

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED

RECEIVED AUG 10 2011

FORM APPROVED  
OMB No. 1004-0137  
Expires March 31, 2007

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

5. Lease Serial No.  
Jicarilla Contract No. 67

6. If Indian, Allottee or Tribe Name  
Jicarilla Apache Tribe

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Kimbell Oil Company of Texas, LLC

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.  
No. 1 Jicarilla

3a. Address  
777 Taylor Street, Suite P-IIA, Fort Worth, Texas 76102

3b. Phone No. (include area code)  
817-335-2591

9. API Well No.  
30-039-05904

10. Field and Pool or Exploratory Area  
Basin Dakota

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
990' FSL & 990' FWL ; Section 20, T25N, R5W

11. Country or Parish, State  
Rio Arriba, New Mexico

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |                                                      |                                                    |                                         |
|-------------------------------------------------------|-----------------------------------------------|------------------------------------------------------|----------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen                      | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat              | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction            | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other _____    |
|                                                       | <input type="checkbox"/> Change Plans         | <input checked="" type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       |                                         |
|                                                       | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back                   | <input type="checkbox"/> Water Disposal            |                                         |

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

BP

\*\*\*\*\* Please find attached daily actual wellbore plugging operational reports for permanent record.\*\*\*\*\*



14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)  
Jonathan M. Stickland

Title Operations Manager

Signature

Date 08/02/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved by

Title

Date

AUG 10 2011

Office

FARMINGTON FIELD OFFICE  
BY SM

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



## 37455

Rig No. 5

Date 6-28-11 Day Tues.

Well Name Jicarilla #1

Company Kimbell Oil Company

[illegible]

Fuel & Motor Oil \_\_\_\_\_ Water Hauled JS trucking hauled 4-loads fresh

Rental Equipment \_\_\_\_\_ Cement Retainers \_\_\_\_\_

## Cementing

**Wireline** \_\_\_\_\_

| CREW       | NAME          | UNIT # | MILEAGE | HOURS |
|------------|---------------|--------|---------|-------|
| Supervisor | J. Mangum     | 70     | 180     |       |
| Operator   | A. Hason      | 21     | 180     | 15.5  |
| Derrick    | L. Many mules |        |         | 15.5  |
| Floors     | M. Smith      |        |         | 15.5  |
| Floors     | w. Benally    |        |         | 15.5  |
| Floors     | W. Anderson   |        |         | 15.5  |

PCI - 090576A

37458

P.O. BOX 1979 • FARMINGTON, NM 87499  
505-325-2627 • FAX (505) 325-1211

Rig No. 5

Date 6-29-11 Day Wed

Well Name Jicgrilla #1

Company Kimbell Oil Company

| FROM  | TO    | DESCRIPTION OF OPERATION                                                 |
|-------|-------|--------------------------------------------------------------------------|
| 5:00  | 7:00  | Load supplies & travel to location                                       |
| 7:00  | 7:30  | Hold SFTY MTG on ISA, service & start equip't                            |
| 7:30  | 8:00  | Check pressures on well- no TBG, CSG-X, BH-X. Swap out floats            |
| 8:00  |       | PW 5 1/2" DHS CR, TIH PWT & tallying TBG to 6882'. PUA 10' sub, a 6' sub |
|       | 11:30 | & set DHS CR @ 6904'                                                     |
| 11:30 |       | Load TBG w/10 BBLs & test to 1000#, good test. Release from              |
|       |       | CR & sting out, load CSG w/53 BBLs & pumped 140 BBLs total.              |
|       | 1:00  | (Still getting drilling mud in returns)                                  |
| 1:00  |       | Plug #1 mix & pump 24 sacks 15.6# 118 yield 28.32 cu ft type B CMT       |
|       | 1:30  | from 6904'-6693' TOC.                                                    |
| 1:30  | 3:00  | TOOH LD 8 JTS TBG, stand back remaining TBG                              |
| 3:00  |       | R/U Basin well logging, load the CSG w/13 BBLs, RIH to 6660'             |
|       |       | begin to log POOH found CMT from 6660'-5500' TOC, free                   |
|       |       | pipe from 5500'-3643' bottom of the DV tool, and CMT from                |
|       | 5:30  | 3643' bottom to 2660' TOC.                                               |
| 5:30  | 6:00  | SI well & secure location                                                |
| 6:00  | 7:30  | Travel to yard                                                           |
|       |       |                                                                          |
|       |       |                                                                          |
|       |       |                                                                          |
|       |       |                                                                          |
|       |       |                                                                          |
|       |       |                                                                          |
|       |       |                                                                          |
|       |       |                                                                          |
| Note  |       | Brandon Powell operated Plug # before CBL on 6-29-11 @ 2:00 AM           |
| Note  |       | Bryce Hammond w/ Sicarilla RIM on location                               |

Fuel & Motor Oil \_\_\_\_\_ Water Hauled \_\_\_\_\_

Rental Equipment \_\_\_\_\_ Cement Retainers 11 DHS CR @ 6904'

Cementing *p#1-245XS*

**Wireline**

| CREW       | NAME                       | UNIT # | MILEAGE | HOURS |
|------------|----------------------------|--------|---------|-------|
| Supervisor | J. Mangum / P. Fitzpatrick | 70     | 180     |       |
| Operator   | A. Hasen                   | 21     | 180     | 14.5  |
| Derrick    | L. Marmoles                |        |         | 14.5  |
| Floors     | M. Smith                   |        |         | 14.5  |
| Floors     | W. Benally                 |        |         | 14.5  |
| Floors     | W. Anderson                |        |         | 14.5  |

RCI - 090576

37459

Rig No. 5

Date 6-30-11 Day Thurs.

Well Name Sicarilla #1

Company Kimbell Oil Company

Fuel & Motor Oil \_\_\_\_\_ Water Hauled \_\_\_\_\_  
Rental Equipment \_\_\_\_\_ Cement Retainers \_\_\_\_\_  
Cementing *p#1-20x5s from* \_\_\_\_\_

Wireline  
mileage's on units on loc. (231) 153367 (243) 109002 (203) 23779 Rig 5 - 002005

| CREW       | NAME         | UNIT # | MILEAGE | HOURS |
|------------|--------------|--------|---------|-------|
| Supervisor | S. Mangum    | 70     | 180     |       |
| Operator   | A. Hason     | 21     | 180     | 13    |
| Derrick    | L. Manymules |        |         | 13    |
| Floors     | M. Smith     |        |         | 13    |
| Floors     | W. Benally   |        |         | 13    |
| Floors     | W. Anderson  |        |         | 13    |

## Daily Report

## A - PLUS WELL SERVICE

P.O. BOX 1979 • FARMINGTON, NM 87499  
505-325-2627 • FAX (505) 325-1211

37460

Rig No. 5Date 7-5-11 Day Tues.Well Name Sicariilla #1Company Kimbell Oil Company

| FROM  | TO    | DESCRIPTION OF OPERATION                                           |
|-------|-------|--------------------------------------------------------------------|
| 5:00  | 7:00  | Load supplies, travel to location                                  |
| 7:00  | 7:30  | Hold SFTY MTE on JSA, service + start eqt.                         |
| 7:30  | 8:00  | Check pressure on the well TBG - & BH - & CSG - & open well        |
| 8:00  | 9:30  | Continue TOOH w/ TBG standing back, LD plugging sub.               |
| 9:30  |       | RU pump to CSG + load hole w/ 15 BBLs, attempt CSG test.           |
|       | 9:45  | no test, est rate into holes of 1.5 BPM @ 550'.                    |
| 9:45  |       | RU wire line, hold SFTY on JSA, RIH w/ 3/4" HSC to 4294', per      |
|       |       | POOH. (Miss run replace detonator) RIH w/ 3/4" HSC to 4294', per   |
|       | 11:30 | POOH + RD wire line.                                               |
| 11:30 | 1:00  | PU 5 1/2" DHS CR + TIH to 4242' & set DHS CR @ 4242'               |
| 1:00  |       | Release from 5 1/2" DHS CR, sting out CR & load the hole w/ 1.5    |
|       |       | + pump 5 BBLs ahead total, sting into CR & test; a rate of         |
|       | 11:30 | 1.5 BPM @ 650'.                                                    |
| 1:30  |       | Plug #3 mix + pump 65 sxs 15.6' 1.18 yield 76.7 cu ft              |
|       |       | from 4294' - 4101' TOC, leaving 6 sxs below the CR, 43 sxs outside |
|       | 2:00  | and 16 sxs above the CR                                            |
| 2:00  | 3:45  | TOOH LD 5 JTS, standing back remaining TBG, LD CR setting tool     |
| 3:45  | 4:30  | PU plugging sub, & TIH to 2,000'                                   |
| 4:30  | 5:00  | shut in well & secure location                                     |
| 5:00  | 6:30  | Travel to yard                                                     |
| Note  |       | Bryce Hammond w/ Sicariilla BLM on location                        |

Fuel & Motor Oil Diesel - 20 gal Water Hauled \_\_\_\_\_Rental Equipment Day 3, workstring A-Plus 2 3/8" Cement Retainers 5 1/2" DHS CR @ 4242'Cementing P# 3 - 65 sxsWireline Perf 3 holes 3/4" HSC @ 4294' J.G.

| CREW       | NAME                       | UNIT # | MILEAGE | HOURS |
|------------|----------------------------|--------|---------|-------|
| Supervisor | J. Mangum / P. Fitzpatrick | 70     | 180     |       |
| Operator   | L. Sandoval                | 21     | 180     | 13.5  |
| Derrick    | W. Anderson                |        |         | 13.5  |
| Floors     | W. Benally                 |        |         | 13.5  |
| Floors     |                            |        |         |       |
| Floors     |                            |        |         |       |

RCI - 090576A

## Daily Report

## A - PLUS WELL SERVICE

P.O. BOX 1979 • FARMINGTON, NM 87499  
505-325-2627 • FAX (505) 325-1211

37613

Rig No. 5

Date 7-7-11 Day THURSDAY

Well Name JICARILLA #1 Company KINBEW

[illegible]

Fuel & Motor Oil \_\_\_\_\_ Water Hauled 5 TS - 2 LOADS FRESH, 1 LOAD DISP

Rental Equipment \_\_\_\_\_ Cement Retainers 5 1/2" DHS CR 2359

Cementing PLUG #5A-125X

Wireline 3 1/2" HSG GUN. 3 HOLES @ 2439' & 2280'

| CREW       | NAME          | UNIT # | MILEAGE | HOURS |
|------------|---------------|--------|---------|-------|
| Supervisor | P FITZPATRICK | 82     | 180     |       |
| Operator   | L SANDOVAL    | 21     | 180     | 14.5  |
| Derrick    | L MANYMULES   |        |         | 14.25 |
| Floors     | M SMITH       |        |         | 14.5  |
| Floors     | W BENALLY     |        |         | 14.25 |
| Floors     | W ANDERSON    |        |         | 14.25 |

RCI - 090576A

## Daily Report

## A - PLUS WELL SERVICE

P.O. BOX 1979 • FARMINGTON, NM 87499  
505-325-2627 • FAX (505) 325-1211

37614

Rig No. 5Date 7-8-11 Day FRIDAYWell Name SICARILLA #1Company KIMBELL

| FROM  | TO    | DESCRIPTION OF OPERATION                                                      |
|-------|-------|-------------------------------------------------------------------------------|
| 5:00  | 7:00  | LOAD SUPPLIES & TRAVEL TO YARD                                                |
| 7:00  | 7:30  | SETY MTR ON JSA, SERV & START EQUIP                                           |
| 7:30  | 9:00  | DIAGNOSE & REPAIR WLLU                                                        |
| 9:00  |       | RV A-PLUS WLLU, RIH W/ 3 1/8" HSL GUN & SHOOT 3 HOLES @ 2131', POH & RD WLLU  |
|       |       | LOAD HOLE W/ 7 BBL, ATTEMPT TO EST RATE - BLEED 800" - 600" IN 1 MIN          |
|       |       | B HAMMOND W/ BLM REQUESTS SPOT INSIDE PLUG PLUG OVER KIRTLAND & ON            |
|       | 10:00 | FORMATION TOPS W/ 300' EXCESS CMT @ 10:00 AM                                  |
| 10:00 |       | TIH TBG W/ PLUGGING SUB & TAG P*5A TO L @ 2298', RV PUMP TO TBG & PUMP        |
|       | 10:45 | 5 BBL AHEAD                                                                   |
| 10:45 |       | PLUG #6 - MIX & PUMP 6.5 SX, 15.6", 1.18 YIELD = 76.7 CWT CLASS B CMT         |
|       | 11:15 | FROM 2298' - 1724' TOG, CMT PUMPED W/ 27% CALCIUM CHLORIDE                    |
| 11:15 |       | TOH LD TBG TO 700', STAND BACK REMAINING TBG & LD PLUGGING SUB                |
|       | 2:00  | SI WELL & WOG UNTIL CMT SAMPLE HARD                                           |
| 2:00  |       | RV PUMP TO CSG & LOAD HOLE W/ 7 BBL, PRESS TEST CSG TO 700" - HELD OK 5       |
|       |       | MIN, RV WIRELINE, RIH W/ 3 1/8" HSL GUN & TAG PLUG #6 TO L @ 1865', PUL       |
|       | 3:00  | & SHOOT 3 HOLES @ 749', POH WIRELINE, EST RATE OF 2 BPM @ 600"                |
| 3:00  |       | TIH TBG W/ 5 1/2" DHS CR TO 713', SET & RELEASE CR @ 713', STING OUT, RV PUMP |
|       |       | TO TBG & LOAD HOLE W/ 3 BBL, PRESS TEST CSG TO 600" - HELD OK, STING IN &     |
|       | 3:30  | EST RATE OF 2 BPM @ 600"                                                      |
| 3:30  |       | PLUG #7 - MIX & PUMP 6.5 SX, 15.6", 1.18 YIELD = 71.98 CWT CLASS B CMT,       |
|       | 4:00  | PUMPED 48 SX BELOW CR, STING OUT & LEAVE 13.5X ABOVE CR FROM 713' - 599' TOG  |
| 4:00  |       | TOH LD ALL TBG & CR SETTING TOOL                                              |
|       |       | RV WLLU, RIH W/ 3 1/8" HSL GUN & SHOOT 3 HOLES @ 317', POH RD WLLU            |
|       | 5:00  | EST CIRC DN CSG & OUT BH W/ 3 BBL, CIRC 15 BBL OUT BH VALVE                   |
| 5:00  |       | PLUG #8 - MIX & PUMP 15.3 SX, 15.6", 1.18 YIELD = 180.54 CWT CLASS B CMT      |
|       | 5:30  | FROM 317' - 0' TOG, CIRC GOOD CMT OUT BH VALVE                                |
| 5:30  | 6:00  | WASH UP PUMPING EQUIP & BOP, SI WELL CLEAN & SECURE LOC                       |
| 6:00  | 7:30  | TRAVEL TO YARD                                                                |
|       |       | BRYCE HAMMOND W/ SICARILLA BLM ON LOG                                         |

Fuel & Motor Oil 7-6-11 47 gallons diesel / 7-7-11 39 gallons diesel Water Hauled 5 & 5 - 1 LOAD DISPOSALRental Equipment \_\_\_\_\_ Cement Retainers 5 1/2" DHS CR @ 713'Cementing PLUG #6 - 6.5 SX, PLUG #7 - 6.5 SX, PLUG #8 - 15.3 SXWireline 3 1/8" HSL GUN - 3 HOLES @ 2131', 749' & 317'

| CREW       | NAME          | UNIT # | MILEAGE | HOURS |
|------------|---------------|--------|---------|-------|
| Supervisor | P FITZPATRICK | 82     | 180     |       |
| Operator   | L SANDOVAL    | 21     | 180     | 14.5  |
| Derrick    | L MANYMULES   |        |         | 14.5  |
| Floors     | M SMITH       |        |         | 14.5  |
| Floors     | W BENALLY     |        |         | 14.5  |
| Floors     | J MANEUM      |        |         |       |

RCI - 000576A

## Daily Report

## A - PLUS WELL SERVICE

P.O. BOX 1979 • FARMINGTON, NM 87499  
505-325-2627 • FAX (505) 325-1211

37615

Rig No 5

Date 7-11-11 Day MONDAY

Well Name SICARILLA #1

Company KIMBELL

[illegible]

Fuel & Motor Oil \_\_\_\_\_ Water Hauled \_\_\_\_\_

Rental Equipment \_\_\_\_\_ Cement Retainers \_\_\_\_\_

Cementing TOP OFF C545 1 SET DNM - 44 sy

**Wireline**

| CREW       | NAME                     | UNIT # | MILEAGE | HOURS |
|------------|--------------------------|--------|---------|-------|
| Supervisor | P FITZPATRICK / J MANKUM | 82     | 90      |       |
| Operator   | L SANDOVAL               | 21     | 90      | 15.5  |
| Derrick    | L MANYMULES              |        |         | 15.5  |
| Floors     | W BENALLY                |        |         | 15.5  |
| Floors     | M SMITH                  |        |         | 15.5  |
| Floors     | W ANDERSON               |        |         | 15.5  |

RCI - 990576

# A-PLUS WELL SERVICE, INC.

P.O. BOX 1979

Farmington, New Mexico 87499

505-325-2627 \* fax: 505-325-1211

## PLUGGING CONTROL WORKSHEET

Company: Kimbell Oil Company

Start Work: 6-27-11

Well Name: Jicarilla #1

Job Complete: \_\_\_\_\_

Purpose: To compare Proposed Plugging Plan (Sundry Procedure) To Actual Work  
Complete For Each Plug Set:

\*\*\*\*\*

Date and Time Plug Set: 6-29-11 @ 1:00 PM Initials: JM

Sundry Procedure:

Actual Work Done:

Plug # 1

Plug # 1

From: 6904' To: 6804'

From: 6904' To: 6693 TOC

With: 17 sxs cement

With: 24 sxs cement

Perforate: NO No or at \_\_\_\_\_

Perforate at: NO (\_\_\_\_ holes)

CIBP: NO No or at \_\_\_\_\_

CIBP set at: NO

Cement Rt: YES No or at 6904'

Cement Rt set at: 6904' 2 sxs Under

24 sxs Above; 2 sxs Into Annulus

Does Procedure and Actual Agree? ☒ Yes ☐ No

If No, Why Changes? \_\_\_\_\_

Changes Approved By (Include Time and Date): \_\_\_\_\_

\*\*\*\*\*

Date and Time Plug Set: 6-30-11 @ 11:30 AM Initials: JM

Sundry Procedure:

Actual Work Done:

Plug # 2

Plug # 2

From: 5987' To: 5887'

From: 5995' To: 5818'

With: 17 sxs cement

With: 20 sxs cement

Perforate: NO No or at \_\_\_\_\_

Perforate at: NO (\_\_\_\_ holes)

CIBP: NO No or at \_\_\_\_\_

CIBP set at: NO

Cement Rt: NO No or at \_\_\_\_\_

Cement Rt set at: NO; \_\_\_\_\_ sxs Under

\_\_\_\_ sxs Above; \_\_\_\_\_ sxs Into Annulus

Does Procedure and Actual Agree? ☒ Yes ☐ No

If No, Why Changes? \_\_\_\_\_

Changes Approved By (Include Time and Date): \_\_\_\_\_

\*\*\*\*\*

Date and Time Plug Set: 7-5-11 @ 1:30 AM Initials: JM

Sundry Procedure:

Actual Work Done:

Plug # 3

Plug # 3

From: 4294' To: 4194'

From: 4294' To: 4101'

With: 60 sxs cement

With: 65 sxs cement

Perforate: YES No or at 4294'

Perforate at: YES @ 4294' (3 holes)

CIBP: NO No or at \_\_\_\_\_

CIBP set at: NO

Cement Rt: YES No or at 4244'

Cement Rt set at: 4242'; 6 sxs Under

16 sxs Above; 43 sxs Into Annulus

Does Procedure and Actual Agree? ☒ Yes ☐ No

If No, Why Changes? \_\_\_\_\_

Changes Approved By (Include Time and Date): \_\_\_\_\_

\*\*\*\*\*

TAGGED @ 4102'

# A-PLUS WELL SERVICE, INC.

P.O. BOX 1979  
Farmington, New Mexico 87499  
505-325-2627 \* fax: 505-325-1211

## PLUGGING CONTROL WORKSHEET

Company: Kimbell Oil Company

Start Work: 6-27-11

Well Name: Jicarilla #1

Job Complete: \_\_\_\_\_

Purpose: To compare Proposed Plugging Plan (Sundry Procedure) To Actual Work  
Complete For Each Plug Set:

\*\*\*\*\*

Date and Time Plug Set: 7-6-11 @ 9:45 AM Initials: PF

Sundry Procedure:

Actual Work Done:

Plug # 4

Plug # 4

From: 3625' To: 3525'

From: 3625' To: 3422'

With: 17 sxs cement

With: 23 sxs cement

Perforate: X No or at \_\_\_\_\_

Perforate at: X (\_\_\_\_ holes)

CIBP: X No or at \_\_\_\_\_

CIBP set at: X

Cement Rt: X No or at \_\_\_\_\_

Cement Rt set at: X; \_\_\_\_ sxs Under

\_\_\_\_ sxs Above; \_\_\_\_ sxs Into Annulus

Does Procedure and Actual Agree? Yes No

If No, Why Changes? \_\_\_\_\_

Changes Approved By (Include Time and Date): \_\_\_\_\_

\*\*\*\*\*

Date and Time Plug Set: 7-6-11 @ 2:00 PM Initials: PF

Sundry Procedure:

Actual Work Done:

Plug # 5

Plug # 5

From: 2710 To: 2339

From: 2710 To: 2534'

With: 45 sxs cement

With: 20 sxs cement

Perforate: X No or at \_\_\_\_\_

Perforate at: X (\_\_\_\_ holes)

CIBP: X No or at \_\_\_\_\_

CIBP set at: X

Cement Rt: X No or at \_\_\_\_\_

Cement Rt set at: X; \_\_\_\_ sxs Under

\_\_\_\_ sxs Above; \_\_\_\_ sxs Into Annulus

Does Procedure and Actual Agree? Yes X No

If No, Why Changes? CBL SHOWS TOC IN ANNULUS @ 2660' - OK BY B. HAMMOND!

S. MAARDN W/ BLM DO INSIDE PLUG OVER PL TOP & INSIDE/OUTSIDE OVER FRUITLAND TOP

Changes Approved By (Include Time and Date): 7-6-11 @ 1:00 PM

\*\*\*\*\*

Date and Time Plug Set: 7-7-11 @ 10:30 AM Initials: PF

Sundry Procedure:

Actual Work Done:

Plug # \_\_\_\_\_

Plug # 5A

From: \_\_\_\_\_ To: \_\_\_\_\_

From: 2389 To: 2284

With: \_\_\_\_\_ sxs cement

With: 12 sxs cement

Perforate: \_\_\_\_\_ No or at \_\_\_\_\_

Perforate at: 2439 (3 holes)

CIBP: \_\_\_\_\_ No or at \_\_\_\_\_

CIBP set at: X

Cement Rt: \_\_\_\_\_ No or at \_\_\_\_\_

Cement Rt set at: 2389; 0 sxs Under

12 sxs Above; \_\_\_\_ sxs Into Annulus

Does Procedure and Actual Agree? Yes X No

If No, Why Changes? SAME AS ABOVE

COULD NOT EST RATE INTO PERFS - OK TO SPOT 12s BY B. HAMMOND

Changes Approved By (Include Time and Date): W/ BLM 7-7-11 @ 10:30 AM

\*\*\*\*\*

# A-PLUS WELL SERVICE, INC.

P.O. BOX 1979

Farmington, New Mexico 87499

505-325-2627 \* fax: 505-325-1211

## PLUGGING CONTROL WORKSHEET

Company: KIMBELL OIL COMPANY

Start Work: 6-27-11

Well Name: SICARILLA #1

Job Complete: \_\_\_\_\_

Purpose: To compare Proposed Plugging Plan (Sundry Procedure) To Actual Work  
Complete For Each Plug Set:

\*\*\*\*\*

Date and Time Plug Set: 7-8-11 @ 10:45 A Initials: PI

Sundry Procedure:

Actual Work Done:

Plug # 6  
From: 2280' To: 2029'  
With: 145 sxs cement  
Perforate: \_\_\_\_\_ No or at 2280'  
CIBP: X No or at \_\_\_\_\_  
Cement Rt: \_\_\_\_\_ No or at 2230'

Plug # 6  
From: 2298' To: 1724'  
With: 65 sxs cement  
Perforate at: 2280' & 2131' (3 holes EACH)  
CIBP set at: X  
Cement Rt set at: X; \_\_\_\_\_ sxs Under  
\_\_\_\_\_ sxs Above; \_\_\_\_\_ sxs Into Annulus

Does Procedure and Actual Agree? Yes ☒ No

If No, Why Changes? UNABLE TO EST RATE INTO PERFS @ 800' (BLED 800'-600' IN 1 MIN 7-7-11) OK TO COVER PERFS W/ INSIDE PLUG & 300' EXCESS BY BRYCE HAMMOND

Changes Approved By (Include Time and Date): W/ B.A.M 7-7-11 @ 10:00 AM TAGGED @

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Date and Time Plug Set: 7-8-11 @ 3:30 PM Initials: PF

Sundry Procedure:

Actual Work Done:

Plug # 7  
From: 749 To: 649  
With: 60 sxs cement  
Perforate: \_\_\_\_\_ No or at 749  
CIBP: X No or at \_\_\_\_\_  
Cement Rt: \_\_\_\_\_ No or at 699

Plug # 7  
From: 749 To: 599  
With: 61 sxs cement  
Perforate at: 749 (3 holes)  
CIBP set at: X  
Cement Rt set at: 713; 48 sxs Under  
13 sxs Above; \_\_\_\_\_ sxs Into Annulus

Does Procedure and Actual Agree? Yes ☒ No

If No, Why Changes? \_\_\_\_\_

Changes Approved By (Include Time and Date): \_\_\_\_\_

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Date and Time Plug Set: 7-8-11 @ 5:00 PM Initials: PF

Sundry Procedure:

Actual Work Done:

Plug # 8  
From: 317 To: 0  
With: 165 sxs cement  
Perforate: \_\_\_\_\_ No or at 317  
CIBP: X No or at \_\_\_\_\_  
Cement Rt: X No or at \_\_\_\_\_

Plug # 8  
From: 317 To: 0  
With: 153 sxs cement  
Perforate at: 317 (3 holes)  
CIBP set at: 317  
Cement Rt set at: Y; \_\_\_\_\_ sxs Under  
\_\_\_\_\_ sxs Above; \_\_\_\_\_ sxs Into Annulus

Does Procedure and Actual Agree? Yes ☒ No

If No, Why Changes? \_\_\_\_\_

Changes Approved By (Include Time and Date): \_\_\_\_\_

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## Hot Work Permit

|                                                                                                                                                                                                                                                           |                                     |                |                                                                                                                                                                             |                                     |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| Location (e.g., facility, well name, and rig) <u>Sicariilla #1 Kimbell Oil Comp.</u>                                                                                                                                                                      |                                     |                |                                                                                                                                                                             |                                     |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| Description of work: <u>Cut off well head &amp; rig anchors</u>                                                                                                                                                                                           |                                     |                |                                                                                                                                                                             |                                     |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| The following precautions must be taken to complete work safely. Attach details for special procedures or other details appropriate.                                                                                                                      |                                     |                |                                                                                                                                                                             |                                     |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| Check                                                                                                                                                                                                                                                     | Yes                                 | N/A            | Check                                                                                                                                                                       | Yes                                 | N/A                                                        | Check                                                                                                                                                                                                          | Yes                                 | N/A                                 |          |
| All lines depressurized?                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> |                | GFCIs necessary?                                                                                                                                                            |                                     | <input checked="" type="checkbox"/>                        | Standby person/fire watch?                                                                                                                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| All liquids drained?                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> |                | Combustible removed?                                                                                                                                                        | <input checked="" type="checkbox"/> |                                                            | Pre-job safety meeting complete?                                                                                                                                                                               | <input checked="" type="checkbox"/> |                                     |          |
| Space cleaned and purged?                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> |                | Continuous atmosphere monitoring?                                                                                                                                           | <input checked="" type="checkbox"/> |                                                            | Emergency procedure established?                                                                                                                                                                               | <input checked="" type="checkbox"/> |                                     |          |
| Space properly ventilated?                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> |                | Fire extinguisher/washer available?                                                                                                                                         | <input checked="" type="checkbox"/> |                                                            | Special PPE required?                                                                                                                                                                                          | <input checked="" type="checkbox"/> |                                     |          |
| Lockout/tagout complete?                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> |                | Respiratory protection required?                                                                                                                                            |                                     | <input checked="" type="checkbox"/>                        | Is associated heat-tracing and cathodic protection isolated?                                                                                                                                                   |                                     | <input checked="" type="checkbox"/> |          |
| Positive Isolation <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Blind <input checked="" type="checkbox"/> Double block and bleed<br><input checked="" type="checkbox"/> Disconnect <input type="checkbox"/> Full thickness skillet |                                     |                | Electrical lighting and equipment properly rated for hazardous location<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                     |                                                            | Communication method<br><input type="checkbox"/> N/A <input checked="" type="checkbox"/> Hand Signal <input checked="" type="checkbox"/> Voice<br><input type="checkbox"/> Radio <input type="checkbox"/> Horn |                                     |                                     |          |
| PPE                                                                                                                                                                                                                                                       |                                     |                | Rescue equipment                                                                                                                                                            |                                     |                                                            | Emergency phone numbers                                                                                                                                                                                        |                                     |                                     |          |
| Head: <input checked="" type="checkbox"/> Hardhat <input type="checkbox"/> Other:                                                                                                                                                                         |                                     |                | Emergency Response Plan? <u>N36°22'51.1" W107°23'21.0"</u>                                                                                                                  |                                     |                                                            | Ambulance/EMS: 911                                                                                                                                                                                             |                                     |                                     |          |
| Eyeface: Safety glasses w/ side shields<br><input type="checkbox"/> Face shield <input type="checkbox"/> Goggles<br><input type="checkbox"/> Lifeline <input type="checkbox"/> Other                                                                      |                                     |                | If no, notify outside rescue services GPS coordinates:                                                                                                                      |                                     |                                                            | AirCare 1: 1 800 452-9990                                                                                                                                                                                      |                                     |                                     |          |
| Arms/hand: <input checked="" type="checkbox"/> Leather gloves<br><input type="checkbox"/> Leather gloves w/ long sleeves<br><input type="checkbox"/> Other:                                                                                               |                                     |                | <input type="checkbox"/> Other rescue equipment is listed:                                                                                                                  |                                     |                                                            | Non Emergency Dispatch: (505) 334-6622                                                                                                                                                                         |                                     |                                     |          |
| Clothing: <input checked="" type="checkbox"/> Flame-resistant clothing                                                                                                                                                                                    |                                     |                |                                                                                                                                                                             |                                     |                                                            | San Juan Regional: (505) 325-5011                                                                                                                                                                              |                                     |                                     |          |
| Atmospheric testing:                                                                                                                                                                                                                                      |                                     |                | Bump Test                                                                                                                                                                   | Monitor                             | Monitor                                                    | Monitor                                                                                                                                                                                                        | Monitor                             | Monitor                             | Monitor  |
| Acceptable conditions: Time                                                                                                                                                                                                                               |                                     |                | Alarm                                                                                                                                                                       | Result                              | Results                                                    | Results                                                                                                                                                                                                        | Results                             | Results                             | Results  |
| Test Time <u>10:15</u>                                                                                                                                                                                                                                    |                                     |                | <u>10:18</u>                                                                                                                                                                | <u>10:30</u>                        |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| Oxygen                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | 19.5% to 23.5% | (Y) N                                                                                                                                                                       | <u>96.06</u>                        |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| Flammability                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <10% LEL       | (Y) N                                                                                                                                                                       | <u>0</u>                            |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| H <sub>2</sub> S                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <10 PPM        | (Y) N                                                                                                                                                                       | <u>0</u>                            |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| CO <sub>2</sub>                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <35 PPM        | (Y) N                                                                                                                                                                       | <u>0</u>                            |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| Vessel Temperature <100°F (43°C)                                                                                                                                                                                                                          |                                     |                |                                                                                                                                                                             |                                     |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| Other (list):                                                                                                                                                                                                                                             |                                     |                |                                                                                                                                                                             |                                     |                                                            |                                                                                                                                                                                                                |                                     |                                     |          |
| Tester Signature <u>Jabon Mangum</u>                                                                                                                                                                                                                      |                                     |                | Initials                                                                                                                                                                    | Initials <u>JM</u>                  | Initials                                                   | Initials                                                                                                                                                                                                       | Initials                            | Initials                            | Initials |
| Direct reading monitor <u>yes</u>                                                                                                                                                                                                                         |                                     |                | Model and unit number: <u>RKT GX-2029</u>                                                                                                                                   |                                     |                                                            | Calibration date: <u>4-25-11</u>                                                                                                                                                                               |                                     |                                     |          |
| This permit is approved for <u>4</u> hours on this date <u>2/11/11</u>                                                                                                                                                                                    |                                     |                |                                                                                                                                                                             |                                     | Signature of person(s) performing hot work or at worksite: |                                                                                                                                                                                                                |                                     |                                     |          |
| Signature of authorized permit writer <u>Jabon Mangum</u>                                                                                                                                                                                                 |                                     |                |                                                                                                                                                                             |                                     | x <u>Will Boly</u>                                         |                                                                                                                                                                                                                |                                     |                                     |          |
| Start time: <u>10:20</u>                                                                                                                                                                                                                                  |                                     |                |                                                                                                                                                                             |                                     | X                                                          |                                                                                                                                                                                                                |                                     |                                     |          |
| End Time: <u>2:20</u>                                                                                                                                                                                                                                     |                                     |                |                                                                                                                                                                             |                                     | X                                                          |                                                                                                                                                                                                                |                                     |                                     |          |
| Only the on-site supervisor may extend the permit time (max. 12 hrs)                                                                                                                                                                                      |                                     |                |                                                                                                                                                                             |                                     | X                                                          |                                                                                                                                                                                                                |                                     |                                     |          |
| Time was extended to: _____ hr Rep initials: _____ Time: _____                                                                                                                                                                                            |                                     |                |                                                                                                                                                                             |                                     | X                                                          |                                                                                                                                                                                                                |                                     |                                     |          |
| Permit start time shall be the same as the initial test time.                                                                                                                                                                                             |                                     |                |                                                                                                                                                                             |                                     | X                                                          |                                                                                                                                                                                                                |                                     |                                     |          |
| Signature of fire watch (to remain 30 minutes after hot work is completed)                                                                                                                                                                                |                                     |                |                                                                                                                                                                             |                                     | Signature of supervisor:                                   |                                                                                                                                                                                                                |                                     |                                     |          |
| x <u>[Signature]</u>                                                                                                                                                                                                                                      |                                     |                |                                                                                                                                                                             |                                     | x <u>Jabon Mangum</u>                                      |                                                                                                                                                                                                                |                                     |                                     |          |