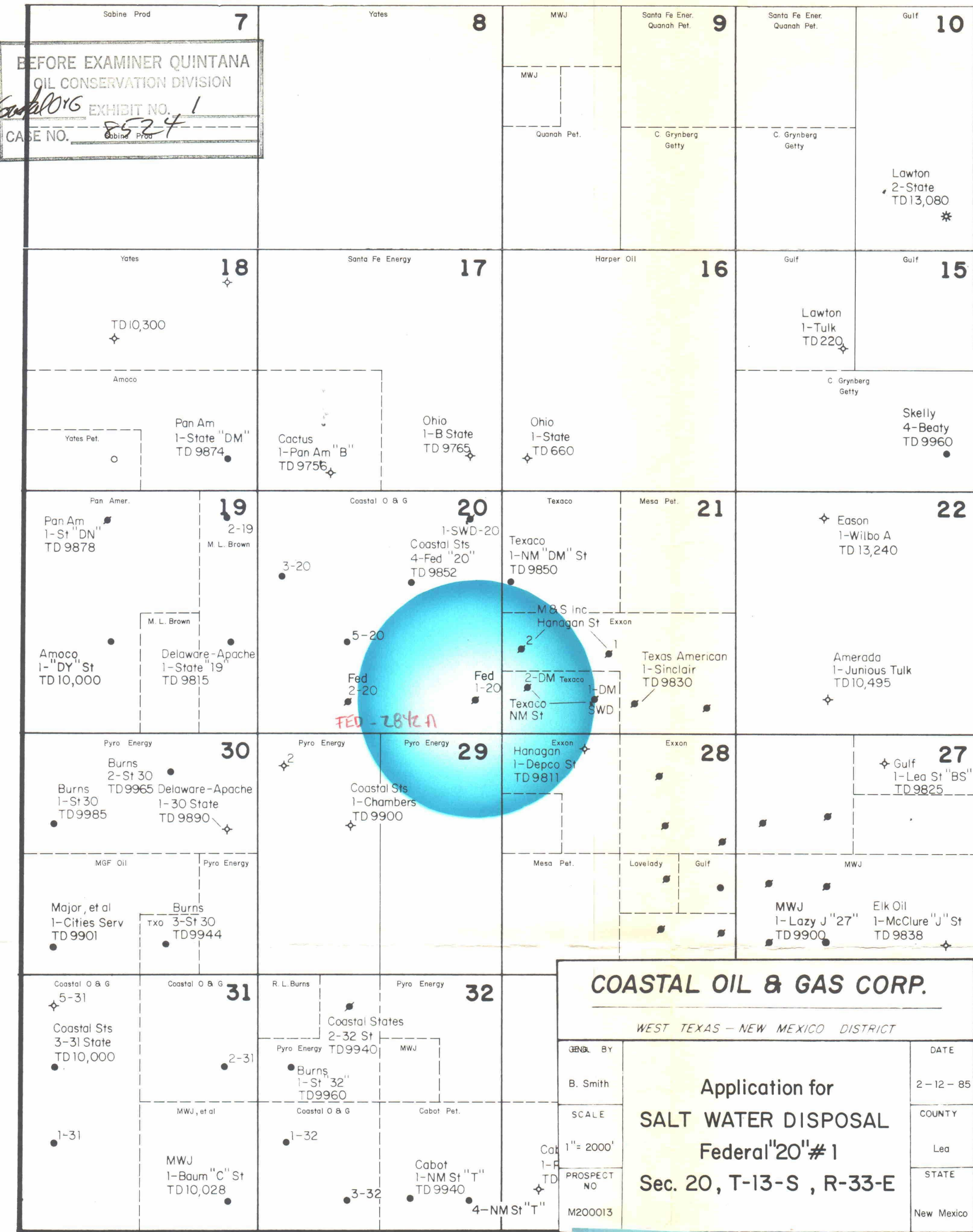




Exhibits 1 through 6
Complete Set

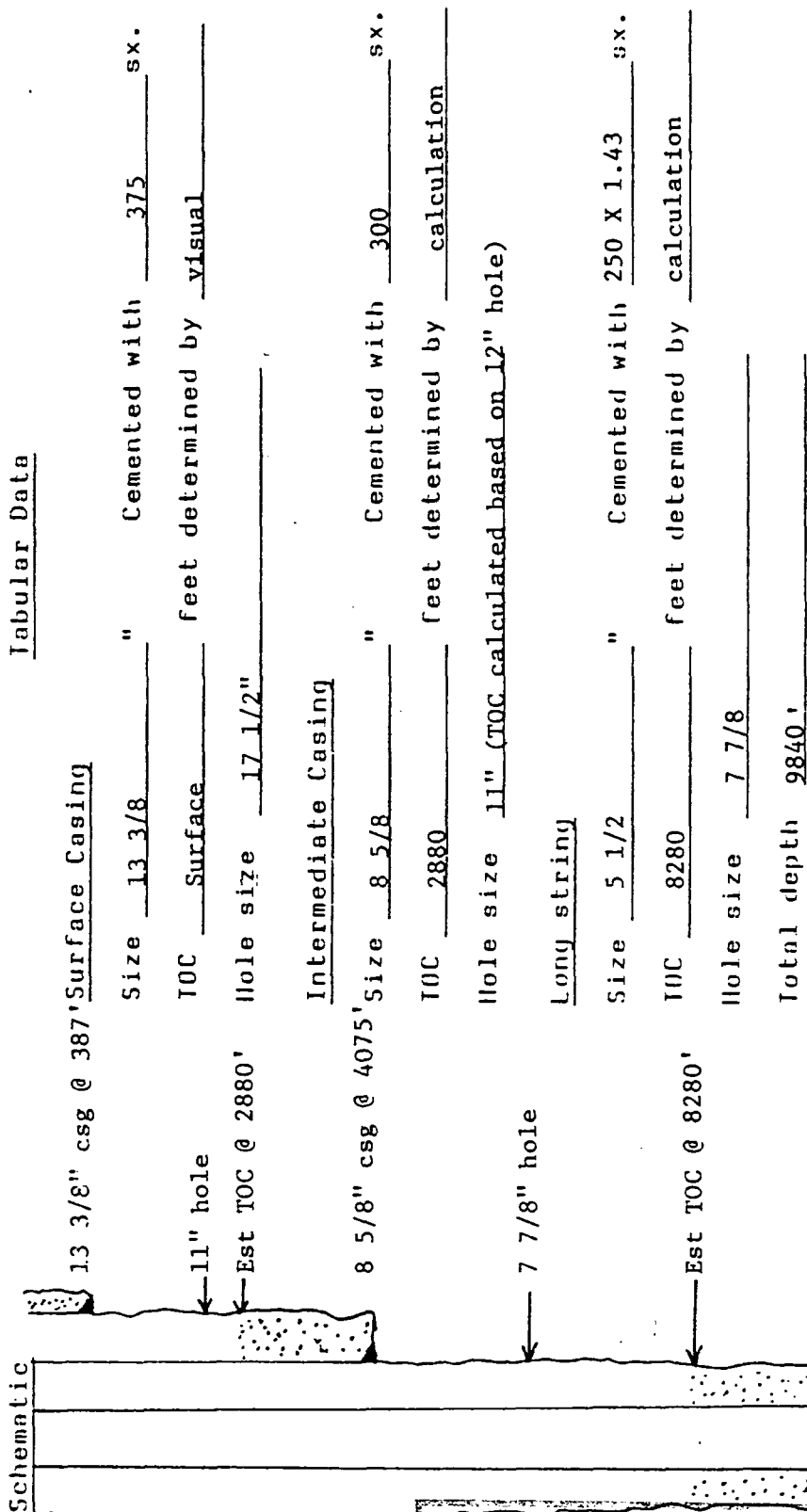
INJECTION WELL DATA SHEET

SIDE 1

Coastal Oil & Gas Corporation OPERATOR Federal "20" LEASE

1 WELL NO. FOOTAGE LOCATION SECTION TOWNSHIP RANGE

Schematic



BEFORE EXAMINATION
COASTAL OIL & GAS CORPORATION
8524 2

EX. 2

INJECTION WELL DATA SHEET -- SIDE 2

Tubing size 2 7/8" lined with Fiberglass Tubing w/Seal Assembly set in a
(material)

Baker "F-1" (brand and model) packer at 9650' feet

(or describe any other casing-tubing seal).

Other Data

9 15'

1. Name of the injection formation Bough "C" (Penn)

2. Name of Field or Pool (if applicable) Baum (U. Penn)

3. Is this a new well drilled for injection? ☐ Yes ☒ No

If no, for what purpose was the well originally drilled? Oil Production

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used) Intervals to be perforated are 9738'-57' and 9787'-9800'

5. Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area. Not aware of any other productive zones in this area.

9600
Federal 20 #1

60

9700

U

9800

1810 9810

F. R. (GR)

GR

Caliper

Federal 20 #1 GR-SNP
Baum (U. Penn) Field

BEFORE EXAMINER (HIN) 1/1/11

CIT. CORP. 1/1/11

Case 1016

CASE NO. 8524

3

Well Status Active Producer Date 2-8-85

Lease NM "DM" State NCT-2 Well No. 1 Operator Texaco, Inc.

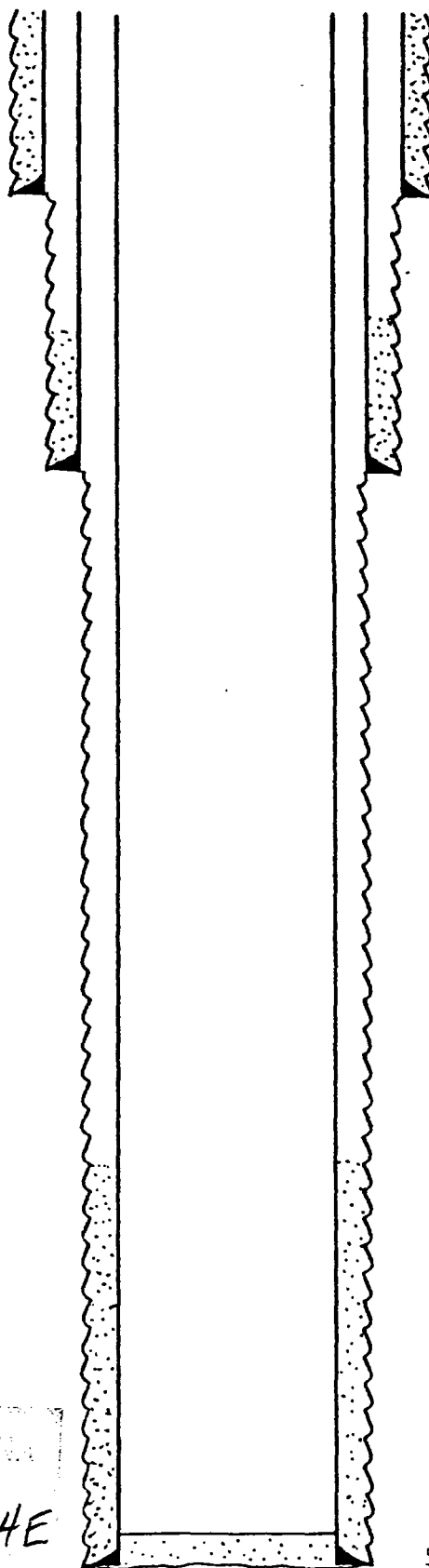
Location 1980 ft. from North Line & 330 ft from West Line, Sec, 21, Unit F

Survey T-13-S, R-33-E County Lea State NM

Elevation _____ Remarks Well is just outside "area of review". IP thru perfs

9734'-40'. F 309 BO X 19 BW. 1984 Avg Monthly Prod thru September was 127 BO X 5076 BW.

1983 Avg. Monthly was 176 BO X 3728 BW.



11 3/4" Csg. Set @ 365

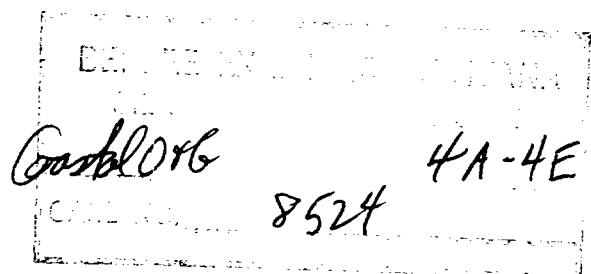
Cmt. W/ 250 sacks

8 5/8" Csg. Set @ 4103'

Cmt. W/ 865 sacks

5 1/2" Csg. Set @ 9850'

Cmt. W/ 800 sacks



4A

Well Status Active SWD Date 2-8-85

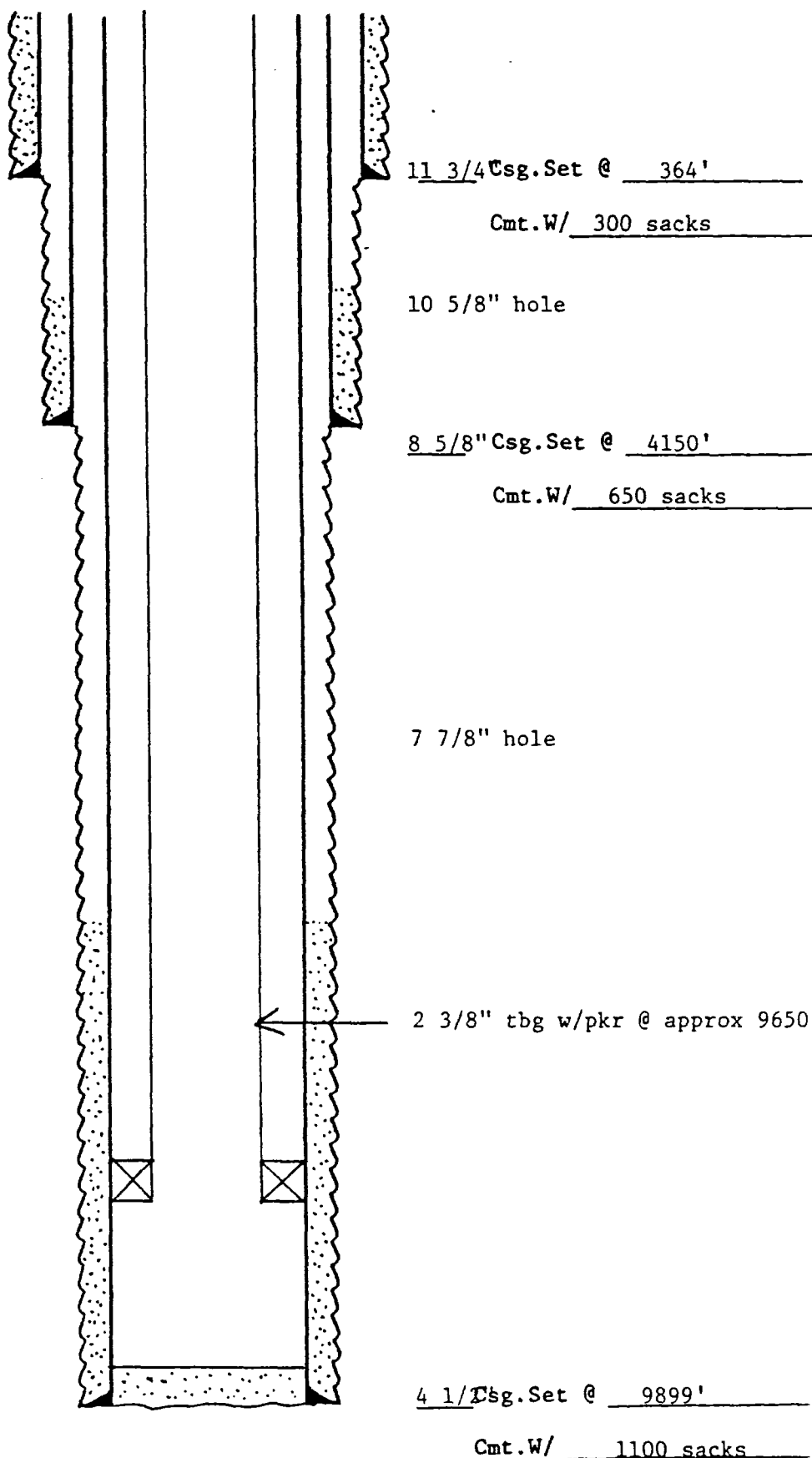
Lease NM "DM" State NCT-1 Well No. 1 Operator Texaco, Inc.

Location 660 ft. from South Line & 1980 ft from West Line, Sec, 21, Unit N

Survey T-13-S, R-33-E County Lea State NM

Elevation _____ Remarks Spud date 11-15-67. IP thru perfs 9742'-92'. Flwg 445

BOPD X 149 BW. Conv to SWD 9-12-75.



Well Status P & A Date 9-18-76

Lease NM "DM" State NCT-1 Well No. 2 Operator Texaco

Location 990 ft. from South Line & 660 ft from West Line, Sec, 21, Unit M

Survey T-13-S, R-33-E County Lea State NM

Elevation _____ Remarks Spud Date 1-16-70. Well drilled for oil production.

IP 32 BOPD X 30% BWPD.

10 sack surface plug

40 sack plug 400'-300'

Cut 8 5/8" csg at 877'

40 sack plug 1767-1667'

40 sack plug 2418'-2318'

40 sack plug 4195'-4095'

Cut 5 1/2" csg at 5384'

40 sack plug 5420'-5320'

35 sax on BP (approx 350')
CIBP at 9650'

11 3/4" Csg. Set @ 363'

Cmt. W/ 250 sax.
Cmt. circ.

8 5/8" Csg. Set @ 4146'

Cmt. W/ 865 sax

5 1/2" Csg. Set @ 9900'

Cmt. W/ 765 sx

Well Status Dry Hole Date 1968

Lease Depco State Well No. 1 Operator Hanagan Petr. Corp.

Location 330 ft. from North Line & 1980 ft from West Line, Sec, 28, Unit C

Survey T-13-S, R-33-E County Lea State NM

Elevation _____ Remarks Spud Date 4-10-68

10 sack surface plug

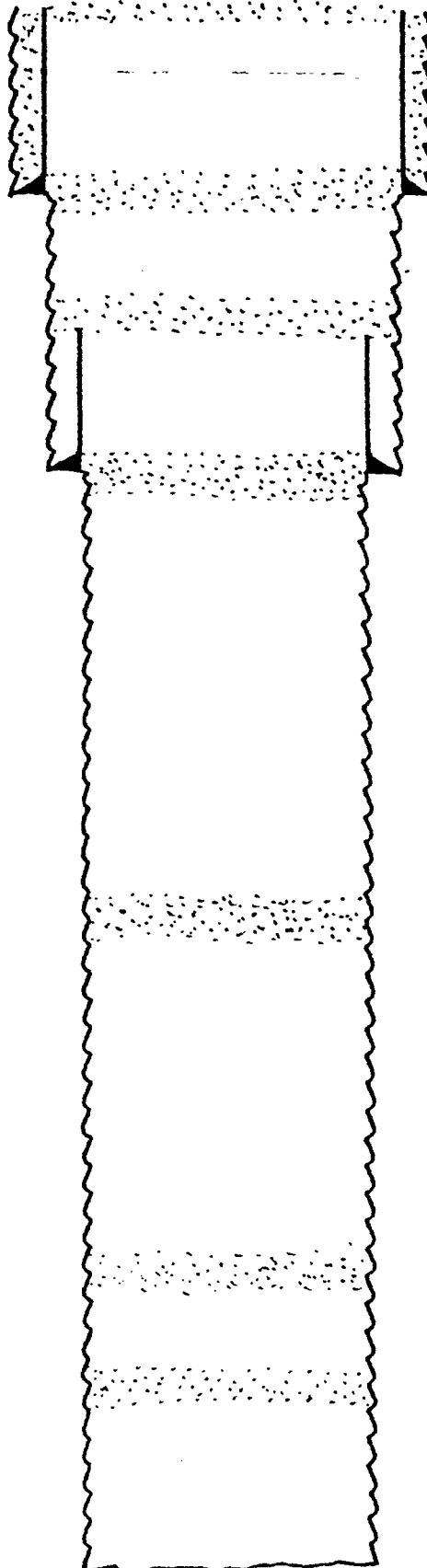
25 sack plug 288'-338'

25 sack plug 953'-1003'

25 sack plug 5339'-5439'

25 sack plug 7520'-7620'

25 sack plug 9711'-9811'



11 3/4" Csg. Set @ 338

Cmt.W/ 300 sacks (ci

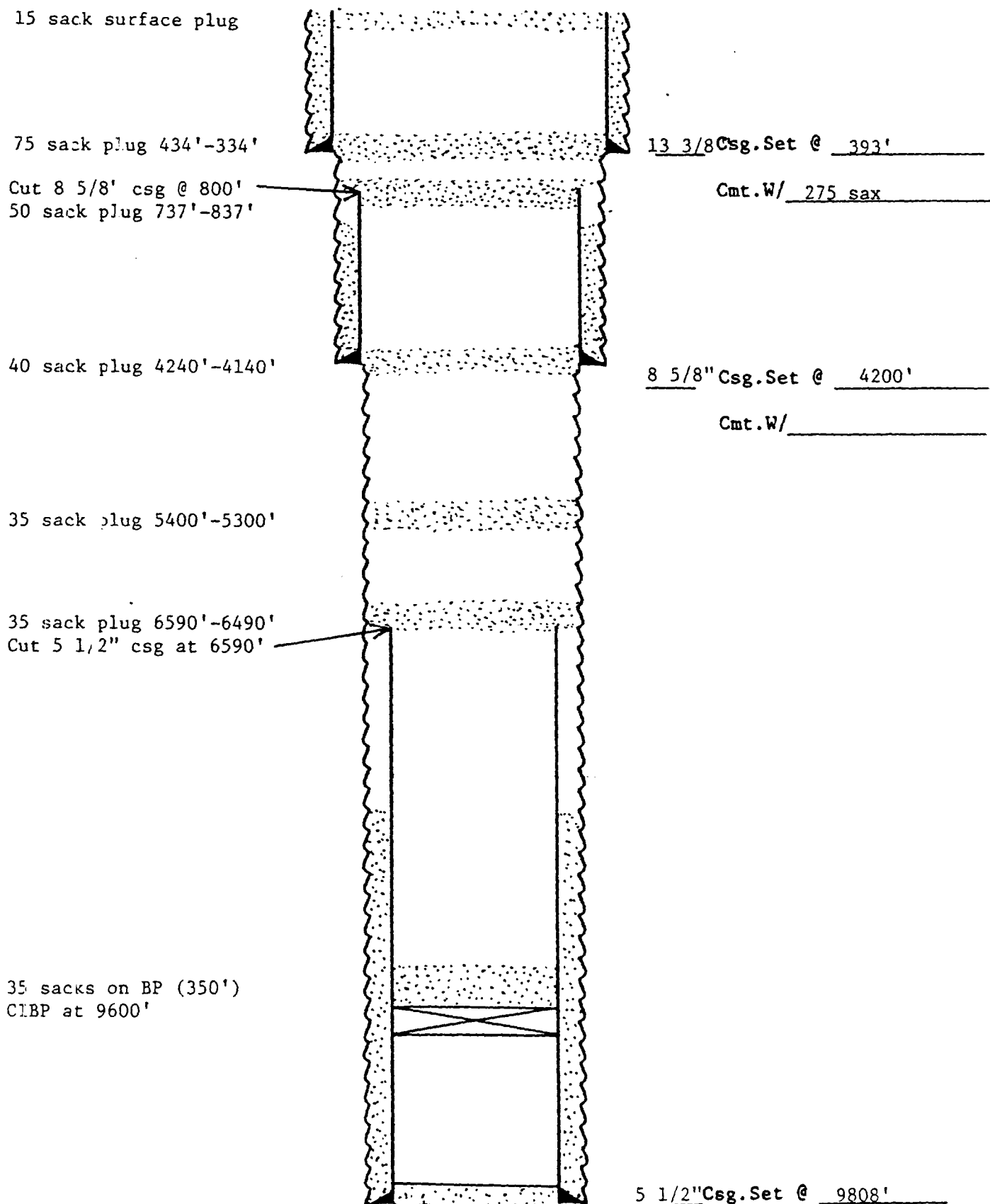
11" hole

8 5/8" Csg. Set @ 4030'

Cmt.W/ 540 sacks

7 7/8" hole

Well Status P & A Date 9-25-74
 Lease Hanagan State Well No. 2 Operator Coquina (from M&S, Inc.)
 Location 1980 ft. from South Line & 430 ft from West Line, Sec, 21, Unit L
 Survey T-13-S, R-3-E County Lea State NM
 Elevation _____ Remarks Spud Date 10-10-69. IP thru perf 9718'-34' F 288 BOPD.



708 W. INDIANA
MIDLAND, TEXAS 79701
PHONE 683-4521

CASE NO.

PS Form 3811, Aug. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
☒ Show to whom and date delivered.
☐ Show to whom, date, and address of delivery.
☐ RESTRICTED DELIVERY
 Show to whom and date delivered.
☐ RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Exxor Company, USA
 Prod & Expl. Division Office
 Box 1600, Midland, Texas 79702

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO: 1979-272-382

PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

● SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☒ Show to whom, date and address of delivery.
 2. ☐ Restricted Delivery.

3. Article Addressed to:
 PYRO Energy Corporaion
 6303 Harry Hines, Suite 206
 Dallas, Texas 75235

4. Type of Service: Article Number
☐ Registered ☐ Insured P-269-099-277
☐ Certified ☐ COD
☐ Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Craig Ledbetter*

6. Signature - Agent
 X

7. Date of Delivery
 3/6/85

8. Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Aug. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
☒ Show to whom and date delivered.
☐ Show to whom, date, and address of delivery.
☐ RESTRICTED DELIVERY
 Show to whom and date delivered.
☐ RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 James Chambers
 P. O. Box 1264
 Hobbs, New Mexico 88240

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested) P-269-099-278

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

PS Form 3811, Aug. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
☒ Show to whom and date delivered.
☐ Show to whom, date, and address of delivery.
☐ RESTRICTED DELIVERY
 Show to whom and date delivered.
☐ RESTRICTED DELIVERY.
 Show to whom, date, and address of delivery. \$
 (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Texaco, Inc.
 P. O. Box 3109
 Midland, Texas 79701

3. ARTICLE DESCRIPTION:
 REGISTERED NO. CERTIFIED NO. INSURED NO.

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested) P-269-099-270

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS