Natural Gas Co.	Box 2300, Midland, Texas 79701

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	6	19S	37E	No	Expected by 4/15/80

If this production is commingled with that from any other lease or pool, give commingling order number: —

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. I
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/17/80	3/7/80	4030'	3990'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3730.6 GL	Queen		3960'
Perforations			**Depth Casing Shoe**
3890'-98'; 3910'-12'; 3926'-36'; 3948'-52'; 3962'-64'			4030'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	368'	Circulated 100 s
7 7/8"	5 1/5"	4030'	Circulated 300 s

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top o able for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3-7-80	3-23-80	POB 1 1/2" X 12'	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
16 days	POB	20 psig	-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
223	18	0	55

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(Signature)
Secretary-Treasurer
(Title)
March 25, 1980
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____
BY _____
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condit

Separate Forms C-104 must be filed for each pool in multi completed wells.

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OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

14

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State XX Fee [ ]
5b. State Oil & Gas Lease No.

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. OIL WELL [ ] GAS WELL [XX] OTHER-

7. Unit Agreement Name: Shell State Com
8. Farm or Lease Name:

2. Name of Operator: Carbon Energy, Inc.

9. Well No.: #1

3. Address of Operator: Box 1737, Hobbs, New Mexico 88240

10. Field and Pool, or Wildcat: Eumont

4. Location of Well: UNIT LETTER C, 330 FEET FROM THE N LINE AND 1650 FEET FROM THE

THE W LINE, SECTION 6 TOWNSHIP 19S RANGE 37E NMPM

15. Elevation (Show whether DF, RT, GR, etc.): 3730. 6 GL

12. County: Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Set Surface Casing	XX

17. 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.

Spudded 12 1/8" 1-17-80. Drilled to 363'. Ran and set 368' of 8 5/8", 24#, K-55, csg. 'C' cement w/ 2% CaCl2. Circulated 100 SXS. After W.O.C. drilled out. Presently drilling 7 7/8" hole @ 3960'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [signature] TITLE Secretary-Treasurer DATE 1-24-80

APPROVED BY [signature] TITLE [ ] DATE [ ]

CONDITIONS OF APPROVAL, IF ANY:

30-025-26637

15

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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OPERATOR		

5A. Indicate Type of Lease: STATE [X] FEE [ ]

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

Type of Work:
DRILL [X] DEEPEN [ ] PLUG BACK [ ]

7. Unit Agreement Name: Shell State Comm

Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

8. Farm or Lease Name: #1

Name of Operator: Carbon Energy, Inc.

9. Well No.: Eumont (D)

Address of Operator: Box 1737, Hobbs, New 88240

10. Field and Pool, or Wildcat

Location of Well: UNIT LETTER C LOCATED ~~1150~~ 990 FEET FROM THE North LINE
~~1550~~ 1650 FEET FROM THE West LINE OF SEC. 6 TWP. 19S RGE. 37E NMPM

12. County: Lea

19. Proposed Depth	19A. Formation	20. Rotary or C.T.
4,000	Queen	Rotary

21. Elevations (Show whether DF, RT, etc.)	21A. Kind & Status Plug. Bond	21B. Drilling Contractor	22. Approx. Date Work will start
3730.6 GL	Single	Cactus	1-16-80

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	28#	375'	Circulate	Surface
7 7/8"	5 1/2"	17#	4000	Circulate	Surface

Install BOP prior to drilling out from under surface.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES April 16, 1980

IVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

by certify that the information above is true and complete to the best of my knowledge and belief.

Signed [signature] Title President Date 1-16-80

(This space for State Use)

APPROVED BY [signature] TITLE Geologist DATE JAN 17 1980

CONDITIONS OF APPROVAL, IF ANY:

NEW ICO OIL CONSERVATION COMMISSION

WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

16

All distances must be from the outer boundaries of the Section

Operator	Lease	Well No.
Carbon Energy, Inc.	Shell State Com	1

Unit Letter	Section	Township	Range	County
C	6	19 South	37 East	Lea

Actual Footage Location of Well:
1650 feet from the West line and 990 feet from the North line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3730.6	Queen	Eumont	160

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

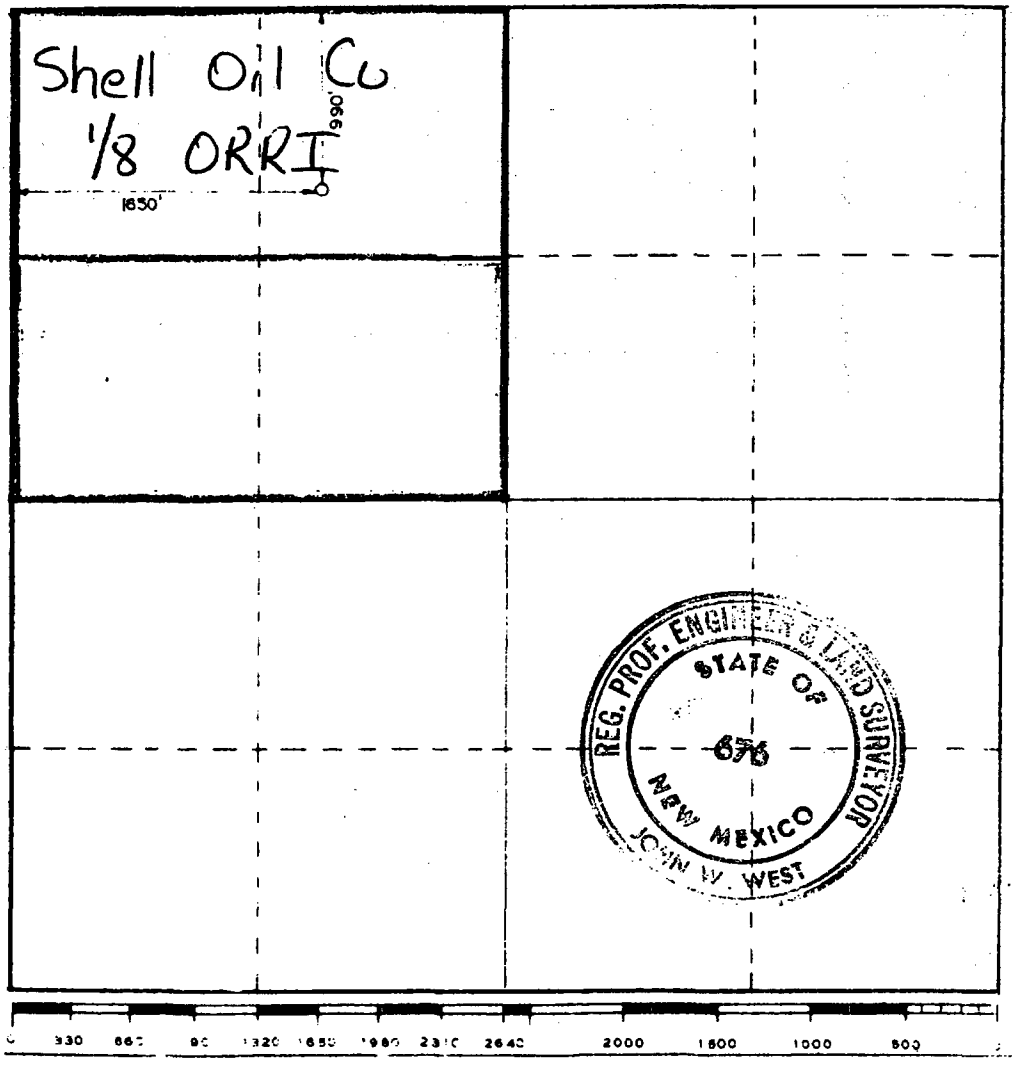
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc?

[X] Yes [ ] No If answer is "yes," type of consolidation Communitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name: Alan W. Bolton

Position: President

Company: Carbon Energy, Inc.

Date: 1-16-80

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 knowledge and belief.

Date Surveyed: Jan. 15, 1980

Registered Professional Engineer and/or Land Surveyor: Patrick A. Romero

Certificate No. JOHN W. WEST 676
PATRICK A ROMERO 6663
Ronald J Eidson 3239

17

18

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Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No.

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.)

7. Unit Agreement Name: Shell State Com.

OIL WELL [ ] GAS WELL [X] OTHER-

2. Name of Operator: Carbon Energy, Inc.

8. Farm or Lease Name

3. Address of Operator: P. O. Box 1737, Hobbs, New Mexico 88240

9. Well No.: #1

4. Location of Well: UNIT LETTER C 990 FEET FROM THE N LINE AND 1650 FEET FROM

10. Field and Pool, or Wildcat: Eumont

THE W LINE, SECTION 6 TOWNSHIP 19S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.): 3730.6

12. County: Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Set Production String [X]	

17. 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.

Drilled 7 7/8" hole to 4030'. Ran CNL-FDC-GR w/ caliper and DLL-MLL logs from TD to the base of salt. Ran 120 jts. of 5½", 17# K-55 casing, and set casing shoe at 4024'. Cemented casing w/ 1100 sacks of Econolite cement, followed with 250 sacks of Class "C" cement, 6# salt /sx and ¼# flocele. Circulated 370 SXS. Released drilling rig 1-45-80. Presently evaluating completion procedures.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [signature] TITLE Secretary-Treasurer DATE 1-22-80

APPROVED BY Orig. Signed by Jerry Sexton Dist. I, Supv. TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

INCLINATION REPORT

OPERATOR Carbon Energy Inc. ADDRESS PO Box 1737, Hobbs,New Mexico 88240

LEASE NAME Shell State WELL NO. 1 FIELD

LOCATION Section 6, T-19S, R-37E. Lea County, New Mexico

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
363	1/4	1.5972	1.5972
875	1/2	4.45-4	6.0516
1350	3/4	6.2225	12.2741
1619	3/4	3.5239	15.7980
2610	1	17.3425	33.1405
2764	1 1/2	4.0348	37.1753
3821	1 1/4	23.0426	60.2179
4000	1	3.1325	63.3504

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

John Ayers

TITLE John Ayers, Office Manager

AFFIDAVIT:

Before me, the undersigned authority, appeared John Ayers known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

John Ayers

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 30th day of January, 19 80

MY COMMISSION EXPIRES MARCH 1, 1980

SEAL

Notary Public in and for the County of Lea, State of New Mexico

20

...RGY AND MINERALS DEPARTMENT

...CONSERVATION DIVISION

...O. BOX 2088

SANTA FE, NEW MEXICO 87501

SUNDRY NOTICES AND REPORTS ON WELLS

OIL WELL [ ] GAS WELL [X] OTHER-

Carbon Energy, Inc.

P. O. Box 1737, Hobbs , New Mexico 88240

UNIT LETTER C 990 FEET FROM THE N LINE AND 1650 FEET FROM

THE W LINE, SECTION 6 TOWNSHIP 19S RANGE 37E

15. Elevation (Show whether DF, RT, GR, etc.) 3730.6

Shell State Com

#1

Eumont

Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER Completion Operations [X]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
ALTERING CASING [ ]
PLUG AND ABAND... [ ]
OTHER [ ]

...ED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Rig up completion rig. Install BOP. Run bit and scraper and clean out to 3990'± Run cement bond log. Evaluate log. Perforate 1 spf 3962' - 3890'. Swab test perfs. If necessary acidize w/ 4500 gal. 15% acid. Test and frac. above perfs. if necessary.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [signature] TITLE Secretary-Treasurer DATE 2-5-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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FEB 7 '80

OIL CONSERVATION DIV.

12

COUNTY LEA FIELD Eumont STATE NM

OPR CARBON ENERGY, INC. API 30-025-26637

NO 1 LEASE Shell State Com. MAP

Sec 6, T19S, R37E CO-ORD

990' FNL, 1650' FWL of Sec 4-2-29 NM

7 mi W/Hobbs SPD 1-17-80 CMP 3-23-80

CSG

8 5/8" at 368' w/100 sx
5 1/2" at 4030' w/300 sx

WELL CLASS: INIT D FIN DO ELEV L & S

FORMATION	DATUM	FORMATION	DATUM

TD 4030' (QUEN) PBD 3990'

I (Queen) Perfs 3890-3964' P 18 BOPD. Pot based on 24 hr test. GOR (NR); gty (NR)

CON Cactus OPRS ELEV 3730' GL PD 4000' RT

F.R. 1-21-80
(Queen)

4 7-80 TD 4030'; PBD 3990'; Complete
Perf (Queen) 3890-98', 3910-12', 3926-36', 3948-52', 3962-64'
Treatment (NR)

4 [illegible]-80 COMPLETION ISSUED

4-2-29 NM
IC 30-025-70034-80