

CASES NO. 12771/12771A

Note to file: The attached documentation, as it relates to the following described well operated by William H. Brininstool of Jal, New Mexico, pertains to the matter heard in this cause and is hereby made a part of the official record. Please do not remove from the case file by order of the examiner.

**MICHAEL E. STOGNER
EXAMINER**

A handwritten signature in black ink, appearing to read 'Michael E. Stogner', is written over a horizontal line.

Date: March 3, 2005

(1) Shearn State Well No. 1 (API No. 30-025-27998), located 544 feet from the South line and 1980 feet from the East line (Lot 2/Unit G) of Irregular Section 32, Township 26 South, Range 37 East, NMPM, Lea County, New Mexico.

CMD :
OG6CLOC

ONGARD
C105-WELL COMPLETION OR RECOMP CASING LOG

02/28/99 18:06:23
OGOMES -TPSW

OGRID Identifier : 21342 W H BRININSTOOL
Prop Identifier : 2252 SHEARN STATE
API Well Identifier : 30 25 27998 Well No : 001
Surface Locn - UI : 2 Sec : 32 Twp : 26S Range : 37E Lot Idn :
Multiple comp (S/M/C): S IVD Depth (Feet) : 3350 MVD Depth (Feet): 3350
Spud Date : 10-28-1982 I/A Date : 01-11-1999
Casing/Linear Record:

S Size Grade Weight Depth(ft) Depth(ft) Hole Size Cement --- TOC ---
(inches) (lb/ft) Top-Liner Bot-Liner (inches) (Sucks) (feet) Code

E0004: No matching record found. Enter data to create.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 TLOG PF11 PF12

CMD :
OG6IWCM

ONGARD
INQUIRE WELL COMPLETIONS

02/28/05 15:06:34
OGONES -TFSW

API Well No : 30 25 27998 Eff Date : 01-11-1999 WC Status : P
Pool Idn : 55560 SCARBOROUGH;YATES-SEVEN RIVERS
OGRID Idn : 24342 W H BRININSTOOL
Prop Idn : 2252 SHEARN STATE

Well No : 001
GL Elevation: 99999

	O/L	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
B.H. Locn	: 2	32	26S	37E	FTG 544 F S	FTG 1980 F E	P
Loc Identifier:							
Dedicated Acre:							
Lease Type	: S						
Type of consolidation	(Comm, Unit, Forced Pooling - C/U/F/O) :						

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

CMD :
OG5SECT

ONGARE
INQUIRE LAND BY SECTION

02/28/05 14:39:21
OGOMES -TPSW
PAGE NO: 1

Sec : 32 Twp : 26S Rng : 37E Section Type : NORMAL

D 40.00 CS B01484 0006 MCCASLAND MANAGEM 11/26/38 A A	C 40.00 CS B01484 0006 MCCASLAND MANAGEM 11/26/38 A	B 40.00 CS B01484 0006 MCCASLAND MANAGEM 11/26/38 A A	A 40.00 CS OPEN 08/05/98 A
4 33.18 CS B01484 0014 OXY USA WTP LIMIT 11/26/42 A	3 33.12 CS B01484 0006 MCCASLAND MANAGEM 11/26/38 A	2 33.08 CS OPEN 08/05/98 P A	1 33.02 CS OPEN 08/05/98 A

M0002: This is the first page

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07 BKWD	PF08 FWD	PF09 PRINT	PF10 SDIV	PF11	PF12

WINKLER County

Ownership Map

Lease and Fee Information

DISTRICT I
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. 30-025-27998
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. LG - 0819-1
Lease Name or Unit Agreement Name Shearn - State
Well No. 1
Pool name or Whichever Scarborough Yates 7-River

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.)	
Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator William H. Brinnstool	
Address of Operator P.O. Box Drawer A, Jal, New Mexico 88252	
Well Location Unit Letter G Section 544 Feet From The South Line and 1980 Feet From The East Line Section 32 Township 26-S Range 37 E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 ☐
OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

- 1-7-99 Set CIBP @2900 dump bailed 3 sx. cmt. on top of CIBP TOC @ 2857
- 1-7-99 circulate hole w/ 9.8 mud laden fluid from 2850 to surface cut and pull 4 1/2 @ 1305
- 1-8-99 RIH to 1350 circulate hole up w/ 9.8 mud spot 80 sx. clas "C" neat cmt. woc. 4 hrs. tag cmt. @ 1062
- 1-8-99 circulate 10 sx. cmt. from 31 ft. to surface
- 1-11-99 cut off well head install dry hole marker

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

Signature: Roger Brooks TITLE: cementor

DATE: 01-12-99

Signature: Roger Brooks

TELEPHONE NO: 915-6848890

(This space for State Use)

Signature: Tammy D. Hill TITLE: COMPLIANCE OFFICER

DATE: MAY 21 2002

Signature: GWW

my



NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

MARY E. JOHNSON

Governor

Jennifer A. Salisbury

Cabinet Secretary

Lori Wrotenbery

Director

Oil Conservation Division

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 8, 2000

24342
W H BRINSTOOL
PO DRAWER A
JAL, NM 88252

Re: Current Status of Oil and Gas Wells

In May of this year, the Oil Conservation Division ("Division") sent a letter to you setting forth the Division's information on wells for which you are the operator of record. The letter requested a response with additional information. The Division has had no response to the letter. The Division presumes you agree with the information in the letter regarding your inactive wells.

The wells have not shown production or been reported on Form C-115 for more than one year. The wells are not in compliance with the Division's rules and the New Mexico Oil and Gas Act.

You are hereby directed to bring these wells into compliance within 60 days. In the alternative, within 30 days you may submit a compliance plan including a schedule of activities with dates.

Sincerely,

Chris Williams
District Supervisor

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

Article Sent To:

W. H. BRININSTOOL

Postage \$

.33

Certified Fee

1.40

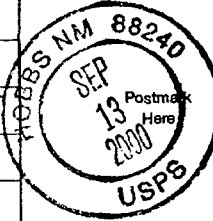
Return Receipt Fee
(Endorsement Required)

1.25

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 2.98



Name (Please Print Clearly) (To be completed by mailer)

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

City, State, ZIP+4

PS Form 3800, July 1999

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:

**24342
 W H BRININSTOOL
 PO DRAWER A
 JAL, NM 88252**

2. Article Number (Copy from service label)

7099 3220 0001 9918 7687

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

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

LUCY KIRK 9-18-00

C. Signature

X

Lucy Kirk

☐ 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

ID: SAP0204678796 Entity ID 30025279980000

**General
Compliance
Information**

Procedural Summary Information

Date of Motion 05/14/2000

Days Court Required

Yes No

No

Violation Category

Not Violated

Violation Type(s)

Monitoring/Reporting

PA/Not
Received

Yes

Sunday

Yes

PA

Yes

Other

Yes

Notification and Enforcement Actions

Type Notification	Date NOV	Type Enforcement	Date ENF
Other Notification	05/14/2000	Notice of Violation	
Other Notification	11/01/2001	Show Cause Hearing	

Legal Action

Filed

Canceled

Affirmed

Dates:

Of Action Withdrawn:

Date Final:

Order No:

Docket No:

Penalty Information:

Date Assessed:

Date Collected:

Amt. Assessed:

Amt. Collected:

Finalize Compliance Cycle

Enforcement Action(s) Completed

Compliance
Achieved

(Legal/Penalty
actions may
be pending)

Notes

SCHEDULED FOR HEARING
VIOLATION IS PENDING
VIOLATION NEEDS CLEANED
UP

Incidents/Spills

Well Inspections

API Well No. 30-025-27998-00-00 Owner W H BRINSTOOL County Lea
Well Name SHEARN STATE Number 001 Inspect No ILWH0017360432
Well Type Oil (Producing) Well Status Plugged and Abandoned
UL-S-T-R 2-32-26S-37E Facility/Project NA

Purpose: Violation? ☐ SNC? ☐ Well Idle ☐ Current Type: O Status: P Type Status
Request/Complaint: P
Type: H
Surface Restoration: O
Notification Type: T
Field Visit or Inspection: O
Date Performed: 06/11/2000
Date NOV:
Date RmdyReq:
Date Extension:
Date Passed:
Compliance
Respondant: W H BRINSTOOL 24342
P/A CLEAN UP BATTERY PUMPING UNIT PITS
ON LOCATION DRY HOLE MARKER NOT
ATTACHED LOTS OF TRASH AND
Failed Items:
Comply: Incident No. Inspector: Buddy Hill Duration: 1.0

API Well No. 30-025-27998-00-00 Owner W H BRINSTOOL County Lea
Well Name SHEARN STATE Number 001 Inspect No ILWH0020260923
Well Type Oil (Producing) Well Status Plugged and Abandoned
UL-S-T-R 2-32-26S-37E Facility/Project NA

Purpose: Violation? ☐ SNC? ☐ Well Idle ☐ Current Type: O Status: P Type Status
Normal Routine Activity: P
Type: H
Routine/Periodic: O
Notification Type: T
Field Visit or Inspection: O
Date Performed: 07/20/2000
Date NOV:
Date RmdyReq:
Date Extension:
Date Passed:
Compliance
Respondant: W H BRINSTOOL 24342
WELL PLUGGED BRY T.U. PIT AND JUNK
STILL ON LOCATION. NO CHANGE
Failed Items:
Comply: Incident No. Inspector: Buddy Hill Duration: 1.0

Incidents/Spills

Well Inspections

API Well No: 30-025-27998-00-00 Owner: W H BRINSTOOL County: Lea
Well Name: SHEARN STATE Number: 001 Inspect No: ILWH0017360432
Well Type: Oil (Producing) Well Status: Plugged and Abandoned
UL-S-T-R: 2-32-26S-37E Facility/Project: NA

Purpose: Violation? ☐ SNC? ☐ Well Idle ☐ Current Type: O Status: P Type: Status:
Request/Complaint: P
Type: H
Surface Restoration: O
Notification Type: T
Field Visit or Inspection: O
Date Performed: 06/21/2000
Date NOV:
Date RndyReq:
Date Extension:
Date Passed:
Compliance:
Respondant: W H BRINSTOOL 2442
P/A CLEAN UP BATTERY PUMPING UNIT PLUS
ON LOCATION DRY HOLE MARKER NOT
ATTACHED LOTS OF TRASH AND
Failed Items:
Comply: IncdntNo: Inspector: Buddy Hill Duration: 1.0

API Well No: 30-025-27998-00-00 Owner: W H BRINSTOOL County: Lea
Well Name: SHEARN STATE Number: 001 Inspect No: ILWH0020260923
Well Type: Oil (Producing) Well Status: Plugged and Abandoned
UL-S-T-R: 2-32-26S-37E Facility/Project: NA

Purpose: Violation? ☐ SNC? ☐ Well Idle ☐ Current Type: O Status: P Type: Status:
Normal Routine Activity: P
Type: H
Routine/Periodic: O
Notification Type: T
Field Visit or Inspection: O
Date Performed: 07/20/2000
Date NOV:
Date RndyReq:
Date Extension:
Date Passed:
Compliance:
Respondant: W H BRINSTOOL 2442
WELL PLUGGED BTRY P.U. PIT AND LUNK
STILL ON LOCATION. NO CHANGE
Failed Items:
Comply: IncdntNo: Inspector: Buddy Hill Duration: 1.0

PLUG & ABANDONMENT FORM

API NO.

30-025-27998

OPERATOR

W. H. BRINNSTOOL

LEASE NAME

SHEARN-STATE

WELL NO.

1

SEC.

32

TWP.

26

RANGE

37

UNIT

2
G

Data plugging operations began - 12-2-98

Data plugging operations completed -

Name of plugging company -

Comments:

Signed By:

1-8-99 Johnny Polunin

Date:

1-8-99

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. <u>30-025-27998</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <u>LG-0819-1</u>
7. Lease Name or Unit Agreement Name <u>Shearn - State</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>Scarborough /ates 7-Rivers</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>2944.6 GR</u>

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

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator <u>William H. Brinnsteel</u>	3. Address of Operator <u>P.O. Box Drawer A Jal New Mexico 88252</u>	4. Well Location Unit Letter <u>G</u> : <u>544</u> Feet From The <u>SL</u> Line and <u>1980</u> Feet From The <u>EL</u> Line Section <u>32</u> Township <u>T-26-S</u> Range <u>R-27-E</u> NMPM <u>Lea</u> County <u></u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <u>2944.6 GR</u>			

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

- (35' if spotted w/ dumpbailer)
or 100' if spotted w/ TBG)
1. CIAP @ 2900' w/ 26' unit
 2. Cut & pull pipe @ 1300'
 2. Set stub & shoe plug 1350 - 1150 80 sxs WOC - Tag
 4. Pump 100 sxs surface plug
 5. Install Day hole Marker
- Place 9.5" mud between plugs

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE C-103
TO BE APPROVED.

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

SIGNATURE

TITLE

DATE

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

District I
PO Box 1980, Hobbs, NM 88241-1980

District II

70 Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brango Rd., Aztec, NM 87410

District IV

PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address William H. Brininstool P. O. Drawer A Jal, NM 88252		OGRID Number 024342
		Reason for Filing Code CG
API Number 30-0 25-27998	Pool Name Scarborough Yates Seven Rivers	Pool Code 55560
Property Code 002252	Property Name Shearn State	Well Number 001

II. Surface Location

UL or lot no. G	Section 32	Township 26S	Range 37E	Lot Idn	Feet from the 544	North/South Line South	Feet from the 1980	East/West line East	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
12	12	12	12	12	12	12	12	12	12
Lee Code S	Producing Method Code P	Gas Connection Date 12-12-83	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 020809	Transporter Name and Address Sid Richardson Gasoline Co. 201 Main Street Fort Worth, TX 76102	POD 0636630	O/G G	POD ULSTR Location and Description G 32 26S 37E Lea County

IV. Produced Water

POD	POD ULSTR Location and Description
-----	------------------------------------

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

* I hereby certify that the rules 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: <i>William H. Brininstool</i>		OIL CONSERVATION DIVISION ORIGINAL SIGNED BY DISTRICT SUPERVISOR	
Printed name: William H. Brininstool		Approved by:	
Title: Owner		Title:	
Date: 7-14-94		Approval Date: JUL 19 1994	
Phone: 505-395-2010			
* If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DATE OF PERMIT	
PERMIT NO.	
FILE NO.	
U.S. NO.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
OPERATOR	

W. H. Brininstool

Address

Drawer A, Jal, NM 88252

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Jack Huff, P. O. Box 471, Midland, TX 79702

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Shearn State	1	Scarborough (Yates Seven Riv.)	State, Federal or Fee State	LG-819-1
Location				
Unit Letter	G	: 544 Feet From The South Line and 1980 Feet From The East		
Line of Section	32	Township 26 South Range 37 East	NMPM	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P. O. Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
G 32 26-S 37-E	Yes 12-12-83

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 Completed	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (D), H.A.B., R.T., G.R., 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
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 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/24	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (spont. 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.

W. H. Brininstool
(Signature)

Owner

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 2 1987

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 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, or transporter, or other such change of condition.

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

STATE OF NEW MEXICO

ONE-WELL PLUGGING BOND

FOR CHAVES, EDDY, LEA, MCKINLEY, RIO ARRIBA, ROOSEVELT,
SANDOVAL, AND SAN JUAN COUNTIES ONLY

BOND NO. AR71400-34
(For Use of Surety Company)
AMOUNT OF BOND \$5,000.
COUNTY Lea

NOTE: For wells less than 5,000 feet deep, the minimum bond is \$5,000.00*
For wells 5,000 feet to 10,000 feet deep, the minimum bond is \$7,500.00*
For wells more than 10,000 feet deep, the minimum bond is \$10,000.00

* Under certain conditions, a well being drilled under a \$5,000.00 or \$7,500.00 bond may be permitted to be drilled as much as 500 feet deeper than the normal maximum depth, i.e., a well being drilled under a \$5,000.00 bond may be permitted to go to 5,499 feet, and a well being drilled under a \$7,500.00 bond may be permitted to go to 10,549 feet (See Rule 101)

File with Oil Conservation Division, P.O. Box 2088, Santa Fe 87504

KNOW ALL MEN BY THESE PRESENTS:

That William H. Brininstool DBA X L Transportation, (An individual) ~~(XXXXXX)~~
~~(XXXXXX)~~ Jal, State of New Mexico, and authorized to do business
~~(XXXXXX)~~ as PRINCIPAL, and American Employers' Insurance Company, a
corporation organized and existing under the laws of the State of Massachusetts,
and authorized to do business in the State of New Mexico, as SURETY, are held firmly bound unto the State of New
Mexico, for the use and benefit of the Oil Conservation Division of New Mexico pursuant to Section 65-3-11, New
Mexico Statutes Annotated, 1953 Compilation, as amended, in the sum of Five Thousand
Dollars lawful money of the United States, for the payment of which, well and truly to be made, said PRINCIPAL and
SURETY hereby bind themselves, their successors and assigns, jointly and severally, firmly by these presents.

The conditions of this obligation are such that:

WHEREAS, The above principal has heretofore or may hereafter enter into oil and gas leases, or carbon dioxide (CO₂) gas leases, or
helium gas leases with the State of New Mexico; and

WHEREAS, The above principal has heretofore or may hereafter enter into oil and gas leases, or carbon dioxide (CO₂) gas leases, or
helium gas leases on lands patented by the United States of America to private individuals, and on lands otherwise owned by private
individuals; and

WHEREAS, The above principal, individually, or in association with one or more other parties, has commenced or
may commence the drilling of one well not to exceed a depth of 3350 feet, to prospect for and produce oil
or gas, or carbon dioxide (CO₂) gas or helium gas, or does own or may acquire, own or operate such well, or such well
started by others on land embraced in said State oil and gas leases, or carbon dioxide (CO₂) leases, or helium gas leases,
and on land patented by the United States of America to private individuals, and on land otherwise owned by private
individuals, the identification and location of said well being Shearn State #1 Unit Letter G 544 feet from the South line
and 1980 feet from the
east line Section 32, Township 26 (~~XXXX~~) (South), Range 37 (East ~~XXXX~~), N.M.P.M.
Lea County, New Mexico.

NOW, THEREFORE, If the above bounden principal and surety or either of them or their successors or assigns, or any of them, shall
plug said well when dry or when abandoned in accordance with the rules, regulations, and orders of the Oil Conservation Division of New
Mexico in such way as to confine the oil, gas, and water in the strata in which they are found, and to prevent them from escaping into other
strata;

THEN, THEREFORE, This obligation shall be null and void; otherwise and in default of complete compliance with any and all of said
obligations, the same shall remain in full force and effect.

William H. Brininstool DBA X L Transportation
PRINCIPAL

P.O. Drawer A, Jal New Mexico 88252

Address

By William H. Brininstool
Signature

Owner
Title

(Note: Principal, if corporation, affix corporate seal here.)

American Employers' Insurance Company
SURETY

P.O. Box 937001, El Paso, Texas 79925

Address

By Jane Price
Jane Price Attorney-in-Fact

(Note: Corporate surety affix corporate seal here.)

ACKNOWLEDGEMENT FORM FOR NATURAL PERSONS

STATE OF New Mexico)
COUNTY OF Lea) ss.

On this 22nd day of December, 19 86, before me personally appeared William H. Brininstool, to me known to be the person (persons) described in and who executed the foregoing instrument and acknowledged that he (they) executed the same as his (their) free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the day and year in this certificate first above written.

June 7, 1988
My Commission expires

Frederick H. Hensley
Notary Public

ACKNOWLEDGEMENT FORM FOR CORPORATION

STATE OF _____)
COUNTY OF _____) ss.

On this _____ day of _____, 19____, before me personally appeared _____, to me personally known who, being by me duly sworn, did say that he is _____ of _____ and that the foregoing instrument was signed and sealed on behalf of said corporation by authority of its board of directors, and acknowledged said instrument to be the free act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the day and year in this certificate first above written.

My Commission expires

Notary Public

ACKNOWLEDGEMENT FORM FOR CORPORATE SURETY

STATE OF Texas)
COUNTY OF El Paso) ss.

On this 15th day of December, 19 86, before me appeared Jane Price, to me personally known, who, being by me duly sworn, did say that he is Attorney-in-Fact of American Employers' Insurance Company and that the foregoing instrument was signed and sealed on behalf of said corporation by authority of its board of directors, and acknowledged said instrument to be the free act and deed of said corporation.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that the AMERICAN EMPLOYERS' INSURANCE COMPANY, a corporation duly organized and existing under the laws of the Commonwealth of Massachusetts, and having its principal office in the City of Boston, Massachusetts, hath made, constituted and appointed, and does by these presents make and constitute and appoint **LINDA SLAPE and JANE PRICE** both of El Paso, Texas

and each of them its true and lawful Attorney-in-Fact, to make, execute, seal and deliver for and on its behalf as surety any and all bonds or undertakings

and the execution of such bonds or undertakings in pursuance of these presents, shall be binding upon said Company as fully and amply, to all intents and purposes, as if such bonds were signed by the President, sealed with the corporate seal of the Company, and duly attested by its Secretary, hereby ratifying and confirming all the acts of said Attorney-in-Fact pursuant to the power herein given. This Power of Attorney is made and executed pursuant to and by authority of the following resolutions adopted by the Board of Directors of the AMERICAN EMPLOYERS' INSURANCE COMPANY at a meeting duly called and held on the twenty-seventh day of July, 1972:

Resolved: That the President, or any Vice-President, or any Assistant Vice-President, may execute for and in behalf of the company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, the same to be attested when necessary and the seal of the company affixed thereto by the Secretary, or any Assistant Secretary; and that the President, or any Vice-President, or Assistant Vice-President, may appoint and authorize an Attorney-in-Fact to execute on behalf of the company any and all such instruments and to affix the seal of the company thereto; and that the President, or any Vice-President, or any Assistant Vice-President, may at any time remove, any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That Attorneys-in-Fact may be given full power and authority to execute for and in the name and on behalf of the company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the company as if signed by the President and sealed and attested by the Secretary, and, further, Attorneys-in-Fact are hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and are also authorized and empowered to certify to a copy of any of the by-laws of the company as well as any resolution of the Directors having to do with the execution of bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and to certify copies of the Power of Attorney or with regard to the powers of any of the officers of the company or of Attorneys-in-Fact.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Directors of the AMERICAN EMPLOYERS' INSURANCE COMPANY at a meeting duly called and held on the twenty-seventh day of July, 1972:

"Resolved: That the signature of the President, or any Vice-President, or any Assistant Vice-President, and the signature of the Secretary or any Assistant Secretary and the Company Seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing Attorneys-in-Fact for purposes only of executing and attesting any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the company as the original signature of such officer and the original seal of the company, to be valid and binding upon the company with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, the AMERICAN EMPLOYERS' INSURANCE COMPANY, has caused these presents to be signed by its Assistant Vice-President and its corporate seal to be hereto affixed, duly attested by its Secretary on this 8th day of April 1986



Attest: Raymond M. Defosse
Raymond M. Defosse, Secretary

By John M. Garrett
John M. Garrett -- Assistant Vice-President

COMMONWEALTH OF MASSACHUSETTS
COUNTY OF SUFFOLK SS.

On this 8th day of April 1986, before me personally came John M. Garrett, Assistant Vice-President, and Raymond M. Defosse, Secretary of the AMERICAN EMPLOYERS' INSURANCE COMPANY, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and they acknowledge the execution of the same, and being by me duly sworn, severally and each for himself depose and sayeth, that they are the said officers of the Company aforesaid, and that the seal affixed to the preceding instrument is the corporate seal of said Company and that the said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority and direction of the said Company.



Edward W. Shay
Edward W. Shay -- Notary Public
(My Commission expires August 10, 1990)

CERTIFICATE

I, the undersigned, Assistant Secretary of the AMERICAN EMPLOYERS' INSURANCE COMPANY, a Massachusetts Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked; and furthermore, that the Resolutions of the Board of Directors set forth in the power of attorney are now in force.

Signed and sealed at the City of Boston. Dated this

day of 19



Daniel J. Boyle
Daniel J. Boyle -- Assistant Secretary

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

NO. OF COPIES RECEIVED	
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LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.
LG-0819-1

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> 2. Name of Operator Jack Huff 3. Address of Operator P. O. Box 471, Midland, TX 79702 4. Location of Well UNIT LETTER G LOCATED 544 FEET FROM THE south LINE AND 1980 FEET FROM THE east LINE OF SEC. 32 TWP. 26S RGE. 37E NMPM		7. Unit Agreement Name 8. Farm or Lease Name Shearn State 9. Well No. 1 10. Field and Pool, or Wildcat Scarborough (Yates 7) 12. County Lea	
19. Proposed Depth 3130 PBTD 21A. Kind & Status Plug. Bond Single well-Current		19A. Formation Yates 20. Rotary or C.T.	
21. Elevations (Show whether DF, KT, etc.) 2954 KB		22. Approx. Date Work will start May 5, 1986	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Presently have perforations of 2983, 89, 96, 3005, 26, 37, 41, 45, 57, 77, 85, 3113, 42, 62, 79, 3216, & 3220. All production of 16 BOPD and 850 BWPD is coming from perforations 3162, 3179, 3216, & 3220. Well is uneconomical to produce. We will set a CIBP at 3130' and reperforate from 2983' to 3056'. Treat with 2000 gallons 10% NEFE acid and fracture treat with 24,000 gallons CO₂ and 42,000# 20/40 & 10/20 sand.

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

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

Signed [Signature] Title Operations Manager Date April 17, 1986

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE APR 17 1986

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator Jack Huff

Address

P.O. Box 471 Midland, Texas 79703

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

New connection for Casinghead Gas

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SHEARN-STATE	Well No. 1	Pool Name, including Formation SCARBOROUGH-YATES 7 RIVERS	Kind of Lease State, Federal or Fee STATE	Lease No. LG-0819-1
Location				
Unit Letter G : 544 Feet From The SOUTH Line and 1980 Feet From The EAST				
Line of Section 32 Township 26-S Range 37-E, NMPM, LEA County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<i>Permian Corp.</i>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P.O. Box 1492 EL PASO, TEXAS 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
G 32 26-S 37-E	YES 12-12-83

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 <input type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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
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 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

TEST 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

CERTIFICATE OF COMPLIANCE

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]
(Signature)
[Signature]
(Title)
12/15/83
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 2 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
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, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
IG-0819-1	

1. TYPE OF WELL

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

2. TYPE OF COMPLETION

NEW WELL ☐ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

Name of Operator

Jack Huff

Address of Operator

P. O. Box 471 Midland, Texas 79702

Location of Well

SECTION LETTER G LOCATED 544 FEET FROM THE South LINE AND 1980 FEET FROM

East LINE OF SEC. 32 TWP. 26-S RGE. 37-E NMPM

3. Date Spudded 10-28-82 16. Date T.D. Reached 11-21-82 17. Date Compl. (Ready to Prod.) 2-10-83 18. Elevations (DF, RKB, RT, GR, etc.) 2944.6 GR 19. Elev. Casinghead 2944.6

20. Total Depth 3350 21. Plug Back T.D. 3293 22. If Multiple Compl., How Many 23. Intervals Drilled By Rotary Tools 38-3350 Cable Tools 0-38

24. Producing Interval(s), of this completion - Top, Bottom, Name

2983 - 3220

Yates 7Rivers

25. Was Directional Survey Made

No

26. Type Electric and Other Logs Run

Gamma Ray Neutron

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
12-1/4"	35	38'	17-1/2"	Not Cemented	
8-5/8"	23	1209'	11"	Circulated	
4-1/2"	9.5	3354'	7-7/8"	350 Sx	

LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-7/8"	3321'	None

28. Perforation Record (Interval, size and number)

One Shot @ 2983, 2989, 2996, 3005, 3026, 3037, 3041, 3045, 3057, 3077, 3085, 3113, 3142, 3162, 3199, 3204, 3216, 3220. .31" Hole
18 Holes

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

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
2983 - 3220	3000 gals. 15% NeFe acid

PRODUCTION

29. First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
<u>12-17-82</u>		<u>Pumping</u>				<u>Producing</u>	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
<u>2-28-83</u>	<u>24</u>	<u>3/4"</u>	<u> </u>	<u>67</u>	<u>58</u>	<u>968</u>	<u>865 - 1</u>
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
	<u>300#</u>	<u> </u>	<u>67</u>	<u>58</u>	<u>968</u>	<u>26</u>	
Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By	
<u>Vented. Trying to obtain connection</u>							
List of Attachments							

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

TITLE

Superintendent

DATE

3-21-83

INSTRUCTIONS

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 10 through 34 shall be reported for each zone. The form is to be filed in quadruplicate 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	1179	T. Canyon	T. Ojo Alamo	T. Penn. "B"
T. Salt	1206	T. Strawn	T. Kirtland-Fruitland	T. Penn. "C"
B. Salt	2650	T. Atoka	T. Pictured Cliffs	T. Penn. "D"
T. Yates	2981	T. Miss	T. Cliff House	T. Leadville
T. 7 Rivers	3204	T. Devonian	T. Menefee	T. Madison
T. Queen		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. Blinbry		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	2983	to	3005	No. 4, from	3199	to	
No. 2, from	3037	to	3045	No. 5, from		to	
No. 3, from	3077	to	3113	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		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	960	960	Redbeds	3090	3110	20	Dolomite
960	1000	40	Shale	3110	3170	60	Dolomite, Sandstone
1000	1020	20	Shale, Limestone	3170	3190	20	Dolomite, Anhydrite, Sandston
1020	1030	10	Limestone, Sandstone	3190	3350	160	Dolomite
1030	1070	40	Shale, Gypsum		(TD)		
1070	1120	50	Shale				
1120	1140	20	Shale, Sandstone, Congl.				
1140	1170	30	Shale				
1170	1206	36	Anhydrite				
1206	2820	1614	Salt				
2820	2850	30	Salt, Anhydrite, Dolomite				
2850	2990	140	Dolomite, Gypsum				
2990	3030	40	Dolomite				
3030	3050	20	Dolomite, Sandstone				
3050	3090	40	Dolomite, Shale				

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TO BE FILLED BY WELL OWNER	
DISTRIBUTION	
DATE	
FILE	
RECEIVED	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
REVISION	

Jack Huff

Address

P. O. Box 471 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

**CASINGHEAD GAS MUST NOT BE
FLARED AFTER 5/1/83
UNLESS AN EXCEPTION TO R-4076
IS OBTAINED.**Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Shearn - State	Well No. 1	Pool Name, including Formation Scarborough Yates 7-Rivers	Kind of Lease State, Federal or Fee State	Lease No. LG-0819-1
Location Unit Letter <u>G</u> : <u>544</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>26-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183 Houston, Texas 77001 Attn: Proration Department
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>32</u> Twp. <u>26-S</u> Rge. <u>37-E</u> Is gas actually connected? <u>No</u> When

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Interval <input type="checkbox"/>	Drill, Re-drill <input type="checkbox"/>
Date Spudded 10-28-82	Date Compl. Ready to Prod. 2-2-83		Total Depth 3350		P.B.T.D. 3293			
Deviation (DF, HKB, RT, GR, etc.) 2944.6 GR	Name of Producing Formation Yates - 7-Rivers		Top Oil/Gas Pay 2983		Tubing Depth 3221			
Perforations 2983-3220					Depth Casing Shoe 3354			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	12-1/4"	38'	Not Cemented
11"	8-5/8"	1209'	Circulated
7-7/8"	4-1/2"	3354'	350 Sx
	2-7/8" Tubing	3221'	

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 Tanks 2-2-83	Date of Test 2-28-83	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 Hours	Tubing Pressure Pumping	Casing Pressure 300#	Choke Size 3/4"
Actual Prod. During Test 1035 bbls.	Oil-Bbls. 67	Water-Bbls. 968	Gas-MCF 58

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, 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.

Superintendent
(Title)3-15-83
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAR 18 1983**BY **ORIGINAL SIGNED BY EDDIE 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.

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Jack Huff	
Address P. O. Box 471, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Request 300 BBLs Testing Allowable
Change in Ownership <input type="checkbox"/>	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name SHEARN-STATE	Well No. #1	Pool Name, Including Formation SCARBOROUGH YATES 7-RIVERS	Kind of Lease State, Federal or Fee STATE	Lease No. LG-819
Location Unit Letter G : 544 Feet From The SOUTH Line and 1980 Feet From The EAST Line of Section 32 Township 26-S Range 37-E, NMPM, LEA County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, TX 77001 Attn: Proration Department
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 32 26-S 37-E
Is gas actually connected?	When

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, CR, 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
OIL WELL

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

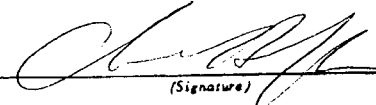
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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)
SUPERINTENDENT
(Title)
12/17/82
(Date)

OIL CONSERVATION DIVISION
DEC 20 1982

APPROVED _____, 19____
ORIGINAL SIGNED BY
BY JERRY SEXTON
TITLE DISTRICT 1 SUPER.

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 allow-
able 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 multipl
completed wells.

C CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG-819	

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.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator

JACK HUFF

Address of Operator

P. O. BOX 471 MIDLAND, TEXAS 79702

Location of Well

UNIT LETTER G 544 FEET FROM THE SOUTH LINE AND 1980 FEET FROM THE EAST LINE, SECTION 32 TOWNSHIP 26-S RANGE 37-E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

SHEARN-STATE

9. Well No.

1

10. Field and Pool, or Wildcat

SCARBOROUGH YATES 7-RIVERS

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

2944.6 GL

12. County

LEA

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

FORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

PERMANENTLY ABANDON ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

OTHER ☐

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.

Ran 3352' (82 joints set at 3354') of 4½" 9.5#/ft. casing with float shoe on bottom and latch down insert one joint up.

Dowell pumped lead slurry of 140 sx. class "C" cement containing 8% gel and 20#/sk. salt mixed at 12.9#/gal., and tail in slurry of 160 sx. class "C" cement containing 4% gel and 7.5#/sk. salt mixed at 14#/gal. Displaced with 56 bbls. brine. Did not bump plug.

Ran temperature survey 17 hrs. after cementing and found PTD at 3073', top of cement outside casing at 1499'.

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

TITLE SUPERINTENDENT

DATE 12/2/82

ORIGINAL SIGNED BY

JERRY SEXTON

TITLE

DATE

DEC / 1982

ED BY
CTIONS OF APPROVAL, IF ANY.

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

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ 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.)

OIL WELL ☐ GAS WELL ☒ OTHER-

Name of Operator

JACK HUFF

Address of Operator

BOX 471 MIDLAND, TEXAS

Location of Well

UNIT LETTER G 544 FEET FROM THE SOUTH LINE AND 1980 FEET FROM
THE EAST LINE, SECTION 32 TOWNSHIP 26-S RANGE 37-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
SHEARN-STATE

9. Well No.

1

10. Field and Pool, or Wildcat

SCARBOROUGH YATES 7-R

15. Elevation (Show whether DF, RT, GR, etc.)
2944.6 GL

12. County
LEA

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

(FORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
REPAIR OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

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.

Finished running 1199' of 23# 8 5/8" surface casing (including one 24# wear joint on top) set at 1209' in anhydrite (one foot below ground level). Ran notched Texas pattern shoe and one centralizer at the top of the first joint.

Geofrac pumped 250 sx. class "C" cement with 8% gel and 1/4# Flocele/sk, 100sx. Class "C" cement with 2% CuCl₂. Displaced with 74bbls, circulated 138sx. Completed displacement. Waited on cement for 18 hrs. Pressure tested 8-5/8" casing to 1000 p.s.i. for 30 min.

Casing held.

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

TITLE Superintendent

DATE 11-22-82

ORIGINAL SIGNED BY

JERRY SEXTON

TITLE

DATE

NOV 24 1982

APPROVED BY DISTRICT 1 SUPR.
NOTATIONS OF APPROVAL, IF ANY:

C CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG-819

<p>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.)</p>	
<p>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER- _____</p> <p>Name of Operator JACK HUFF</p> <p>Address of Operator BOX 471, MIDLAND, TEXAS 79701</p> <p>Location of Well UNIT LETTER <u>G</u> <u>544</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>26-S</u> RANGE <u>37-E</u> NMPM.</p>	<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name Jack Huff Shearn-State</p> <p>9. Well No. 1</p> <p>10. Field and Pool, or Wildcat Scarborough 7-R</p> <p>11. Elevation (Show whether DF, RT, GR, etc.) 2944.6 GR</p> <p>12. County LEA</p>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

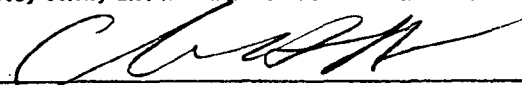
FORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

We propose to run 8-5/8" surface casing to a depth of approximately 1250' into the top of the anhydrite formation. We will cement surface casing with Haliburton Econolite cement or its equivalent and tail in with class "C" cement and circulate to the surface. The 8-5/8" surface casing will be run on about November 10, 1982.

For 4-1/2" casing we propose to use sufficient cement (estimated 300 sacks) to bring cement top up to approximately 500' above upper perforations at about 2980'. 4-1/2" casing will be run on about November 14, 1982.

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


 ORIGINAL SIGNED BY JERRY SEXTON
 DISTRICT 1 SUPR.
 TITLE SUPERINTENDENT
 DATE October 28, 1982
 NOV 3 1982

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

30-060-27948

Form C-101
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.
LG-819

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

4. Type of Work

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

5. Type of Well

OIL WELL ☐

GAS WELL ☒

OTHER

SINGLE ZONE ☐

MULTIPLE ZONE ☐

6. Name of Operator

Jack Huff

7. Address of Operator

P. O. Box 471, Midland, Texas 79702

8. Location of Well

UNIT LETTER G LOCATED 544 FEET FROM THE South LINE

1980' FEET FROM THE East LINE OF SEC. 32 TWP. 26-S RGE. 37-E NMPM

7. Unit Agreement Name

8. Farm or Lease Name

SHEARN - STATE

9. Well No.

1

10. Field and Pool, or Wildcat

7- Scarborough Yates Rivers

12. County

Lea

19. Proposed Depth

3200'

19A. Formation

Yates

20. Rotary or C.T.

Rotary

11. Elevations (Show whether DF, RT, etc.)

2944.6 GL

21A. Kind & Status Plug. Bond

Single Well-Current

21B. Drilling Contractor

MR Drilling Company

22. Approx. Date Work will start

October 26, 1982

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"	20#	To 420'	325	Circ.
7-7/8"	4-1/2"	9.5#	To 3200'	170	2200'

BOP Program:

TYPE: Annular

MAKE: Dorland 900
3000 p.s.i.

Cementing must be
done in accordance with
the requirements of the
BOP program. The cement
must be placed in the
annulus between the casing
and the wellbore.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 5/1/83
UNLESS DRILLING UNDERWAY

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

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

Signed [Signature] Title SUPERINTENDENT Date OCTOBER 22, 1982

(This space for State Use)
ORIGINAL SIGNED BY

JERRY SEXTON

APPROVED BY [Signature] TITLE DISTRICT SUPERINTENDENT DATE NOV 1 1982

CONDITIONS OF APPROVAL, IF ANY:

Prior to producing this well, approval must be obtained for the non-standard proration unit.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

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

All distances must be from the outer boundaries of the Section.

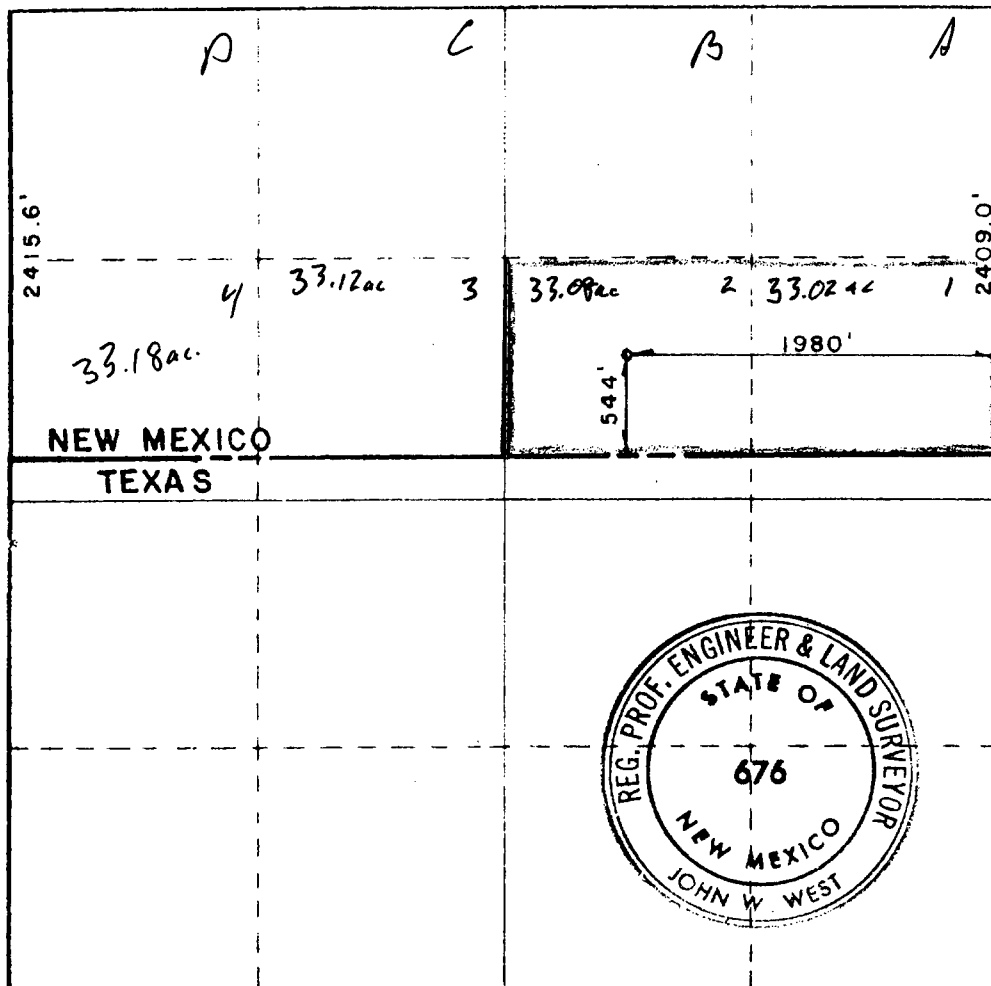
Operator JACK HUFF		Lease SHEARN STATE		Well No. 1
Unit Letter G	Section 32	Township 26S	Range 37E	County LEA
Actual Footage Location of Well: 544 feet from the SOUTH line and 1980 feet from the EAST line				
Ground Level Elev. above M.D. 2944.6	Producing Formation VATES 7-RIVERS	Pool SCARBOROUGH VATES 7-RIVERS	Dedicated Acreage: 66.1 Acres	

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?

☐ Yes ☐ No If answer is "yes" type of consolidation _____

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.

Chris Huff

CHRIS HUFF

Position
SUPERINTENDENT

Went by
JACK HUFF

Date
OCTOBER 22, 1982

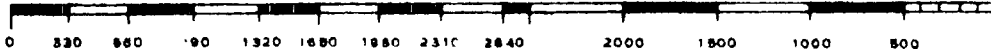
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
10/20/82

Registered Professional Engineer and/or Land Surveyor

John W. West

Certificate No.





COUNTY LEA

FIELD

Scarborough

STATE NM

OILR HUFF, JACK

API 30-025-27998

NO 1 LEASE Shearn State

MAP

Sec 32, T26S, R37E

CO-ORD

544 FSL, 1980 FEL of Sec

1-3-55 NM

5 mi S/Bennett

SPD 10-31-82 CMP *2-28-83

CSC

8 5/8-*1209-300 SX

4 1/2- 3350-350 SX

*2 7/8-3221

WELL CLASS: INIT D FIN *DO LSE CODE

FORMATION

DATUM

FORMATION

DATUM

TD 3350 (*SVRV)

PBD *3293

*IP (Yates- Seven Rivers) Perfs 2983-3220 P 67 BOPD + 968 BW

Pot based on 24 hr test. GOR 865; gty 36

CONVE

OPRSTLEV 2945 GL

GALL 5

F.R. 11-1-82

FD 3200 RT (Yates)

11-15-82 Drlg 1000

11-22-82 TD 3350; WOCT

11-27-82 TD 3350; PBD 3293; SI

*Perf (Yates-Seven Rivers) @ 2983, 2984, 2985,

3005, 3026, 3037, 3041, 3045, 3057, 3067,

3113, 3142, 3162, 3199, 3204, 3216, 3220

*Acid (2983-3220) 3000 gals

12-7-82 TD 3350; PBD 3293; TOP

12-14-82 TD 3350; PBD 3293; Complete

*LOG TOPS: Salt 1206, Base Salt 1206

2981, Seven Rivers 3204

*Denotes changes & additions

1-19-83 TEMPORARY COMPLETION ISSUED

4-9-83 RE-ISSUE OF SUSPENDED COMPLETION

1-3-55 NM

IC 30-025-27998

TEMPORARY COMPLETION

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COUNTY **LEA** TOWN **Scarborough** STATE **NM**
 OPER **HUFF, JACK** API **30-025-27998**
 NO **1** (LEAS) **Shearn State** MAP
Sec 32, T26S, R37E (COORD)
544 FSL, 1980 FEL of Sec **1-3-55 NM**
5 mi S/Bennett SPD **10-31-82** CMP **1-10-83**

CSC 8 5/8-1250-300 sx 4 1/2-3350-350 sx	WELL CLASS: INIT D FIN SUS LSE CODE			
	FORMATION	DATUM	FORMATION	DATUM
TD 3350 (YTES)			PRD	

SUSPENDED OPERATIONS

CONTR **OPERLEV 2945 GL sub-s**

11-15-82 F.R. 11-1-82
 11-22-82 PD 3200 RT (Yates)
 1-10-83 Drlg 1000
 1-15-83 TD 3350; WOCT
 1-10-83 TD 3350; Suspended Operations
 1-15-83 TEMPORARY COMPLETION ISSUED

1-3-55 NM
 IC 30-025-70838-82

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form No. 1
Superseded by 128
Effect 1-14-83

All distances must be from the outer boundaries of the Section

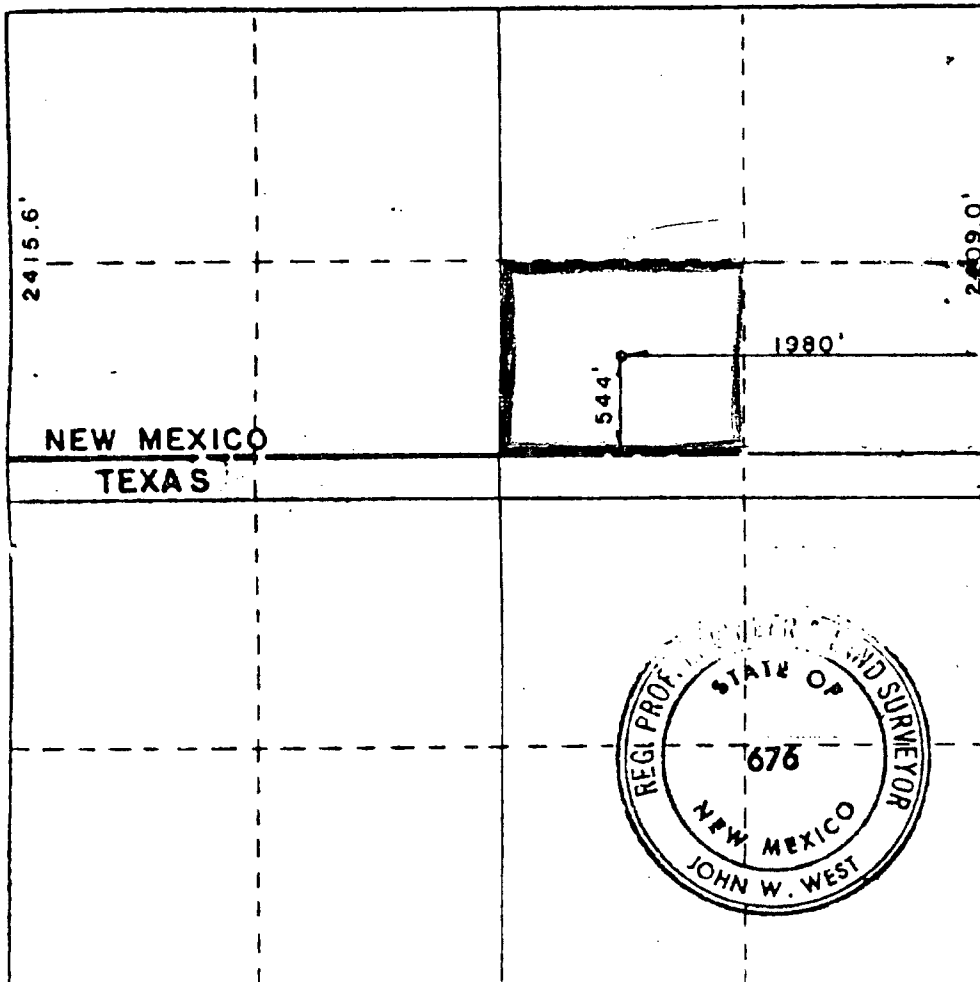
Owner JACK HUFF,		Lessee SHERRIN STATE		Well No. 1
Oil Letter G	Section 32	Township 26S	Range 37E	County LEA
Actual Footage Location of Well				
544 feet from the SOUTH line and		1980 feet from the EAST line		
Ground Level Elev. 2944.6	Producing Formation YATES 7-RIVERS	Pool SCARBOROUGH YATES 7-R	Dedicated Acreage: 33.08 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

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

CHRIS HUFF

Position

SUPERINTENDENT

Company

JACK HUFF

Date

MARCH 14, 1983

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

10/20/82

Registered Professional Engineer and/or Land Surveyor

Certificate No.