

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------|-------|--------------|----------------------------------|--|--|--|-----------|-------|-----------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----|--|--|-----|
| COUNTY                           | CHAVES                                                                                                                                                                                                                                                                                                                                                                                                                                            | FIELD     | Twin Lakes         | STATE | NM           |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
| OPR                              | HARLOW CORP., THE                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                    | API   | 30-005-60924 |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
| NO                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                 | W/SE      | O'Brien Fee "19-A" | MAP   |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  | Sec 19, T8S, R29E                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                    | COORD | 11-1-3 NM    |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  | 660 FNL, 641 FWL of Sec                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  | 6 mi SE/Elkins                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                    | SPD   | 11-2-81      |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    | CMP   | 11-2-81      |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
| CSC                              | <table border="1"> <tr> <td colspan="4">WELL CLASS: INIT D FIN LSE. CODE</td> </tr> <tr> <td>FORMATION</td> <td>DATUM</td> <td>FORMATION</td> <td>DATUM</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ID</td> <td colspan="2"></td> <td>PBD</td> </tr> </table> |           |                    |       |              | WELL CLASS: INIT D FIN LSE. CODE |  |  |  | FORMATION | DATUM | FORMATION | DATUM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | ID |  |  | PBD |
| WELL CLASS: INIT D FIN LSE. CODE |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
| FORMATION                        | DATUM                                                                                                                                                                                                                                                                                                                                                                                                                                             | FORMATION | DATUM              |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
| ID                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           | PBD                |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |
| ABANDONED LOCATION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                    |       |              |                                  |  |  |  |           |       |           |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |     |

|       |          |         |       |
|-------|----------|---------|-------|
| CONTR | OPRSELEV | 3998 GL | sub-s |
|-------|----------|---------|-------|

11-2-81  
 11-7-81  
 F.R. 3-30-81  
 PD 2830 RT (San Andres)  
 Abandoned Location  
 COMPLETION ISSUED

11-1-3 NM  
 IC 30-005-70109-81