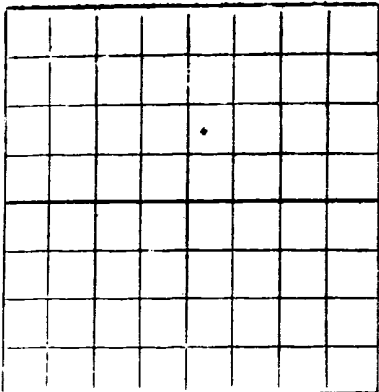


Form C-110
Revised 7/1/55

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Brockers, des. 1882



NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

WELL RECORD

Mail to District Office, Oil Conservation Commission, to which Form C-101 was sent not later than twenty days after completion of well. Follow instructions in Rules and Regulations of the Commission. Submit in QUINTUPLICATE. If State Land submit 6 Copies

AREA 640 ACRES
LOCATE WELL CORRECTLY

Gas from Company
(Company or Operator)
Well No. 39, in 51 1/4 of 10 1/4 of Sec. 10, T. 10N, R. 10E, NMPM.
Pool, 10N 10E County.
Well is 1000 feet from 10N 10E line and 2000 feet from 10N 10E line
of Section. If State Land the Oil and Gas Lease No. is 1000
Drilling Commenced 12/1/11, 19..... Drilling was Completed 12/1/11, 19.....
Name of Drilling Contractor
Address
Elevation above sea level at Top of Tubing Head 3510 The information given is to be kept confidential until 12/1/11, 19.....

OIL SANDS OR ZONES

No. 1, from 1000 to 1000 No. 4, from to
No. 2, from to 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 1000 to 1000 feet.
No. 2, from to feet.
No. 3, from to feet.
No. 4, from to feet.

CASING RECORD

SIZE	WEIGHT PER FOOT	NEW OR USED	AMOUNT	KIND OF SHOE	CUT AND PULLED FROM	PERFORATIONS	PURPOSE
8 5/8	45	used	660	100	150	none	surface
8 1/2	9.5	new	2020	100	none	none	oil

MUDDING AND CEMENTING RECORD

SIZE OF HOLE	SIZE OF CASING	WHERE SET	NO. SACKS OF CEMENT	METHOD USED	MUD GRAVITY	AMOUNT OF MUD USED
12	8 5/8	660	unknown	unknown	unknown	unknown
8 5/8	8 1/2	2020	125	plug	none	none

8 5/8 casing was left from 157 to 660 from original completion. On this completion we 157 feet of 8 5/8 and cemented to surface

RECORD OF PRODUCTION AND STIMULATION

(Record the Process used, No. of Qts. or Gals. used, interval treated or shot.)
On original completion shot with 100 qts. from 2010 to 2050. None of this completed
Result of Production Stimulation
Depth Cleaned Out

If drill-stem or other special tests or deviation surveys were made, submit report on separate sheet and attach hereto

Rotary tools were used from.....feet to.....feet, and from.....feet to.....feet.
Cable tools were used from.....feet to.....feet, and from.....feet to.....feet.

Put to Producing....., 19.....

OIL WELL: The production during the first 24 hours was.....barrels of liquid of which.....% was
was oil;% was emulsion;% water and.....% was sediment. A.P.I.
Gravity.....

GAS WELL: The production during the first 24 hours was.....M.C.F. plusbarrels of liquid Hydrocarbon. Shut in Pressure.....lbs.

Length of Time Shut in.....

PLEASE INDICATE BELOW FORMATION TOPS (IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE):

Northwestern New Mexico

T. Anhy.....	T. Devonian.....	T. Ojo Alamo.....
T. Salt.....	T. Silurian.....	T. Kirtland-Fruitland.....
B. Salt.....	T. Montoya.....	T. Farmington.....
T. Yates.....	T. Simpson.....	T. Pictured Cliffs.....
T. 7 Rivers.....	T. McKee.....	T. Menefee.....
T. Queen.....	T. Ellenburger.....	T. Point Lookout.....
T. Grayburg.....	T. Gr. Wash.....	T. Mancos.....
T. San Andres.....	T. Granite.....	T. Dakota.....
T. Glorieta.....	T.	T. Morrison.....
T. Drinkard.....	T.	T. Penn.....
T. Tubbs.....	T.	T.
T. Abo.....	T.	T.
T. Penn.....	T.	T.
T. Miss.....	T.	T.

[illegible]

ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED

I hereby swear or affirm that the information given herewith is a complete and correct record of the well and all work done on it so far as can be determined from available records.

Company or Operator..... Address.....
Name..... Position or Title.....

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

(Company or Operator)

(Lease)

Well No. _____, in _____ 1/4 _____ 1/4,

Unit Letter

Sec. _____, T. _____, R. _____, NMPM., _____ Pool

County. Date Spudded _____

Date Drilling Completed _____

Please indicate location:

Elevation _____ Total Depth _____ PBD

Top Oil/Gas Pay _____ Name of Prod. Form. _____

PRODUCING INTERVAL -

Perforations

Open Hole _____ Depth _____ Casing Shoe _____ Depth _____ Tubing _____

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: _____ MCF/Day; Hours flowed _____

Choke Size _____ Method of Testing: _____

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): _____

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter _____

Remarks: _____

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

Approved: _____, 19 _____

(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____
OIL AND GAS INSPECTION

Title _____

By: _____
(Signature)

Title _____

Send Communications regarding well to:

Name _____

Address _____

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator _____ Lease _____

Well No. _____ Unit Letter _____ S _____ T _____ R _____ Pool _____

County _____ Kind of Lease (State, Fed. or Patented) _____

If well produces oil or condensate, give location of tanks: Unit _____ S _____ T _____ R _____

Authorized Transporter of Oil or Condensate _____

Address _____

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

(Give address to which approved copy of this form is to be sent)

If Gas is not being sold, give reasons and also explain its present disposition:

Reasons for Filing: (Please check proper box) New Well _____ ()

Change in Transporter of (Check One): Oil () Dry Gas () C'head () Condensate ()

Change in Ownership _____ () Other _____ ()

Remarks: _____ (Give explanation below)

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____ 19 _____

By _____

Approved _____ MAR 11 1958 _____ 19 _____

Title _____

OIL CONSERVATION COMMISSION

Company _____

By M L Armstrong

Address _____

Title _____