NEW MEXICO OIL CONSERVATION COMMISSION

WELL LOCATION AND ACREAGE DEDICATION PLAT

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

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

Operator	Lease	Well No.
Public Land Exploration Co., Inc.	State	#12

Unit Letter	Section	Township	Range	County
A	15	11 North	25 East	Guadalupe

Actual Footage Location of Well:
512 feet from the North line and 832 feet from the East line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
4571.9	Chinle	Wildcat	40 Acres

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

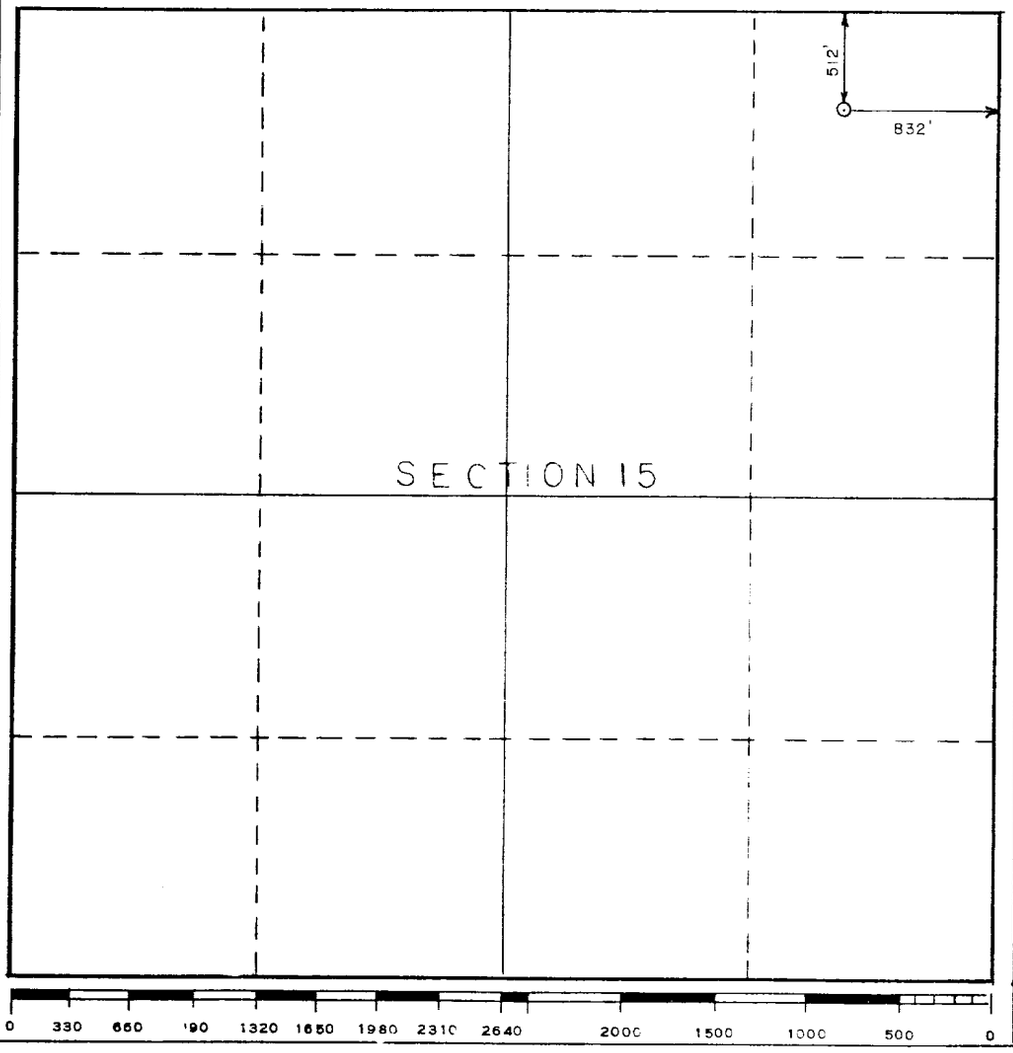
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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.

Name: Charles C Jones

Position: Agent

Company: Public Lands Exploration Co. Inc.

Date: 12-7-1980

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: December 5, 1980

Registered Professional Engineer and/or Land Surveyor: Richard R. Pettigrew

Certificate No. 3276

TYPE OR PRINT NAME Ramon Elias TELEPHONE NO. 676-3111

(This space for State Use)

APPROVED BY Roy Johnson TITLE DISTRICT SUPERVISOR DATE 6-12-82

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies to 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

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL API NO.

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

6. State Oil & Gas Lease No.
L 6331

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
O'Connell Ranch (Enhanced Recovery) Unit

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

2. Name of Operator
Enercap Corporation

8. Well No.
ORU # 7

3. Address of Operator
16945 Northchase Dr., Ste. 1700 Houston, TX 77060

9. Pool name or Wildcat
Wildcat, Guinie

4. Well Location
Unit Letter A : 512 Feet From The N Line and 832 Feet From The E Line

Section 13 Township 11 N Range 25 E NMPM Chaves County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4571.9' Gr

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	[X]	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:	[ ]		

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.

Run open ended tubing to 492'. Equilize 15.5 # cement to a minimum depth of 347'. Pull tubing. Fill remainder of hole with water. Set 20' surface plug. Set dry hole marker.

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

SIGNATURE Ramon Elias TITLE V. P. Of Operations DATE 6/8/92

TYPE OR PRINT NAME Ramon Elias TELEPHONE NO. (713) 626-0171

(This space for State Use)

APPROVED BY Roy D. Johnson TITLE DISTRICT SUPERVISOR DATE 6-12-92

CONDITIONS OF APPROVAL, IF ANY: