District I 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico **Energy Minerals and Natural Resources** Department Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

For temporary pits, closed-loop systems, and below-grade tanks, submit to the appropriate NMOCD District Office.

For pe provid Distric

ermanent pits and exceptions submit	to	
nta Fe Environmental Bureau office ar	ıd	
le a copy to the appropriate NMOCD		4
et Office.	~	1

Proposed Alternative Method Permit or Closure Plan Application Type of action:
Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances. OGRID #: 4838
API Number: 30-045-34313 OCD Permit Number: U/L or Qtr/Qtr G Section 22 Township T24N Range R11W County: San Juan Center of Proposed Design: Latitude N36.30150 Longitude W107.98713 NAD: 1927 \ Surface Owner: \Bigsir Federal \Bigsir State \Bigsir Private \Bigsir Private \Bigsir Tribal Trust or Indian Allotment
Operator: Coleman Oil &Gas, Inc. Address: P.O. Drawer 3337, Farmington, NM 87499 Facility or well name: Juniper West 22 #32 API Number: 30-045-34313 OCD Permit Number: U/L or Qtr/Qtr G Section 22 Township T24N Range R11W County: San Juan Center of Proposed Design: Latitude N36.30150 Longitude W107.98713 NAD: 1927 \(\) 1983 Surface Owner: \(\) Federal \(\) State \(\) Private \(\) Tribal Trust or Indian Allotment
Address: P.O. Drawer 3337, Farmington, NM 87499 Facility or well name: Juniper West 22 #32 API Number: 30-045-34313 OCD Permit Number: San Juan Center of Proposed Design: Latitude N36.30150 Longitude W107.98713 NAD: 1927 1983 Surface Owner: Federal State Private Tribal Trust or Indian Allotment
Facility or well name:Juniper West 22 #32 API Number:30-045-34313
API Number: 30-045-34313 OCD Permit Number: U/L or Qtr/Qtr G Section 22 Township T24N Range R11W County: San Juan Center of Proposed Design: Latitude N36.30150 Longitude W107.98713 NAD: 1927 \ 1983 Surface Owner: Federal State Private Tribal Trust or Indian Allotment
Center of Proposed Design: Latitude N36.30150 Longitude W107.98713 NAD: □ 1927 ⋈ 1983 Surface Owner: ⋈ Federal □ State □ Private □ Tribal Trust or Indian Allotment
Surface Owner: State Private Tribal Trust or Indian Allotment
Surface Owner. A Federal A State And Private And Trust of Indian Anotherit
2.
☑ Pit: Subsection F or G of 19.15.17.11 NMAC Temporary: ☑ Drilling ☐ Workover ☐ Permanent ☐ Emergency ☐ Cavitation ☐ P&A
☐ Unlined Liner type: Thickness <u>20</u> mil ☐ LLDPE ☐ HDPE ☐ PVC ☐ Other
⊠ String-Reinforced
Liner Seams:
3. Closed-loop System: Subsection H of 19.15.17.11 NMAC Type of Operation: P&A Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) Drying Pad Above Ground Steel Tanks Haul-off Bins Other

Alternative Method: Submittal of an exception request is required. Exceptions must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.

Lined Unlined Liner type: Thickness _____mil LLDPE HDPE PVC Other ____

__bbl Type of fluid: _____

mil HDPE PVC Other

Secondary containment with leak detection Visible sidewalls, liner, 6-inch lift and automatic overflow shut-off

OIL CONS. DIV. DIST. 3

123456

Liner type: Thickness

Liner Seams: Welded Factory Other

Volume:

Tank Construction material: __

Below-grade tank: Subsection I of 19.15.17.11 NMAC

☐ Visible sidewalls and liner ☐ Visible sidewalls only ☐ Other

Fencing: Subsection D of 19.15.17.11 NMAC (Applies to permanent pits, temporary pits, and below-grade tanks)		1 1
Chain link, six feet in height, two strands of barbed wire at top (Required if located within 1000 feet of a permanent residence, school, institution or church)	hospital,	n†
Four foot height, four strands of barbed wire evenly spaced between one and four feet		f. 1
Alternate. Please specify		
Netting: Subsection E of 19.15.17.11 NMAC (Applies to permanent pits and permanent open top tanks) Screen Netting Other Monthly inspections (If netting or screening is not physically feasible)		
8. Signs: Subsection C of 19.15.17.11 NMAC		
☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers		
Signed in compliance with 19.15.3.103 NMAC		
Administrative Approvals and Exceptions:		
Justifications and/or demonstrations of equivalency are required. Please refer to 19.15.17 NMAC for guidance. Please check a box if one or more of the following is requested, if not leave blank:		<u> </u>
Administrative approval(s): Requests must be submitted to the appropriate division district or the Santa Fe Environmental Bureau of	office for	•
consideration of approval. Exception(s): Requests must be submitted to the Santa Fe Environmental Bureau office for consideration of approval.		
10. Siting Criteria (regarding permitting): 19.15.17.10 NMAC		"." if
Instructions: The applicant must demonstrate compliance for each siting criteria below in the application. Recommendations of accept material are provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate or may be considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of a Applicant must attach justification for request. Please refer to 19.15.17.10 NMAC for guidance. Siting criteria does not apply to drying above-grade tanks associated with a closed-loop system.	priate dis pproval.	trici
Ground water is less than 50 feet below the bottom of the temporary pit, permanent pit, or below-grade tank. - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	☐ Yes	☐ No
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark). - Topographic map; Visual inspection (certification) of the proposed site	☐ Yes	☐ No
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (Applies to temporary, emergency, or cavitation pits and below-grade tanks) - Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes ☐ NA	□ No
Within 1000 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. (Applies to permanent pits)	☐ Yes ☐ NA	□ No
- Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes	☐ No
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application. - NM Office of the State Engineer - iWATERS database search; Visual inspection (certification) of the proposed site		Ϋ́, ','`
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended. - Written confirmation or verification from the municipality; Written approval obtained from the municipality	☐ Yes	□ No
Within 500 feet of a wetland US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	☐ Yes	□ No ,
Within the area overlying a subsurface mine. - Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	☐ Yes	□ 'No
Within an unstable area. - Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map	☐ Yes	□ No
Within a 100-year floodplain FEMA map	☐ Yes	□ No

Temporary Pits, Emergency Pits, and Below-grade Tanks Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.
Hydrogeologic Report (Below-grade Tanks) - based upon the requirements of Paragraph (4) of Subsection B of 19.15.17.9 NMAC Hydrogeologic Data (Temporary and Emergency Pits) - based upon the requirements of Paragraph (2) of Subsection B of 19.15.17.9 NMAC Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC
Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Previously Approved Design (attach copy of design) API Number: or Permit Number:
Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Geologic and Hydrogeologic Data (only for on-site closure) - based upon the requirements of Paragraph (3) of Subsection B of 19.15.17.9 Siting Criteria Compliance Demonstrations (only for on-site closure) - based upon the appropriate requirements of 19.15.17.10 NMAC Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Closure Plan (Please complete Boxes 14 through 18, if applicable) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC
Previously Approved Design (attach copy of design) API Number:
Previously Approved Operating and Maintenance Plan API Number: (Applies only to closed-loop system that use
above ground steel tanks or haul-off bins and propose to implement waste removal for closure)
Permanent Pits Permit Application Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Hydrogeologic Report - based upon the requirements of Paragraph (1) of Subsection B of 19.15.17.9 NMAC Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Climatological Factors Assessment Certified Engineering Design Plans - based upon the appropriate requirements of 19.15.17.11 NMAC Dike Protection and Structural Integrity Design - based upon the appropriate requirements of 19.15.17.11 NMAC Leak Detection Design - based upon the appropriate requirements of 19.15.17.11 NMAC Liner Specifications and Compatibility Assessment - based upon the appropriate requirements of 19.15.17.11 NMAC Quality Control/Quality Assurance Construction and Installation Plan Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Freeboard and Overtopping Prevention Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Nuisance or Hazardous Odors, including H ₂ S, Prevention Plan Oil Field Waste Stream Characterization Monitoring and Inspection Plan Erosino Control Plan Closure Plan - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC
Proposed Closure: 19.15.17.13 NMAC Instructions: Please complete the applicable boxes, Boxes 14 through 18, in regards to the proposed closure plan.
Type: Drilling Workover Emergency Cavitation P&A Permanent Pit Below-grade Tank Closed-loop System Alternative Proposed Closure Method: Waste Excavation and Removal
☐ Waste Removal (Closed-loop systems only)
☐ On-site Closure Method (Only for temporary pits and closed-loop systems) ☐ In-place Burial ☐ On-site Trench Burial
Alternative Closure Method (Exceptions must be submitted to the Santa Fe Environmental Bureau for consideration)
Waste Excavation and Removal Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan. Please indicate, by a check mark in the box, that the documents are attached. Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings) Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.1 Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if facilities are required.	O NMAC) more than two,
Disposal Facility Name: Disposal Facility Permit Number:	
Disposal Facility Name: Disposal Facility Permit Number:	
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future ser Yes (If yes, please provide the information below) \(\subseteq \) No	
Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMA Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC	С
Siting Criteria (regarding on-site closure methods only): 19.15.17.10 NMAC Instructions: Each siting criteria requires a demonstration of compliance in the closure plan. Recommendations of acceptable sour provided below. Requests regarding changes to certain siting criteria may require administrative approval from the appropriate dist considered an exception which must be submitted to the Santa Fe Environmental Bureau office for consideration of approval. Justi demonstrations of equivalency are required. Please refer to 19.15.17.10 NMAC for guidance.	rict office or may be
Ground water is less than 50 feet below the bottom of the buried waste. NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	☐ Yes ☑ No ☐ NA
Ground water is between 50 and 100 feet below the bottom of the buried waste - NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	☐ Yes ☒ Ño ☐ NA
Ground water is more than 100 feet below the bottom of the buried waste. NM Office of the State Engineer - iWATERS database search; USGS; Data obtained from nearby wells	☐ Yes ☐ No ☐ NA
Within 300 feet of a continuously flowing watercourse, or 200 feet of any other significant watercourse or lakebed, sinkhole, or playa lake (measured from the ordinary high-water mark).	☐ Yes ☒ Ño ˆ
Within 300 feet from a permanent residence, school, hospital, institution, or church in existence at the time of initial application. Visual inspection (certification) of the proposed site; Aerial photo; Satellite image	☐ Yes ☑ No
Within 500 horizontal feet of a private, domestic fresh water well or spring that less than five households use for domestic or stock watering purposes, or within 1000 horizontal feet of any other fresh water well or spring, in existence at the time of initial application. - NM Office of the State Engineer - iWATERS database; Visual inspection (certification) of the proposed site	☐ Yes ☑ No
Within incorporated municipal boundaries or within a defined municipal fresh water well field covered under a municipal ordinance adopted pursuant to NMSA 1978, Section 3-27-3, as amended. - Written confirmation or verification from the municipality; Written approval obtained from the municipality	☐ Yes ☑ No
Within 500 feet of a wetland. US Fish and Wildlife Wetland Identification map; Topographic map; Visual inspection (certification) of the proposed site	☐ Yes ☒ No
Within the area overlying a subsurface mine Written confirmation or verification or map from the NM EMNRD-Mining and Mineral Division	☐ Yes ☒ No
 Within an unstable area. Engineering measures incorporated into the design; NM Bureau of Geology & Mineral Resources; USGS; NM Geological Society; Topographic map 	☐ Yes ☒ No
Within a 100-year floodplain FEMA map	☐ Yes ⊠ No
On-Site Closure Plan Checklist: (19.15.17.13 NMAC) Instructions: Each of the following items must be attached to the closure plan by a check mark in the box, that the documents are attached. Siting Criteria Compliance Demonstrations - based upon the appropriate requirements of 19.15.17.10 NMAC Proof of Surface Owner Notice - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC Construction/Design Plan of Burial Trench (if applicable) based upon the appropriate requirements of 19.15.17.11 NMAC Construction/Design Plan of Temporary Pit (for in-place burial of a drying pad) - based upon the appropriate requirements of 19.15.17.13 NMAC Protocols and Procedures - based upon the appropriate requirements of 19.15.17.13 NMAC Confirmation Sampling Plan (if applicable) - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC Waste Material Sampling Plan - based upon the appropriate requirements of Subsection F of 19.15.17.13 NMAC Disposal Facility Name and Permit Number (for liquids, drilling fluids and drill cuttings or in case on-site closure standards cant Soil Cover Design - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC	15.17.11 NMAC

Operator Application Certification: I hereby certify that the information submitted with this application is true, accura	ate and complete to the best of my knowledge and belief.
Name (Print):	Title:
Signature:	Date:
e-mail address:	·
OCD Representative Signature:	Approval Date:
Title: Compliance Office	OCD Permit Number:
Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior to The closure report is required to be submitted to the division within 60 days of the section of the form until an approved closure plan has been obtained and the closure	o implementing any closure activities and submitting the closure report. he completion of the closure activities. Please do not complete this osure activities have been completed.
1	☑ Closure Completion Date: 104/01/2009
Closure Method: Waste Excavation and Removal On-Site Closure Method Alternate If different from approved plan, please explain.	tive Closure Method
Closure Report Regarding Waste Removal Closure For Closed-loop Systems Instructions: Please indentify the facility or facilities for where the liquids, drill two facilities were utilized.	ling fluids and drill cuttings were disposed. Use attachment if more than
Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	Disposal Facility Permit Number:
Were the closed-loop system operations and associated activities performed on or ☐ Yes (If yes, please demonstrate compliance to the items below) ☐ No	in areas that will not be used for future service and operations?
Required for impacted areas which will not be used for future service and operation Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ons:
Closure Report Attachment Checklist: Instructions: Each of the following ite mark in the box, that the documents are attached. Proof of Closure Notice (surface owner and division) Proof of Deed Notice (required for on-site closure) Plot Plan (for on-site closures and temporary pits) Confirmation Sampling Analytical Results (if applicable) Waste Material Sampling Analytical Results (required for on-site closure) Disposal Facility Name and Permit Number Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique Site Reclamation (Photo Documentation) On-site Closure Location: Latitude N36.30150 Longit	
25. Operator Closure Certification;	
I hereby certify that the information and attachments submitted with this closure rebelief. I also certify that the closure complies with all applicable closure requirem	eport is true, accurate and complete to the best of my knowledge and ents and conditions specified in the approved closure plan.
Name (Print): Michael T. Hanson Title	e: Operations Engineer
Signature: Muhael T /fanv	Date:
e-mail address: mhanson@coe-fmn.com	Telephone:(505) 327-0356

Lease Name: API No.:

Juniper West 22 #32 API # 30-045-34313

Description:

G, Section 22, T24N, R11W

In accordance with Rule NMAC the following information describes the closure of the temporary pit referenced above. All proper documentation regarding closure activities is being included with the C-144.

- Proof of Closure Notice
- Proof of Deed Notice
- Plot Plan
- C-105
- Sampling Results
- Details on Soil Backfilling and Cover Installation
- Re-vegetation Application Rates and Seeding Technique
- Site Reclamation Photos (Including Steel Marker)
- 1. All free standing liquids will be removed at the start of the pit closure process from the pit and disposed of in a division-approved facility or recycled, reused, or reclaimed in a manner that the Aztec Division office approves.

Fluids were pulled from reserve pit and sent to an approved disposal.

2. The referred method of closure for all temporary pits will be on-site, in-place burial, assuming that all criteria listed in Subsection (B) of 19.15.17.13 are met.

On-site in-place burial was approved by the Aztec office on October 10, 2008.

3. The surface owner shall be notified of Coleman Oil and Gas proposed closure plan using a means that provided proof of notice, i.e., Certified Mail, return receipt requested.

Surface Owner BLM Farmington office was notified of Coleman's proposed closer plan in the Surface Use Plan of APD process and again by sundry notice dated March 19, 2009.

4. Within 6 months of Rig Off status occurring Coleman Oil and Gas will ensure that temporary pits are closed, re-contoured, and reseeded.

Released Rotary Tools on October 28, 2008; Reserve pit was reclaimed and re-contoured April 1, 2009. Coleman Oil & Gas, Inc. requested a six month extension via sundry to complete this well. Approval for extension was granted to October 1, 2009. Coleman plans on seeding location shortly after completion process or prior October 1, 2009.

- 5. Notice of Closure will be given to the Aztec Division office between 72 hours and one week of closure via email, or verbally. The notification of closure will include the following:
 - i. Operator's Name
 - ii. Well Name and API Number
 - iii. Location by Unit Letter, Section, Township, Range

Aztec OCD was given notice of temporary pit closer via email on March 26, 2009.

6. Pit contents shall be mixed with non-waste containing, earthen material in order to achieve appropriate solidification. The solidification process will be accomplished using a combination of natural drying and mechanically mixing. Pit contents will be mixed with non-waste, earthen material to a consistency that is deemed as safe and stable. The mixing ratio shall not exceed 3 parts clean soil to 1 part contents.

Pit contents were mixed with non-waste containing earthen material in order to achieve appropriate solidification. The solidification process was accomplished using a combination of natural drying and mechanically mixing using a dozer and track-hoe. Pit contents were mixed with non-waste material to a consistency that was deemed safe and stable. The mixing ration did not exceed three parts clean soil to one part pit contents.

7. Liner of temporary pit shall be removed above "mud level" after stabilization. Removal of liner will consist of manually or mechanically cutting liner at mud level and removing all remaining liner. Care will be taken to remove "ALL" of the liner i.e., edges of liner entrenched or buried. All excessive liner will be disposed of at a licensed disposal facility.

Liner of temporary pit was removed within six inches of mud line. After removal of pit liner it was hauled to and disposed of at the San Juan County Land Farm.

8. A five point composite sample will be taken using sampling tools and all samples tested per Subsection B of 19.15.17.13(B)(1)(b). In the event that the criteria are not met, all contents will be handled per Subparagraph (a) of Paragraph (1) of Subsection B of 19.15.17.13 i.e. dig and haul. Disposal facilities to be utilized should this method be required will be Envirotech Permit No. NM01-0011 or IEI, Permit No. NM01-0010B.

A five point composite sample was taken and submitted to Envirotech, see attached analysis.

9. Upon completion of solidification and testing, the pit area will be backfilled and compacted, non-waste containing earthen material. A minimum of four feet of cover shall be achieved and the cover shall include one foot of suitable material to establish vegetation at the site, or the background thickness of topsoil, whichever is greater.

Upon completion of solidification and testing, the pit area was backfilled with compacted, non-waste containing, earthen material. A minimum of four feet of cover was achieved and the cover included just one foot of background topsoil suitable for establishing vegetation at the site.

10. Re-contouring of the location will match fit, shape, line, form and texture of the surrounding area. Re-shaping will include drainage control, ponding prevention, and erosion prevention. Natural drainages will be unimpeded and water bars and/or silt traps will be placed in areas where needed to prevent erosion on a large scale. Final re-contour shall have a uniform appearance with a smooth surface, fitting the natural landscape.

Re-contouring of location matches fit, shape, line form and texture of the surrounding area. Re-shaping of the location included drainage control, pounding prevention and erosion prevention. Natural drainages were unimpeded and water bars and/or silt traps were placed in areas where needed to prevent erosion on a large scale. Final recontouring will be done after completion phase or prior to October 1, 2009.

11. Notification will be sent to OCD when the reclaimed area is seeded.

Notification via copy of BLM sundry after seeding will be sent to Aztec OCD office.

12. Coleman Oil and Gas shall seed the disturbed areas the first growing season after the pit is closed. Seeding will be accomplished via drilling on the contour whenever practical or by other division-approved methods. BLM of Forest Service stipulated seed mixes will be used on Federal Lads. Vegetative cover will equal 70% of the native perennial vegetative cover (unimpacted) consisting of at least three native plant species, including at least one grass, but not including noxious weeks, and maintain that cover through two successive growing seasons. Repeat seeding or planting will be continued until successful vegetative growth occurs.

Notification via copy of BLM sundry after reclaimed area successfully achieves re-vegetation for two successive growing seasons will be sent to Aztec OCD office.

13. The temporary pit will be located with a steel marker, no less than four inches in diameter, cemented in a hole three feet deep in the center of the on-site burial upon the abandonment of all the wells on the pad. The marker will be flush with the ground to allow access of the active well pad and for safety concerns. The marker will include a threaded collar to be used for future abandonment. The top of the marker will contain a welded steel 12" square plate that indicates the onsite burial of the temporary pit. The plate will be easily removable and a four foot riser will be threaded into the top of the collar marker and welded around the base with the operator's information at the time of the wells on the pad are abandoned. The operator's information will include the following: Operator's Name, Lease Name, Well Name and Number, Unit Number, Section, Township, Range and an indicator that the marker is an on-site burial location.

The temporary pit was located with a steel marker four inches in diameter, cemented in a hole three feet deep in the center of the onsite burial with a threaded collar on top. The following information was welded on a twelve inch by twelve inch plate and screwed into a four inch collar (Coleman Oil & Gas, Inc., Juniper West 22 #32, Unit G, Section 22, T24N, R11W).

14. Coleman Oil and Gas shall file a deed notice identifying the exact location of the on-site burial with the county clerk in the county where the on-site burial occurs.

Temporary pit closer notification was sent to surface owner via certified mail and a deed notice was filed with the San Juan County Clerks Office.

Proof of Closure Notice

RCVD MAY 18'07 RIL CONS. DIV. DIST. 3

Porm 3160-3 (August 1999)					207 HAY -	9 牌1	II: 36	OMB NO 1004	
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TYPE OF WELL COL	X as well	Onter	□ son	GLB ZONE	MILTIPLE ZON	na (E	Leue Name	nd Well No r West 2:	2 #32
Name of Operator							API Well No		
Co	leman Oil &	Gas, Inc.					30-0 Field and Poo	45-3	4313
3s. Address			3b Pho	a No (includ	e area code)	10	Field and Poo	l, or Explorator	y
P.O. Drawer 3337, F					327-0356			sin Fruitla	
4 Location of well (Report loca	thon clearly and in	accordance with any	State requir	restants.")		11	. Sec., T., R., h	L, or Blk. And	Survey or Area
	1700' FEL	Latitude 36.	3015359	Longita	ıde 107 987042°		G Sect	ion 22, T	24N, R11W
At proposed prod. zone	2 DEBUGGON PRO	A/AMADEST TOW	N OB BOST	OFFICE			County or Par		13 State
South East of Farm					rovimately 60 mil	. 1	San.		NM
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property or lease time, d. 850							320 ACRES E/2		
(Alto to nearest drig unit line 18 Distance from proposed local	lon*			19 Proposes	Depth		BIA Boad No o	na file	
so nearest well, drilling, comp applied for, on this lease, it.	pieted,	2205			11681		N-2817	n	#00£10£10
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				24. Attaci					
The following, completed in	scoordance with th	a requirements of	Onshore O	il and Gu C	order No. 1 shall be attac	hed to this	(oran:		
i. Well pist certified by a regus	tered surveyor.] 4	Bond to cover the operation	na mijera ee.	ered by costing	bond on file(se	re
2. A Drilling Plan.			. a.	١.	štem 20 sbove). Operator certificature.				
3 A Surface Use Plan (if the is SUPO shall be filed with the			i, ue	۱	Such other site specific but	ormation sud	V or plans as par	y be required by	the a
					entporseq officer				
15 Signature	17/1	4.4/	Hume (F	rutted/Typed	Michael T. Hanso	173		DATE	-May-07
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Application sporoval does not we operations thereon.	much or Certify Vall to	a applicant bolds leg	ej ot ednitap)	e title to those	rights in the subject lease t	which would	entitle the applic	ant to conduct	
Conditions of approval, if any, ere						_	_		
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PRIOR TO CASING & CEMERA

NMOCD. 15018

ING OPERATIONS AUTHORIZED ARE OF TO COMPLIANCE WITH ATTACHED

This action is subject to technical and procedural review pursuant to 43 CFR 3165 3 and appoal pursuant to 43 CFR 3165 4

Coleman Oil & Gas. Inc. Juniper West 22 #32 1700' FNL & 1700' FEL Sec. 22, T. 24 N., R. 11 W. San Juan County, New Mexico

7. WASTE DISPOSAL

A ≥12 mil plastic liner will be installed in the reserve pit. The pit will be fenced sheep tight on 3 sides with woven wire fence topped with barbed wire. The fourth side will be fenced once the rig moves off. The fence will be kept in good repair while the pit dries. Once dry, pit contents will be buried in place.

All trash will be placed in a portable trash cage. It will be hauled to an approved landfill. There will be no burial or burning. Human waste will be disposed of in chemical toilets or holding tanks. Contents will be hauled to a sate approved dump station.

8. ANCILLARY FACILITIES

There will be no air strip or camp. Camper trailers may be on location for the company man, tool pusher, and mud logger.

9. WELL SITE LAYOUT

See attached drawings of the well pad, cross section, cut and fill diagram, reserve pit, trash cage, access onto the location, parking, living facilities, and rig orientation.

(10.) RECLAMATION

Reclamation starts once the reserve pit is dry, at which point it will be back filled. The reserve pit, pipeline route, and any areas not needed for work overs will initially be reclaimed. Slopes will be no steeper than 3 to 1. Water bars will be installed in cut and skewed to drain every ≈100 yards on the



Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OM B No 1004-0137

Expires March 31, 2007 BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Land Manager NMNM 104608 Do not use this form for proposals to drill or to re-enter an Field Charles abandoned well the form of the control of the cont 6. If Indian, Allottee or Tribe Name abandoned well. Use Form 3160 - 3 (APD) for such proposals. 7 If Unit or CA/Agreement, Name and/or No SUBMIT IN TRIPLICATE- Other instructions on reverse side. Type of Well Öil Well ✓ Gas Well Other 8 Well Name and No 2 Name of Operator Coleman Oil & Gas, Inc. Juniper West 22 #32 API Well No 30-045-34313 3a Address 3b Phone No (include area code) P.O. Drawer 3337 505-327-0356 10 Field and Pool, or Exploratory Area **Basin Fruitland Coal** 4 Location of Well (Footage, Sec., T., R., M., or Survey Description) 11 County or Parish, State 1700' FNL, 1700' FEL G, Section 22, T24N, R11W Latitude 36.301535°, Longitude 107.987042° San Juan, New Mexico 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize Production (Start/Resume) Deepen Water Shut-Off Notice of Intent Well Integrity Alter Casing Fracture Treat Reclamation Casing Repair New Construction ___ Subsequent Report Recomplete Other Change Plans Plug and Abandon Temporarily Abandon Final Abandonment Notice Convert to Injection Plug Back Water Disposal 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 recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertunent 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filled once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection) COLEMAN OIL & GAS, INC. PLANS ON RECLAIMING RESERVE PIT IN THE NEXT SEVERAL WEEKS, SEE ATTACHED INFORMATION. COLEMAN OIL & GAS, INC. WOULD LIKE TO REQUEST A SIX MONTH EXTENSION TO COMPLETE THIS WELL, WE ARE CURRENTLY WORKING ON TRYING TO INCREASE DISPOSAL CAPACITY. / SPUD WELL OCTOBER 22, 2008 **RELEASED ROTARY TOOLS OCTOBER 28, 2008** expires 10/1/2009 I hereby certify that the foregoing is true and correct Name (Printed/Typed) MICHAEL T. HANSON Title OPERATIONS ENGINEER Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE Title Approved by I roy L Salvers 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 FFO

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.

(Instructions on page 2)

which would entitle the applicant to conduct operations thereon

Form 3160-5 (April 2004)

U ED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No 1004-0137

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				5 Lease Senal NMNM 1	
SUNDRY IN	IOTICES AND REPORTS form for proposals to drill	ON TO FO	DLING (dinar)	Cal 5	
abandoned well.	. Use Form 3160 - 3 (APD) f	or such prop	osals.		
	LICATE- Other instruction	ns on revers	e side.	7 If Unit or 0	CA/Agreement, Name and/or No
Type of Well Oil Well	Gas Well Other			8 Well Nam	e and No.
Name of Operator Coleman Oil &	Cas Inc			Juniper	West 22 #32
a Address		hone No. (include i	rea code)	9 API Well 30-045-3	
P.O. Drawer 3337	505	5-327-0356			Pool, or Exploratory Area
Location of Well (Footage, Sec., T.,		PO15750 I - 1	1 105 0050 100		ruitland Coal
1700 FNL, 1700 FEL G, Section	on 22, T24N, R11W Latitude 36.3	ouisss", Longiu	de 107.987042°	,	n, New Mexico
12. CHECK APP	ROPRIATE BOX(ES) TO INDIC	CATE NATURE	OF NOTICE, RI	EPORT, OR	OTHER DATA
TYPE OF SUBMISSION		TYP	E OF ACTION		
Notice of Intent		epen _	Production (Sta	rt/Resume)	Water Shut-Off
		ew Construction	Reclamation Recomplete		Well Integrity Other
Subsequent Report		ig and Abandon	Temporarily Ab	andon	
Final Abandonment Notice	Convert to Injection Ph	ig Back	Water Disposal		
COLEMAN OIL & GAS, II SPUD WELL OCTOBER 2 RELEASED ROTARY TO		T, SEE ATT AC	HED INFORMATI	ON.	
14. I hereby certify that the foreg Name (Printed/Typed)	oing is true and correct				
MICHAEL T. HA	NSON	Title O	PERATIONS ENG	INEER	
Signature Muhay	T. flan	Date	april	20,	2009
	THIS SPACE FOR FED	ERAL OR S	TATÉ OFFICE	USE A	XCEPTED FOR RECORD
Approved by		1	ıtle	[]	Date 2 The Control of
Conditions of approval, if any, are a	ttached. Approval of this notice does n	not warrant or			APR 2 4 2009
which would entitle the applicant to			ffice		RMINGTON FIELD OFFICE
Title 18 U.S.C. Section 1001 and Title States any false, fictitious or fraudule	43 U.S.C Section 1212, make it a criment statements or representations as to a	e for any person kr any matter within it	owingly and willfully jurisdiction	to make to an	y department or agency of the United
					

(Instructions on page 2)



Bryan Lewis e-mail: cogblewis@yahoo.com Direct Line: 505.564.3911

OFFICE: 505-327-0356

FAX: 505-327-9425

CERTIFIED RETURN RECEIPT REQUESTED 7006 0810 0005 2445 8129

Tuesday, June 02, 2009

Bureau Of Land Management 1235 La Plata Highway, Suite A Farmington, NM 87401-1805

RE: PIT CLOSURE NOTIFICATION

Township 24 North, Range 11 West

Section 15: SW/4 Section 22: W/2 Section 23: NW/4

Please be advised that, in accordance with Section 19.15.17.13.F (1) (b) of the NMAC, Coleman Oil & Gas, Inc. as operator is hereby providing notice to the current surface owner of an on-site burial of a temporary pit at the following location(s):

Well Name: Juniper West Com 15 # 14

 API Number:
 30-045-34303

 Lease Number:
 NM NM 104608

 Latitude (HDDD.DDDDO):
 N 36.30818°

 Longitude (HDDD.DDDDDO):
 W 107.99515°

Unit Letter (¼¼): M (SWSW)
Section: 15
Township: 24 North
Range: 11 West
County: San Juan
State: New Mexico

 Well Name:
 Juniper West 23 # 12

 API Number:
 30-045-34066

 Lease Number:
 NM NM 104609

 Latitude (HDDD.DDDDD):
 N 36.30223°

 Longitude (HDDD.DDDDD):
 W 107.97685°

Bureau Of Land Management Tuesday, June 02, 2009 Page 2

Unit Letter (¼ ¼): Section:

Township: Range: County: State: E (SWNW) 23

24 North
11 West
San Juan
New Mexico

Well Name: API Number: Lease Number:

Latitude (HDDD.DDDDD^O): Longitude (HDDD.DDDDD^O):

Unit Letter (1/4 1/4):

Section: Township: Range: County: State: Juniper West 22 # 32

30-045-34313 NM NM 104608 N 36.30150° W 107.98713°

G (SWNE)

22 24 North 11 West San Juan New Mexico

Well Name: API Number: Lease Number:

Latitude (HDDD.DDDDD^O): Longitude (HDDD.DDDDD^O):

Unit Letter (1/4 1/4):

Section: Township: Range: County: State: Juniper West 22 # 34 30-045-34314 NM NM 104608 N 36.29412 W 107.98713

O (SWSE)

22 24 North 11 West San Juan New Mexico

Sincerely,

Bryan/Lewis Landman

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| (2)     | SENDER: COMPLETE THIS SECTIO                                                                                                                 | N. Y             | COMPLETE THIS S                             | ECTION ON DE                              | IVERY                                  |
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| !       | <ul> <li>Complete items 1, 2, and 3. Also cor item 4 if Restricted Delivery is desire</li> <li>Print your name and address on the</li> </ul> | d.<br>reverse    | A. Signature                                |                                           | ☐ Agent<br>☐ Addresses                 |
|         | so that we can return the card to you<br>Attach this card to the back of the m<br>or on the front if space permits.                          | ı.<br>ıailpiece, | B. Received by ( Prin                       |                                           | C. Date of Delivery                    |
| •<br>•  | 1. Article Addressed to: Buran Of Land                                                                                                       |                  | D. Is delivery address If YES, enter delive |                                           |                                        |
| 1       | 1. Article Addressed to: Burcan Of Land Management 1235 La Plata Hw Suite A Farmington MM                                                    | /y,              | 3. Service Type                             |                                           | · · · · · · · · · · · · · · · · · · ·  |
|         | Suite A<br>Farmingson 1/M                                                                                                                    | 87499            | Certified Mail Registered Insured Mail      | ☐ Express Ma<br>☑ Return Reco<br>☐ C.O.D. | il<br>el <del>pt for Merchandisc</del> |
| í       | THE STATE OF                                                                                                                                 |                  | 4. Restricted Delivery                      | ? (Extra Fee)                             | ☐ Yes                                  |
| <u></u> |                                                                                                                                              |                  | ·                                           | <del></del>                               |                                        |
|         | 7006 0810 0005                                                                                                                               | 2445 81          | 29'                                         |                                           |                                        |

# **Proof of Deed Notice**

OFFICE: 505-327-0356 FAX: 505-327-9425



Bryan Lewis e-mail: cogblewis@yahoo.com Direct Line: 505.564.3911

Monday, June 01, 2009

San Juan County Clerk & Recorder Post Office Box 550 100 South Oliver Drive, Suite 200 (87410-2433) Aztec, NM 87410-0550

### RE: <u>ITEMS FOR RECORDING</u>

Enclosed you will find eight (8) RECORDATION NOTICE OF PIT BURIAL documents for recording along with our check number <u>035324</u> in the amount <u>\$72.00</u> to pay for the fees. Please return the recorded documents to my attention at the letterhead address

Sincerely,

Bryan Lewis
Landman

| STATE OF NEW MEXICO | } |
|---------------------|---|
|                     | } |
| COUNTY OF SAN JUAN  | } |

### RECORDATION NOTICE OF PIT BURIAL

In accordance with Section 19.15.17.13.F.1.f of the NMAC, operator hereby provides notice in the public record of an on-site burial of a temporary pit at the following location:

Well Name: Juniper West 22 # 32 API Number: 30-045-34313 Latitude (HDDD.DDDDD<sup>O</sup>): 36.30150° N Longitude (HDDD.DDDDD<sup>0</sup>): 107.98713° W Unit Letter ( 1/4 1/4 ): G (SWNE) Section: 22 Township: 24 North Range: 11 West County: San Juan State: New Mexico

IN WITNESS WHEREOF, this Recordation Notice of Pit Burial has been executed on the date indicated below by the undersigned.

COLEMAN OIL & GAS, INC.

Michael T. Hanson — Operations Engineer

STATE OF NEW MEXICO }
COUNTY OF SAN JUAN }

This instrument was acknowledged before me this day of June, 2009, by Michael T. Hanson as Operations Engineer for Coleman Oil & Gas, Inc.

My Commission Expires:

April 05, 2011

Bryan Lewis Notary Public

# Plot Plan

RCUD MAY18'07 OIL CONS. DIV. DIST. 3

Form 3160-3 (August 1999)

### **UNITED STATES** DEPARTMENT OF THE INTERIOR

207 (科 - 9 ) 雄 11:36

FORM APPROVED OMB NO. 1004-0136 Expires: November 30, 2000

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| a TYPE OF WORK    TYPE OF WELL   OIL   X GAS WELL   OTHER   SINGLE ZONE   MULTIPLE ZONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | If Indian, Allottee or Tribe Na        | ime            |
| Coleman Oil & Gas, Inc.  3a. Address  P.O. Drawer 3337, Farmington N.M. 87499  At surface  1700' FNL, 1700' FEL Latitude 36.301535°, Longitude 107.987042°  At proposed prod. zone  14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*  South East of Farmington New Mexico on County RD. 7610 approximately 60 miles.  15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig unit line, if any)  16. No. of Acres in lease 17. Specing tre 18. Location to nearest well, drilling, completed, applied for, on this lease, ft.  2705  18. Phone No. (include area code)  19. Proposed Prod. 20  10. Find Address  10. Find No. (include area code)  11. Section 10. Find No. (include area code)  12. Complete 10. Find No. (include area code)  13. Section 10. Find No. (include area code)  14. Distance from proposed to a content area c | If Unit or CA Agreement, Nat           | me and No.     |
| Coleman Oil & Gas, Inc.    Single 20Ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lease Name and Well No.                |                |
| Coleman Oil & Gas, Inc.  3a. Address  P.O. Drawer 3337, Farmington N.M. 87499  Costion of well (Report location clearly and In accordance with any State requirements.*)  At surface  1700' FNL, 1700' FEL Latitude 36.301535°, Longitude 107.987042°  At proposed prod. zone  14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*  South East of Farmington New Mexico on County RD. 7610 approximately 60 miles.  15. Distance from proposed*  location to nearest property or lease line, ft.  (Also to nearest well, drilling, completed, applied for, on this lease, ft.  2705  21. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  August-07  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form of the cover the operations unless covered item 20 above).  5. Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Juniper West 22                        | 2 #32          |
| A Address  P.O. Drawer 3337, Farmington N.M. 87499  (505) 327-0356  Location of well (Report location clearly and In accordance with any State requirements.*)  At surface 1700' FNL, 1700' FEL Latitude 36.301535°, Longitude 107.987042°  At proposed prod. zone  14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*  South East of Farmington New Mexico on County RD. 7610 approximately 60 miles.  15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig unit line, if any)  18. Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  2705  18. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  August-07  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  Well plat certified by a registered surveyor.  A Drilling Plan.  3. A Surface Use Plan ( if the location is on National Forest System Lands, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | API Well No                            |                |
| 3b. Phone No. (include area code)  P.O. Drawer 3337, Farmington N.M. 87499  (505) 327-0356  Location of well (Report location clearly and In accordance with any State requirements.*)  At surface  1700' FNL, 1700' FEL Latitude 36.301535°, Longitude 107.987042°  At proposed prod. zone  14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*  South East of Farmington New Mexico on County RD. 7610 approximately 60 miles.  15. Distance from proposed*  location to nearest property or lease line, ft.  (Also to nearest drig unit line, if any)  18. Distance from proposed location*  to nearest well, drilling, completed, applied for, on this lease, ft.  2705  21. ELEVATIONS (Show whether DF, RT, GR, etc.)  6441'  August-07  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  Well plat certified by a registered surveyor.  A Drilling Plan.  3. A Surface Use Plan ( if the location is on National Forest System Lands, the  10. Find the requirements.  10. Find the requirements.  11. St.  11. St.  12. C.  13. Distance requirements.  14. No of Acres in lease  17. Spacing Unit line, if any  18. Distance from proposed Depth  19. Proposed Depth  20. BLM/BIA  No. of Acres in lease  17. Spacing Unit line, if any  20. BLM/BIA  No. of Acres in lease  18. A Surface Use Plan ( if the location is on National Forest System Lands, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 30-045-3                               | 4213           |
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| At proposed prod. zone  14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*  South East of Farmington New Mexico on County RD. 7610 approximately 60 miles.  15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig unit line, if any)  18. Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  2705  21. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  August-07  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form Well plat.  4. Bond to cover the operations unless covered item 20 above).  5. Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sec., T., R., M., or Blk. And S        | Survey or Area |
| 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*  South East of Farmington New Mexico on County RD. 7610 approximately 60 miles.  15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig unit line, if any)  18. Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  2705  19. Proposed Depth 20. BLM/BIA  NM*  21. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  August-07  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1. Well plat certified by a registered surveyor. 2. A Drilling Plan. 3. A Surface Use Plan (if the location is on National Forest System Lands, the  10. No. of Acres in lease 17. Spacing Use 18. Distance from proposed* 19. Proposed Depth 20. BLM/BIA  AND  21. ELEVATIONS (Show whether DF. RT, GR, etc.)  4. Bond to cover the operations unless covered item 20 above). 5. Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | G Section 22, T2                       | 4N, R11W       |
| South East of Farmington New Mexico on County RD. 7610 approximately 60 miles.  15 Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig unit line, if any)  18 Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  2705  21. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  Well plat certified by a registered surveyor.  A Drilling Plan.  A Surface Use Plan (if the location is on National Forest System Lands, the  16 No. of Acres in lease 17 Spacing Unit S |                                        |                |
| 15 Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig unit line, if any)  18 Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  2705  21. ELEVATIONS (Show whether DF. RT, GR, etc.) 6441'  22. Aproximate date work will start*  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1 Well plat certified by a registered surveyor. 2 A Drilling Plan. 3. A Surface Use Plan (if the location is on National Forest System Lands, the  16 No. of Acres in lease  840.32  17 Spacing Unit lines  840.32  20. BLM/BIA  21. A Sproximate date work will start*  22. Aproximate date work will start*  23. A Surface Use Plan (if the location is on National Forest System Lands, the  18 No. of Acres in lease  840.32  19. Proposed Depth  20. BLM/BIA  21. A Sproximate date work will start*  22. Aproximate date work will start*  23. A Surface Use Plan (if the location is on National Forest System Lands, the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | County or Parish                       | 13. State      |
| location to nearest property or lease line, ft. (Also to nearest drig unit line, if any)  18 Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  2705  21. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  22. Aproximate date work will start*  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1 Well plat certified by a registered surveyor.  2 A Drilling Plan.  3. A Surface Use Plan (if the location is on National Forest System Lands, the  5 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | San Juan                               | NM             |
| property or lease line, ft. (Also to nearest drig unit line, if any)  18 Distance from proposed location* 19 Proposed Depth 20 BLM/BIA 21 ELEVATIONS (Show whether DF. RT, GR, etc.) 22 Aproximate date work will start* 24 Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  Well plat certified by a registered surveyor. 2 A Drilling Plan. 3 A Surface Use Plan (if the location is on National Forest System Lands, the  19 Proposed Depth 20 BLM/BIA 21 Proposed Depth 22 Aproximate date work will start* 24 Aproximate date work will start* 25 Aproximate date over the operations unless covered item 20 above). 3 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Init dedicated to this well            |                |
| 18 Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  2705  1165'  BI  21. ELEVATIONS (Show whether DF. RT, GR, etc.) 6441'  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1 Well plat certified by a registered surveyor. 2 A Drilling Plan. 3. A Surface Use Plan (if the location is on National Forest System Lands, the  19. Proposed Depth 20. ELM/BIA  A BIM/B-1  August-07  24. Aproximate date work will start*  August-07  4. Bond to cover the operations unless covered item 20 above). 5. Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 320 ACRE                               | S E/2          |
| applied for, on this lease, ft.  2705  1165'  BI  21. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1 Well plat certified by a registered surveyor.  2 A Drilling Plan.  3. A Surface Use Plan ( if the location is on National Forest System Lands, the  5 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A Bond No. on file                     |                |
| 21. ELEVATIONS (Show whether DF. RT, GR, etc.)  6441'  22. Aproximate date work will start*  August-07  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1. Well plat certified by a registered surveyor.  2. A Drilling Plan.  3. A Surface Use Plan (if the location is on National Forest System Lands, the  22. Aproximate date work will start*  43. Bond to cover the operations unless covered item 20 above).  5. Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                |
| August-07  24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1. Well plat certified by a registered surveyor.  2. A Drilling Plan.  3. A Surface Use Plan (if the location is on National Forest System Lands, the  5. Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LM Blacket Bond 23. Estimated Duration | #08510612      |
| 24. Attachments  The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  Well plat certified by a registered surveyor.  A Drilling Plan.  A Surface Use Plan ( if the location is on National Forest System Lands, the  24. Attachments  Bond to cover the operations unless covered item 20 above).  5 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | Weeks          |
| The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1 shall be attached to this form  1 Well plat certified by a registered surveyor.  2 A Drilling Plan.  3. A Surface Use Plan ( if the location is on National Forest System Lands, the  5 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                |
| 2 A Drilling Plan. item 20 above). 3. A Surface Use Plan ( if the location is on National Forest System Lands, the 5 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ron:                                   |                |
| 2 A Drilling Plan. item 20 above). 3. A Surface Use Plan ( if the location is on National Forest System Lands, the 5 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ad ber anilating band on \$1./         | _              |
| 3. A Surface Use Plan ( if the location is on National Forest System Lands, the 5 Operator certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and a second control of the sec        | <b>u</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                |
| authorized officer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | r plans as may be required by          | tine a         |
| 25 Signature 4 Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DATE                                   |                |

Operations Engineer Name (Printed/Typed)

Michael T. Hanson

DATE

Approved By Sign Title

70 Application approval 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. Conditions of approval, if any, are attached

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

\*See Instructions On Reverse Side

NOTIFY AZTEC OCD 24 HBS. PRIOR TO CASING & CEMERAL

DRILLING OPERATIONS AUTHORIZED ARE SUBJECT TO COMPLIANCE WITH ATTACHED "GENERAL REQUIREMENTS".



This action is subject to technical and procedural review pursuant to 43 CFR 3165 3 and appeal pursuant to 43 CFR 3165 4

DISTRICT | P.O. Box 1980, Hobbs, N.M. 88241-1980

### State of New Mexico Energy, Minerals & Natural Resources Department

Form C-102 Revised Febuary 21, 1994

DISTRICT II 811 South First, Artesia, N.M. 88210

OIL CONSERVATION DIVISION

Instructions on back Submit to Appropriate District Office

DISTRICT III 1000 Rio Brazos Rd., Aztec, N.M. 87410

UL or lot no.

G

P.O. Box 2088 Santa Fe, NM 87504-2088 State Lease - 4 Copies, Fee Lease - 3 Copies.

DISTRICT IV 2040 South Pacheco, Santa Fe, NM 87504-2088 2007 MAY -9 AMDIL 36 REPORT

WELL LOCATION AND ACREAGE DEDICATION PEATED

30-045-34313 71629 Basin Project Number

Property Code
JUNIPER WEST 22

OGRID No.

Operator Name
COLEMAN OIL & GAS, INC.

WELL LOCATION AND ACREAGE DEDICATION PEATED

Well Number

Section

Operator Name
Coleman OIL & GAS, INC.

Surface Location

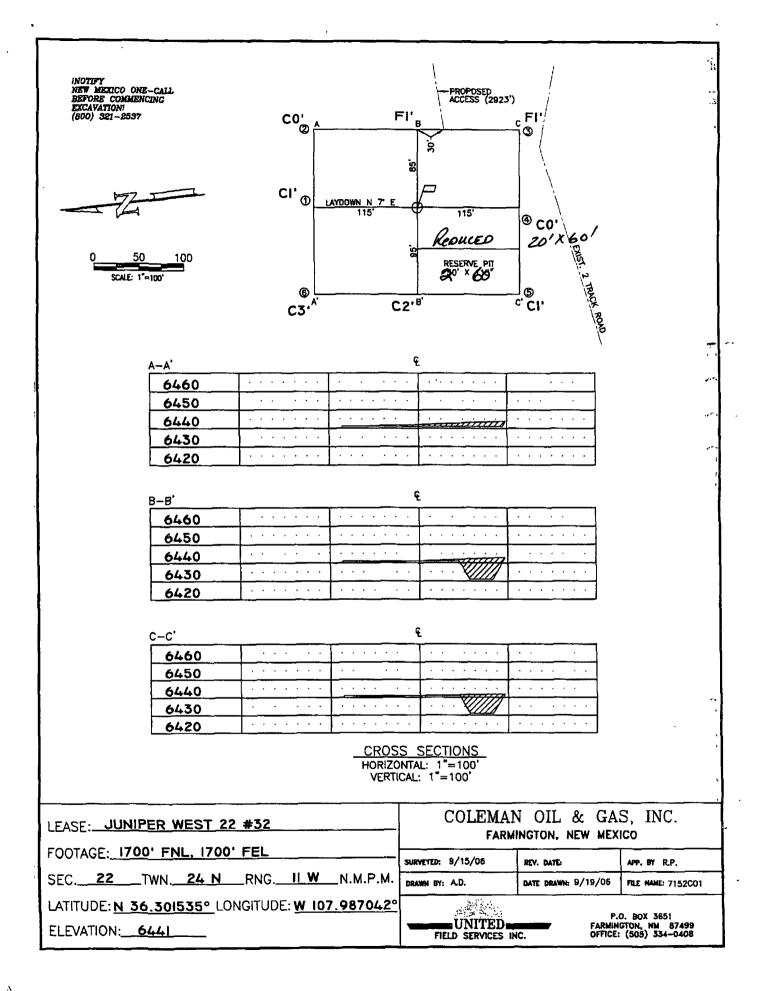
Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line County 1700 22 24 N II W NORTH 1700 **EAST** SAN JUAI

11 Bottom Hole Location If Different From Surface UL or lot no. Lot Idn Feet from the North/South line RCVD MAY 18'07 Section Township Range Feet from the OIL CONS DIV 19 Joint or Infill 14 Consolidation Code 15 Order No. DIST. 3 220 ED

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED.

OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

|               |               | OR A NON-STAN                           | DARD UNIT HAS B                                  | EEN APPROVED | B        | THE DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------|---------------|-----------------------------------------|--------------------------------------------------|--------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16            | S 89.00.30. E | 2547.04'                                | S 89°09'27" E                                    | 2547.00'     |          | 17 OPERATOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| _             |               |                                         |                                                  |              |          | I hereby certify that the information contained herein is<br>true and complete to the best of my knowledge and being                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2619.93       |               |                                         |                                                  |              | .65      | and any company to the control of th |
| 619           |               |                                         |                                                  |              | 526      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2             |               |                                         | .00.                                             |              | 2        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               |               |                                         |                                                  |              |          | 1/6//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               |               | , , , , , , , , , , , , , , , , , , , , |                                                  |              | T        | Muhal T. Lanor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ш             |               |                                         | ·                                                |              | 3        | Signature  NICHACL T. HANSON  Printed Name  OPERATIONS Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| .12           |               |                                         | G<br>LAT. N 36.301535°                           | 1700'        |          | Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 0°57'51" E    |               |                                         | LONG. W 107.98704                                | 2°           | 0°02'25" | OPERATIONS Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Z             |               |                                         | NAD 83                                           |              | 8        | Title Man 2 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| _             |               | SECTION                                 | 22                                               |              | n        | Date 2, 600 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|               |               |                                         |                                                  |              |          | 18 SURVEYOR CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| _             |               |                                         |                                                  |              |          | I hereby certify that the well location shown on this plat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2629.51       |               |                                         |                                                  |              | 4        | was plotted from field notes of actual surveys made by me<br>or under my supervision, and that the same is true and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 62            |               |                                         |                                                  |              | 262      | correct to the best of my belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2             |               |                                         |                                                  | :            | ï        | 9/15/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               |               | \                                       |                                                  |              | ∦        | Date of Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|               |               |                                         |                                                  |              | J        | Signature and Seal of Profession Systems.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <u>.</u><br>П |               |                                         |                                                  |              |          | ROSEM MEXICO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 0,5           |               |                                         | -                                                |              | 3        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| .10,57,0      |               |                                         |                                                  |              | 2000     | (\$846) / EV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| z             |               |                                         |                                                  |              | 3        | Sold House                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | N 89°07'30" W | 2556.63'                                | N 89°09'28" W                                    | 2613.56'     | - {      | Carlificate Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ۳             |               |                                         | <del>*************************************</del> |              |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



| Submit To Appropriate District Office Two Copies District 1                                             |                              |           |                | State of New Mexico Energy, Minerals and Natural Resources |                     |                           |         | Form C-105<br>July 17, 2008         |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
|---------------------------------------------------------------------------------------------------------|------------------------------|-----------|----------------|------------------------------------------------------------|---------------------|---------------------------|---------|-------------------------------------|------|---------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|----------------------|-----------|---------------------------------------|
| 1625 N French Dr<br>District II<br>1301 W Grand Av                                                      |                              |           |                |                                                            |                     |                           |         |                                     |      |                     |     | 30-045-34313                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                 |                      | ~ ~ ~     |                                       |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S St Francis Dr , Santa Fe, NM 87505 |                              |           |                | 1220 South St. Francis Dr.                                 |                     |                           |         | 2. Type of Let STA'  3. State Oil & | TE   | FEE                 |     | ED/IND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IAN · · · ·                           |                 |                      |           |                                       |
| WELL (                                                                                                  | COMF                         |           |                | RECC                                                       |                     | ETION RE                  |         |                                     |      | LOG                 |     | in transfer in the second seco | •                                     |                 |                      | e e e     |                                       |
| 4. Reason for file  COMPLET                                                                             | J                            | PORT (    | Fill in boxes  | #1 throu                                                   | gh #31 :            | for State and Fee         | e wells | s only)                             |      |                     |     | 5. Lea<br>Juniper V<br>6. Well Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | West 2                                | ame or Ur<br>22 | nit Agree            | ment Na   | me                                    |
| C-144 CLOS<br>#33; attach this a                                                                        | SURE A                       | ТТАСН     | IMENT (Fi      | ll in boxe                                                 | s #1 thr            | ough #9, #15 Da           | ate Rig | g Relea                             | sed  | and #32 and/o       | or  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | #3                                    | 32              |                      |           |                                       |
| 7. Type of Comp                                                                                         | oletion <sup>.</sup><br>WELL |           |                |                                                            | _                   | □PLUGBAC                  |         |                                     |      |                     | DIR | OTHER 9. OGRID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                 |                      |           |                                       |
|                                                                                                         | C                            | oleman    | Oil & Gas, l   | nc.                                                        |                     |                           |         |                                     |      |                     | _   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 4838            |                      |           |                                       |
| 10. Address of O                                                                                        |                              | P.O. Drav | wer 3337, F    | armingto                                                   | ı, NM               | 87499                     |         |                                     |      |                     |     | 11. Pool name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | or W                                  |                 | in Fruitle           | and Coal  |                                       |
| 12.Location                                                                                             | Unit Lt                      | r Se      | ection         | Towns                                                      |                     | Range                     | Lot     |                                     |      | Feet from th        | e   | N/S Line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Fee                                   | t from the      |                      |           | County                                |
| Surface:                                                                                                | G                            |           | 22             | 24]                                                        | N                   | 11W                       |         |                                     |      | 1700                |     | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                     | 700             | E                    | 3         | San Juan                              |
| BH:                                                                                                     |                              |           |                | <u> </u>                                                   |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      | _         | -                                     |
| 13. Date Spudded<br>October 22 ,2008                                                                    | Octo                         | ber 25, 2 |                |                                                            | Oate Rig<br>ber 28, | Released<br>2008          |         |                                     | 16   | Date Comple<br>WOCT | ted | (Ready to Prod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | luce)                                 |                 | 7 Elevat<br>T, GR, e |           | and RKB,                              |
| 18. Total Measur                                                                                        |                              |           |                |                                                            |                     | k Measured Dep            | oth     |                                     | 20   | Was Direction       | ona | l Survey Made?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       | 21. Typ         | e Electr             | ic and Ot | her Logs Run                          |
| 22. Producing Int                                                                                       | terval(s),                   | of this c | completion -   |                                                            |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      | _         | *                                     |
| 23.                                                                                                     |                              | 1         |                |                                                            |                     | ING REC                   | OR      | D (R                                | -    |                     | ng  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | oonn I          |                      |           | , , , , , , , , , , , , , , , , , , , |
| CASING SI                                                                                               | ZE                           | W.        | EIGHT LB.      | FT.                                                        |                     | DEPTH SET                 |         |                                     | HC   | LE SIZE             |     | CEMENTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | G RE                                  | CORD            | A                    | MOUNT     | PULLED                                |
|                                                                                                         |                              |           |                |                                                            |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                     |                 |                      |           |                                       |
|                                                                                                         |                              |           |                |                                                            |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
|                                                                                                         |                              |           |                |                                                            |                     |                           | _       |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
| 24.                                                                                                     |                              | 1         |                |                                                            | LINI                | ER RECORD                 |         |                                     |      |                     | 25. | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | UBI                                   | NG REC          | ORD                  |           |                                       |
| SIZE                                                                                                    | TOP                          |           | BC             | TTOM                                                       |                     | SACKS CEM                 | ENT     | SCR                                 | EEN  |                     | SIZ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | EPTH SE         |                      | PACK      | ER SET                                |
|                                                                                                         |                              |           |                |                                                            |                     |                           |         | ļ                                   |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +                                     | <u> </u>        |                      |           |                                       |
| 26. Perforation                                                                                         | record (                     | interval, | size, and nu   | mber)                                                      |                     | l                         |         | 27.                                 | AC.  | ID, SHOT, F         | R.A | ACTURE, CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ME1                                   | NT. SOU         | EEZE.                | ETC.      |                                       |
|                                                                                                         | `                            | ,         | ,              | ,                                                          |                     |                           |         |                                     |      | INTERVAL            |     | AMOUNT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                 |                      |           |                                       |
|                                                                                                         |                              |           |                |                                                            |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
|                                                                                                         |                              |           |                |                                                            | _                   |                           | _       |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
| 28.                                                                                                     |                              |           | -              |                                                            |                     |                           |         |                                     |      | TION                |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                     |                 |                      |           |                                       |
| Date First Produc                                                                                       | ction                        |           | Produc         | tion Met                                                   | hod (Flo            | owing, gas lift, pi       | umpin   | g - Size                            | e an | d type pump)        |     | Well Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (Pro                                  | d. or Shut      | '-in)                |           | ण <b>प</b>                            |
| Date of Test                                                                                            | Hou                          | rs Tested | 1 Ch           | oke Size                                                   |                     | Prod'n For<br>Test Period |         | Oil -                               | Bbl  |                     | Gas | s - MCF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ater - Bbl      |                      | Gas - C   | Oil Ratio                             |
| Flow Tubing<br>Press.                                                                                   | Casi                         | ng Press  |                | lculated 2<br>our Rate                                     | 24-                 | Oil - Bbl.                |         | <del>- (</del>                      | Gas  | - MCF               |     | Water - Bbl.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | Oil Gra         | vity - A             | PI - (Cor |                                       |
| 29. Disposition o                                                                                       | f Gas (S                     | old, used | for fuel, ver  | ited, etc.)                                                |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 30.                                   | Test Witn       | essed By             | ,         |                                       |
| 31. List Attachme                                                                                       | ents                         |           |                |                                                            |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
| 32. If a temporary                                                                                      | y pit was                    | used at   | the well, att  | ach a plat                                                 | with the            | e location of the         | tempo   | orary p                             | it.  |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
| 33. If an on-site b                                                                                     | ourial wa                    | s used at | t the well, re | port the e                                                 | xact loc            | ation of the on-s         | ite bu  | rial:                               |      |                     | _   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           |                                       |
| 71 7                                                                                                    | <u> </u>                     | .1        |                |                                                            | 1 .3                | Latitude                  | N 36    | 30150                               |      | Longi               | tud | to the best o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3                                     | NAI             |                      |           | <u> </u>                              |
| I hereby certing Signature                                                                              | <sub>T</sub> y that<br>NLN   | ine info  | · ./           | shown c<br>M <b>O</b> V                                    |                     | )                         |         |                                     |      |                     |     | Title Ope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |                 |                      |           |                                       |
| E-mail Addre                                                                                            | ess m                        | hanson    | n@cog-fm       | n.com                                                      |                     |                           |         |                                     |      |                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                 |                      |           | 1                                     |

# Sampling Results



### EPA METHOD 8015 Modified Nonhalogenated Volatile Organics Total Petroleum Hydrocarbons

| Client:                | Coleman Oil & Gas | Project #:          | 05206-0001 |
|------------------------|-------------------|---------------------|------------|
| Sample ID <sup>-</sup> | Pit               | Date Reported:      | 03-04-09   |
| Laboratory Number:     | 49123             | Date Sampled:       | 02-25-09   |
| Chain of Custody No:   | 6410              | Date Received:      | 02-25-09   |
| Sample Matrix:         | Soil              | Date Extracted:     | 03-02-09   |
| Preservative:          | Cool              | Date Analyzed:      | 03-03-09   |
| Condition <sup>.</sup> | Intact            | Analysis Requested: | 8015 TPH   |

| Parameter                    | Concentration<br>(mg/Kg) | Det.<br>Limit<br>(mg/Kg) |
|------------------------------|--------------------------|--------------------------|
| Gasoline Range (C5 - C10)    | ND                       | 0.2                      |
| Diesel Range (C10 - C28)     | 2.1                      | 0.1                      |
| Total Petroleum Hydrocarbons | 2.1                      | 0.2                      |

ND - Parameter not detected at the stated detection limit.

References:

Method 8015B, Nonhalogenated Volatile Organics, Test Methods for Evaluating Solid Waste,

SW-846, USEPA, December 1996.

Comments:

Juniper West 22 #32.

Analyst

Pavidu

Ph (505) 632-0615 Fr (800) 362-1879 Fx (505) 632-1865 lab@envirotech-inc.com envirotech-inc.com



### EPA Method 8015 Modified Nonhalogenated Volatile Organics Total Petroleum Hydrocarbons

### **Quality Assurance Report**

| Client:            | QA/QC              | Project #:          | N/A      |
|--------------------|--------------------|---------------------|----------|
| Sample ID:         | 03-03-09 QA/QC     | Date Reported:      | 03-04-09 |
| Laboratory Number: | 49122              | Date Sampled:       | N/A      |
| Sample Matrix:     | Methylene Chloride | Date Received:      | N/A      |
| Preservative:      | N/A                | Date Analyzed:      | 03-03-09 |
| Condition:         | N/A                | Analysis Requested: | TPH      |

|                         | leGal Plater | PCA RE      | vicacianti 🚋 🚧 | & Difference | Accept Range |
|-------------------------|--------------|-------------|----------------|--------------|--------------|
| Gasoline Range C5 - C10 | 05-07-07     | 9.8401E+002 | 9.8441E+002    | 0.04%        | 0 - 15%      |
| Diesel Range C10 - C28  | 05-07-07     | 1.0122E+003 | 1.0126E+003    | 0.04%        | 0 - 15%      |

| Blank Conc. (ingl. = molky)  | an Addresimilar | Detection Limit |
|------------------------------|-----------------|-----------------|
| Gasoline Range C5 - C10      | ND              | 0.2             |
| Diesel Range C10 - C28       | ND              | 0.1             |
| Total Petroleum Hydrocarbons | ND              | 0.2             |

| Euglicate Conc. (mylko) | s Sample | September 1 | Partinerante | Accept Range |
|-------------------------|----------|-------------|--------------|--------------|
| Gasoline Range C5 - C10 | ND       | ND          | 0.0%         | 0 - 30%      |
| Diesel Range C10 - C28  | 4.7      | 4.6         | 2.1%         | 0 - 30%      |

| Spike Conc. (mg/kg)     | E Gundley |     | esigika kasiliji | 27. Recovery | Accept Range |
|-------------------------|-----------|-----|------------------|--------------|--------------|
| Gasoline Range C5 - C10 | ND        | 250 | 250              | 100%         | 75 - 125%    |
| Diesel Range C10 - C28  | 4.7       | 250 | 253              | 99.2%        | 75 - 125%    |

ND - Parameter not detected at the stated detection limit.

References:

Method 8015B, Nonhalogenated Volatile Organics, Test Methods for Evaluating Solid Waste,

SW-846, USEPA, December 1996.

Comments:

QA/QC for Samples 49122 - 49124, 49143, 49151 - 49153 and 49169.

Analyst

Review Misting Wasters



## EPA METHOD 8021 AROMATIC VOLATILE ORGANICS

| Client             | Coleman Oil & Gas | Project #:          | 05206-0001 |
|--------------------|-------------------|---------------------|------------|
| Sample ID:         | Pit               | Date Reported:      | 03-04-09   |
| Laboratory Number: | 49123             | Date Sampled:       | 02-25-09   |
| Chain of Custody   | 6410              | Date Received:      | 02-25-09   |
| Sample Matrix:     | Soil              | Date Analyzed:      | 03-03-09   |
| Preservative:      | Cool              | Date Extracted:     | 03-02-09   |
| Condition:         | intact ·          | Analysis Requested: | BTEX       |

| Parameter    | Concentration (ug/Kg) | Det.<br>Limit<br>(ug/Kg) |  |
|--------------|-----------------------|--------------------------|--|
| Benzene      | 1.0                   | 0.9                      |  |
| Toluene      | 7.2                   | 1.0                      |  |
| Ethylbenzene | 8.2                   | 1.0                      |  |
| p,m-Xylene   | 11.8                  | 1.2                      |  |
| o-Xylene     | 10.9                  | 0.9                      |  |
| Total BTEX   | 39.1                  |                          |  |

ND - Parameter not detected at the stated detection limit.

| Surrogate Recoveries: | Parameter           | Percent Recovery |
|-----------------------|---------------------|------------------|
|                       | Fluorobenzene       | 98.0 %           |
|                       | 1,4-difluorobenzene | 98.0 %           |
|                       | Bromochlorobenzene  | 98.0 %           |

References:

Method 5030B, Purge-and-Trap, Test Methods for Evaluating Solid Waste, SW-846, USEPA,

December 1996.

Method 8021B, Aromatic Volatile Organics, Test Methods for Evaluating Solid Waste, SW-846,

USEPA, December 1996.

Comments:

Juniper West 22 #32.

Analyst

Review Mistering Wasters



## EPA METHOD 8021 AROMATIC VOLATILE ORGANICS

| Client.            | N/A            | Project #:     | N/A      |
|--------------------|----------------|----------------|----------|
| Sample ID.         | 03-03-BT QA/QC | Date Reported: | 03-04-09 |
| Laboratory Number: | 49122          | Date Sampled:  | N/A      |
| Sample Matrix:     | Soil           | Date Received: | N/A      |
| Preservative:      | N/A            | Date Analyzed: | 03-03-09 |
| Condition:         | N/A            | Analysis:      | BTEX     |

| Calibration and Detection Limits (dolls) | THE STREET                 | / (G-CallEF/               | 9/IDIT       | Blank // | Detect.<br>Limit |
|------------------------------------------|----------------------------|----------------------------|--------------|----------|------------------|
|                                          | 0.04405 .005               | 0.04045.005                | 0.00/        | ND       |                  |
| Benzene<br>Toluene                       | 2.2416E+005<br>2.5727E+005 | 2.2461E+005<br>2.5779E+005 | 0.2%<br>0.2% | ND<br>ND | 0.1<br>0.1       |
| Ethylbenzene                             | 2.6047E+005                | 2.6099E+005                | 0.2%         | ND       | 0.1              |
| p,m-Xylene                               | 6.6790E+005                | 6.6924E+005                | 0.2%         | ND       | 0.1              |
| o-Xylene                                 | 3.1716E+005                | 3.1780E+005                | 0.2%         | ND       | 0.1              |

| Duplicate Conc. (ugiKg) | Sample P | si i ji | 2%DIH | A designation of | Detect Limit |
|-------------------------|----------|------------------------------------------|-------|------------------|--------------|
| Benzene                 | 6.4      | 6.2                                      | 3.1%  | 0 - 30%          | 0.9          |
| Toluene                 | 17.5     | 17.1                                     | 2.3%  | 0 - 30%          | 1.0          |
| Ethylbenzene            | 10.3     | 10.1                                     | 1.9%  | 0 - 30%          | 1.0          |
| p,m-Xylene              | 36.6     | 36.2                                     | 1.1%  | 0 - 30%          | 1.2          |
| o-Xylene                | 18.3     | 17.8                                     | 2.7%  | 0 - 30%          | 0.9          |

| Spike Cons. (ug/Kg) | Spingle ( ST Amo | um(Sakes syd) | co Edinjo E | % Recovery | Accept Range |
|---------------------|------------------|---------------|-------------|------------|--------------|
| Benzene             | 6.4              | 50.0          | 56.0        | 99.3%      | 39 - 150     |
| Toluene             | 17.5             | 50.0          | 64.5        | 95.6%      | 46 - 148     |
| Ethylbenzene        | 10.3             | 50.0          | 59.3        | 98.3%      | 32 - 160     |
| p,m-Xylene          | 36.6             | 100           | 132         | 96.3%      | 46 - 148     |
| o-Xylene            | 18.3             | 50.0          | 71.3        | 104%       | 46 - 148     |

ND - Parameter not detected at the stated detection limit.

References.

Method 5030B, Purge-and-Trap, Test Methods for Evaluating Solid Waste, SW-846, USEPA,

December 1996.

Method 8021B, Aromatic and Halogenated Volatiles by Gas Chromatography Using

Photoionization and/or Electrolytic Conductivity Detectors, SW-846, USEPA December 1996.

Comments:

QA/QC for Samples 49122 - 49124, 49141, 49143, 49144, 49151 - 49153, and 49169.

Analyet

Review



### EPA METHOD 418.1 TOTAL PETROLEUM HYDROCARBONS

| Client:              | Coleman Oil & Gas | Project #:       | 05206-0001 |
|----------------------|-------------------|------------------|------------|
| Sample ID:           | Pit               | Date Reported:   | 03-05-09   |
| Laboratory Number:   | 49123             | Date Sampled:    | 02-25-09   |
| Chain of Custody No: | 6410              | Date Received:   | 02-25-09   |
| Sample Matrix:       | Soil              | Date Extracted:  | 03-02-09   |
| Preservative:        | Cool              | Date Analyzed:   | 03-02-09   |
| Condition:           | Intact            | Analysis Needed: | TPH-418.1  |

|           |               | Det.    |
|-----------|---------------|---------|
|           | Concentration | Limit   |
| Parameter | (mg/kg)       | (mg/kg) |

**Total Petroleum Hydrocarbons** 

49.2

5.0

ND = Parameter not detected at the stated detection limit.

References:

Method 418.1, Petroleum Hydrocarbons, Total Recoverable, Chemical Analysis of Water

and Waste, USEPA Storet No. 4551, 1978.

Comments:

Juniper West 22 #32.

Analyst

Review Mristini My Walter



### **EPA METHOD 418.1 TOTAL PETROLEUM HYROCARBONS QUALITY ASSURANCE REPORT**

Client.

QA/QC

Project #:

N/A

Sample ID:

QA/QC

Date Reported:

03-05-09

Laboratory Number:

03-02-TPH.QA/QC 49108

Date Sampled:

Sample Matrix:

Freon-113

Date Analyzed:

N/A

Preservative:

N/A

Date Extracted:

03-02-09 03-02-09

Condition:

N/A

Analysis Needed:

TPH

Calibration

C-Cal Date Accept Range I-Cal Date

9.3%

02-13-09 03-02-09

1.500

1,640

+/- 10%

Blank Conc. (mg/Kg)

Concentration

Detection Limit

TPH

ND

21.6

Duplicate Conc. (mg/Kg)

Sample

Duplicate

% Difference Accept, Range

**TPH** 

TPH

36.0

31.2

13.3%

+/- 30%

Spike Conc (mg/kg) Sample Spike Added Spike Result %:Recovery Accept Range

36.0

2,000

1,680

82.5%

80 - 120%

ND = Parameter not detected at the stated detection limit.

References:

Method 418.1, Petroleum Hydrocarbons, Total Recoverable, Chemical Analysis of Water

and Waste, USEPA Storet No. 4551, 1978.

Comments:

QA/QC for Samples 49108, 49122 - 49124, 49151 - 49153 and 49164.

Ph (505) 632-0615 Fr (800) 362-1879 Fx (505) 632-1865 lab@envirotech-inc.com envirotech-inc.com

mestering Wester



### Chloride

Coleman Oil & Gas Client: Project # 05206-0001 Sample ID: Pit Date Reported: 03-05-09 Lab ID#: 49123 Date Sampled: 02-25-09 Sample Matrix: Soil Date Received: 02-25-09 Preservative: Cool Date Analyzed: 02-26-09 Condition: Intact Chain of Custody: 6410

**Parameter** 

Concentration (mg/Kg)

**Total Chloride** 

100

Reference:

U.S.E.P.A., 4500B, "Methods for Chemical Analysis of Water and Wastes", 1983. Standard Methods For The Examination of Water And Waste Water", 18th ed., 1992.

Comments:

Juniper West 22 #32.

Analyst

Review Mistering Water

## CHAIN OF CUSTODY RECORD

| Client: LO/PMANO/L+6AS, Z<br>Client, Address: | Project Name / Location | on:               | 57 22                                 | #=      | 32    |                   | <del></del>        |                   |               |                | ANAL     | YSIS.         | / PAR | AME          | TERS     | <br>      |     |             |               |
|-----------------------------------------------|-------------------------|-------------------|---------------------------------------|---------|-------|-------------------|--------------------|-------------------|---------------|----------------|----------|---------------|-------|--------------|----------|-----------|-----|-------------|---------------|
| Client Address:                               | Sampler Name: /         | 1                 | <i></i>                               |         |       |                   | <del>-</del>       |                   |               |                | 1        | l             | Ι     | l            | Ţ        |           |     |             | -             |
| 1,0. Drawer                                   | Mike                    | //                |                                       | -       |       | TPH (Method 8015) | BTEX (Method 8021) | VOC (Method 8260) | တ             |                |          |               |       |              |          |           |     |             |               |
| Client Phone No.:                             | Client No :             |                   | · · · · · · · · · · · · · · · · · · · |         |       | g                 | thoc               | jod               | etal          | . <u>ē</u>     |          | 莹             |       | <del>=</del> | ш        |           |     | ᅙ           | tact          |
| 505-327-0356                                  | 05204 -                 |                   |                                       |         |       | Meth              | (Me                | Metr              | 8 M           | ۸/ Ar          |          | with          |       | (418.        | E E      |           |     | e<br>O      | e<br>=        |
| Sample No./ Sample Sam                        | l labiyo. l             | Sample<br>Matrix  | No./Volume<br>of<br>Containers        | Preserv | ative | H (               | EX                 | ပ္                | RCRA 8 Metals | Cation / Anion | RCI      | TCLP with H/P | PAH   | TPH (418.1)  | CHLORIDE |           |     | Sample Cool | Sample Intact |
| Pf 3/29/09/10                                 |                         | Sludge<br>Aqueous | Containers                            |         |       | i/                |                    |                   | ш.            | 0              | <u> </u> |               | ш.    | V            | 2        |           |     | ,           |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    |                   |               |                |          |               |       |              |          |           |     |             |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    | -                 |               |                |          |               |       | ,            |          |           |     |             |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    |                   |               |                |          |               |       |              |          |           |     |             |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    |                   |               |                |          |               |       |              |          |           |     |             |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    |                   |               |                |          |               |       |              |          |           |     |             |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    |                   |               |                |          |               |       |              |          |           |     |             |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    |                   |               |                |          |               |       |              |          |           |     |             |               |
|                                               | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   |                    |                   |               |                |          |               |       |              |          |           |     |             |               |
| 1                                             | Soil<br>Solid           | Sludge<br>Aqueous |                                       |         |       |                   | -                  |                   |               |                |          |               |       |              |          |           |     |             |               |
| Relinquished by: (Signature)                  |                         | Date 425/09       | Time<br>3:30 Pm                       | 1       | eived | by: (             | Signa              | itilre)           | .,            |                | 一<br>尺   |               |       |              |          | Dat 2/2.5 | 1 1 | Tim         |               |
| Relinquished by: (Signature)                  |                         | 7 290)            | <u> </u>                              |         | eived | by: (             | Signa              | ture)             |               |                | <u>′</u> |               | 0     |              |          | 71-       | 101 | <u> </u>    | 7             |
| Relinquished by: (Signature)                  |                         |                   |                                       | Rec     | eived | by: (             | Signa              | ture)             |               |                |          |               |       |              |          |           |     |             |               |
| SMAIL RESUL                                   | 5796 U.S. Hig           | ENVI              |                                       |         |       |                   |                    |                   | 50E 4         | 320 (          | )&1E     |               |       |              |          |           |     |             |               |

# **Temporary Pit Inspection Form**

The Following Drilling Reserve Pit Was Inspected By Me Or Under My Direct Supervision On A Daily Basis While The Drilling Rig Was On Location. The Following Visuals Inspections Were Made As Required By The Current Pit Rule; Free Board, Integrity Of Pit Liner And Fluids.

Lease Name: Juniper West 22 #32

Legal: G Section 22 Township 24N Range 11W

API# 30-045-34313 Lease# NMNM 104608

|            | MTH, | (DC)  | BT | Comments     |  |
|------------|------|-------|----|--------------|--|
| 10/20/2008 | atth | Ma    |    |              |  |
| 10/21/2008 |      | 1000  |    |              |  |
| 10/22/2008 | "    | 1     |    |              |  |
| 10/23/2008 |      | 160   |    |              |  |
| 10/24/2008 |      | 12/2  |    |              |  |
| 10/25/2008 |      | XX    |    |              |  |
| 10/26/2008 |      | De la |    |              |  |
| 10/27/2008 |      | 126   |    | <del>-</del> |  |
| 10/28/2008 |      | 120   |    |              |  |
|            |      |       |    |              |  |
|            |      |       |    | <br>         |  |
|            |      |       |    |              |  |
|            |      |       |    |              |  |
|            |      |       |    |              |  |
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|            |      |       |    |              |  |

MTH Michael T. Hanson; Operations Engineer
DC Donald Coleman; Drilling Supervisor
BT Bruce Taylor; Production Foreman

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7. 7

The Following Drilling Reserve Pit Was Inspected By Me Or Under My Direct Supervision On A Weekly Basis After The Drilling Rig Was Released. The Following Visuals Inspections Were Made As Required By The Current Pit Rule; Free Board, Integrity Of Pit Liner And Fluids.

Lease Name: Juniper West 22 #32

Legal: G Section 22 Township 24N Range 11W

API# 30-045-34313 Lease# NMNM 104608

|            | MTH | DC | ВЛ    | Comments |
|------------|-----|----|-------|----------|
| 10/27/2008 | MH  |    | Bile  |          |
| 11/3/2008  |     | •  | Rit_  |          |
| 11/10/2008 |     |    | Rils  |          |
| 11/17/2008 |     |    | R.T.  |          |
| 11/24/2008 |     |    | RI    |          |
| 12/1/2008  |     |    | I Sti | -        |
| 12/8/2008  |     | •  | 17.7. |          |
| 12/15/2008 |     |    | K.T.  |          |
| 12/22/2008 |     |    | Rote  |          |
| 12/29/2008 |     |    | 26/   |          |
| 1/5/2009   |     |    | R.L.  |          |
| 1/12/2009  |     |    | R.F   |          |
| 1/19/2009  |     |    | 137.  |          |
| 1/26/2009  |     |    | Reti  |          |
| 2/2/2009   |     |    | RiTe  |          |
| 2/9/2009   |     |    | RoTe  |          |
| 2/16/2009  |     |    | R.T.  |          |
| 2/23/2009  |     |    | Rote  |          |
| 3/2/2009   |     |    | BiT:  |          |
| 3/9/2009   |     |    | Bs/-  |          |
| 3/16/2009  |     |    | B.T.  |          |
| 3/23/2009  |     |    | 8.7   |          |
| 3/30/2009  |     |    | Rite  |          |
| 4/6/2009   |     |    | 86-   |          |
| 4/13/2009  | MA  |    | 87-   |          |
| 4/20/2009  |     |    | Bete  |          |
|            |     |    |       |          |
|            |     |    |       |          |
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|            |     |    |       |          |

MTH Michael T. Hanson; Operations Engineer
DC Donald Coleman; Drilling Supervisor
BT Bruce Taylor; Production Foreman

# **Site Reclamation Photos**

