# STATE OF NEW MEXICO ENERGY and MINERALS DEPARTMENT

### OIL CONSERVATION DIVISION

Page 1 Revised 10/01/78

This form is not to be used for reporting packer leakage tests in Southeast New Mexico

Smith of

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## NORTHWEST NEW MEXICO PACKER-LEAKAGE TEST

| Operator   | SNYDER OIL        | CORPORATION        | Lease            | SOUTHER                       | N UNION              | Well 1                  |  |  |  |  |
|--|-------------------|--------------------|------------------|-------------------------------|----------------------|-------------------------|--|--|--|--|
| Location of Well: U  | nit _M Sec        | Twp31              | Rge.             |                               |                      | County S                |  |  |  |  |
| , Upper  | NAME OF RESER     | IVOIR OR POOL      |                  | TYPE OF PROD.<br>(Oll or Qae) |                      | PROD.<br>. Lift)        | PROD. MEDIUM<br>(Tbg. or Cag.)         |  |  |  |
| Completion   | MESA VERDE        | (NP)               | GAS              |                               | FLOW                 |                         | TBG                                    |  |  |  |
| Completion   | DAKOTA            |                    | GAS              |                               | FLOW                 |                         | TBG                                    |  |  |  |
|  |                   | PRE-FL             | OW SHUT-IN       | PRESSURE D                    | ATA                  |                         |  |  |  |  |
|  | ur, date shut-in  | Length of time sh  | ut-in            | 8i press, paig                | 71171                | \$ C4 - 5 - 11          |  |  |  |  |
| Completion W   |                   | <i>W/A</i>         |                  | 460                           |                      | Stabilized?             | ·                                      |  |  |  |
| Lower  | ur, date shut-in  | Length of time sh  |                  | SI press. palg                |                      |                         | Yes Stabilized? (Yes or No)            |  |  |  |
| Completion   | 10/28/94          | 3 days             |                  | 460                           |                      | }                       | Yes                                    |  |  |  |
|  |                   |                    | FLOW TEST        | 'NO. 1                        |                      |                         | 3                                      |  |  |  |
| Commenced at (   | hour, date)* Oct. | 31, 1994           |                  |                               | ing (Upper or Lower) | . т                     |  |  |  |  |
| TIME   | LAPSED TIME       | PRES               | SURE             |                               |                      | pper or Lower: Lower    |  |  |  |  |
| (hour, date  | e) SINCE*         | Upper Completion   | Lower Completion | PROD. ZOP                     | ₹E                   | REMA                    | ARKS                                   |  |  |  |
| 10/29  |                   | csg tbg<br>420 420 | tbg<br>420       |                               |                      |                         |  |  |  |  |
| 4.0.4.   |                   |                    | 120              |                               | Both                 | zones                   | shut in                                |  |  |  |
| 10/30  |                   | 450 450            | 450              |                               | Both                 | zones .                 | s shut in                              |  |  |  |
| 10/31  |                   | 460 460            | 460              |                               | Both zone            |                         | shut in                                |  |  |  |
| 11/01  | 1 day             | 400 400            | 285              |                               |                      | r zone                  |  |  |  |  |
| 11/02  | 11/02 2 day 4     |                    | 295              |                               |                      | er zone flowing         |  |  |  |  |
|  |                   |                    |                  |                               |                      |                         |  |  |  |  |
| 13.13  | eate during test  | D based on         | Bhls in          | , LJ                          | 01154                |                         |  |  |  |  |
|  |                   |                    | DOI3. II         | · П                           | ours.                | _ Grav                  | GOR                                    |  |  |  |
| G25:   | 61                | MCFI               | PD; Tested thru  | (Orifice or M                 | feter): ME           | TER                     |  |  |  |  |
| VIEWA  |                   | MID-TE             | ST SHUT-IN PI    | RESSURF D▲                    | <b>ጥ</b> ል           |                         | ·                                      |  |  |  |
| Upper Hour,  | , date shut-in    | Length of time shu |                  | Si press, paig                | IA                   | Stabilized? (Yes or No) |  |  |  |  |
| Lower<br>Completion  | , date shul-in    | Length of time shu | t-In             | SI press, paig                |                      | Stabilized? (Y          | Stabilized? (Yes or No)                |  |  |  |
| ing a state of the |                   |                    |                  | <u> </u>                      |                      |                         | ************************************** |  |  |  |

#### FLOW TEST NO. 2

| mmenced at (hour, da | ∎te)**            |                    | Zone producing (Upper or Lower): |             |   |  |  |  |
|----------------------|-------------------|--------------------|----------------------------------|-------------|---|--|--|--|
| TIME                 | LAPSED TIME       | PRES               | SURE                             | PROD. ZONE  |   |  |  |  |
| (hour, date)         | SINCE **          | Upper Completion   | Lower Completion                 | TEMP.       | REMARKS                                 |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |
| •                    |                   |                    |                                  |             |   |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |
| <del> </del>         | <del> </del>      |                    |                                  |             |   |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |
|                      |                   | ļ                  |                                  |             |   |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |
|                      | <del>- </del>     |                    |                                  |             |   |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |
| s:                   | J                 | MCI                | FPD: Tested thru                 |             | Grav GOR<br>):                          |  |  |  |
| marks:               | <del></del>       |                    |                                  |             |   |  |  |  |
|                      |                   |                    |                                  |             | •                                       |  |  |  |
| nereby certify (     | that the informat | ion herein contair | ned is true and co               | _           | t of my knowledge.                      |  |  |  |
| oproved [            | Johnny Role       | nsen               | 19 (                             | Operator SN | YDER OIL CORPORATION                    |  |  |  |
| New Mexico C         | Di Conservation   | Division Division  | /                                | 1/2         | 1641) A.                                |  |  |  |
|                      | MAY 3 0 1         |                    |                                  | By Mars     | Mellen                                  |  |  |  |
|                      | INALOUI           | 999                |                                  | /ppr        | ODUCTION TECHNICIAN                     |  |  |  |
| <i>'</i>             |                   |                    |                                  | Title       | / |  |  |  |
| 1                    | EPUTY OIL & GAS I | NSPECTOR           | _                                | •           | 1/9/94                                  |  |  |  |
| tle                  |                   |                    | I                                | Date        | - / / / -/ ]                            |  |  |  |
|                      |                   |                    |                                  |             |   |  |  |  |

#### NORTHWEST NEW MEXICO PACKER LEAKAGE TEST INSTRUCTIONS

- 1. A packer leakage test shall be commenced on each multiply completed well within seven days after actual completion of the well, and annually thereafter as prescribed by the order authorizing the multiple completion. Such tests shall also be commenced on all multiple completions within seven days following recompletion and/or chemical or fracture treatment, and whenever remedial work has been done on a well during which the packer or the tubing have been disturbed. Tests shall also be taken at any time that communication is suspected or when requested by the Division.
- 2. At least 72 hours prior to the commencement of any packer leakage test, the operator shall notify the Division in writing of the exact time the test is to be commenced. Offset operators shall also be so notified.
- 3. The packer leakage test shall commence when both zones of the dual completion are shut-in for pressure stabilization. Both zones shall remain shut-in until the well-head pressure in each has stabilized, provided however, that they need not remain shut-in more than seven days.
- 4. For Flow Test No. 1, one zone of the dual completion shall be produced at the normal rate of production while the other zone remains shur-in. Such test shall be continued for seven days in the case of a gas well and for 24 hours in the case of an oil well. Note: if, on an initial packer leakage test, a gas well is being flowed to the atmosphere due to the lack of a pipeline connection the flow period shall be three hours.
- 5. Following completion of Flow Test No. 1, the well shall again be shut-in, in accordance with Paragraph 3 above.
- 6. Flow Test No. 2 shall be conducted even though no leak was indicated during Flow Test No. 1. Procedure for Flow Test No. 2 is to be the same as for Flow Test No. 1 except

- that the previously produced zone shall remain shut-in while the zone which was previously shut-in is produced.
- 7. Pressures for gas-zone tests must be measured on each zone with a deadweight pressure gauge at time intervals as follows: 3 hours tests: immediately prior to the beginning of each flow-period, at fifteen-minute intervals during the first hour thereof, and at hourly intervals thereafter, including one pressure measurement immediately prior to the conclusion of each flow period. 7-day tests: immediately prior to the beginning of each flow period, at least one time during each flow period (at approximately the midway point) and immediately prior to the conclusion of each flow period. Other pressures may be taken as desired, or may be requested on wells which have previously shown questionable test data.

24-hour oil zone tests: all pressures, throughout the entire test, shall be continuously measured and recorded with recording pressure gauges the accuracy of which must be checked at least twice, once at the beginning and once at the end of each test, with a deadweight pressure gauge. If a well is a gas-oil or an oil-gas dual completion, the recording gauge shall be required on the oil zone only, with deadweight pressures as required above being taken on the gas zone.

8. The results of the above-described tests shall be filed in triplicate within 15 days after completion of the test. Tests shall be filed with the Aztec District Office of the New Mexico Oil Conservation Division on Northwest New Mexico Packer Leakage Test Form Revised 10-01-78 with all deadweight pressures indicated thereon as well as the flowing temperatures (gas zones only) and gravity and GOR (oil zones only).

Discret I .

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

| 2040 South Pac   | beco, Sa                              | nta F              | e, NM 8750:     | r eod a           | LLOWADI                                      |               | · · · · · ·                          |  |                   |                                  |  | 4 2442      | ENDED REPOR                            |  |
|--|---------------------------------------|--------------------|-----------------|-------------------|--|---------------|--------------------------------------|--|-------------------|----------------------------------|--|-------------|--|--|
|  |                                       | N.                 |                 | Operator m        | ime and Address                              |               | ID AU                                | <u>l'HOR</u>   | IZATI             | ON TO TR                         |  |             |  |  |
| CHATEAU OIL AND GAS, INC.<br>2515 MCKINNEY AVENUE, SUITE 840 |                                       |                    |                 |                   |  |               |                                      |  |                   | 159819 1 Reason for Flling Code  |  |             |  |  |
| 4 /  | PI Nun                                |                    |                 |                   | S, TX 75201                                  |               |                                      |  |                   |                                  | ' Reason f<br>H                            | or Filing   | Code                                   |  |
| 30-045-10479 BIANCO ME                                       |                                       |                    |                 |                   |  | We            | *Pool Name<br>ESAVERDE               |  |                   |                                  | Pool Code                                  |             |  |  |
|  |                                       |                    |                 |                   |  |               | Property Name<br>IN UNION (MV) (PSI) |  |                   |                                  | 'Well Number                               |             |  |  |
| II. 10 (<br>Ul or lot no.                                    |                                       |                    | ocation         | cation            |  |               |                                      |  |                   |                                  |  |             |  |  |
| M  | Section 9                             |                    | Township        | Range             |  | Feet from     |                                      |  | outh Line         | Feet from the                    | East/W                                     |             | County                                 |  |
| 11 ]   | Botto                                 | m F                | Iole Loc        |                   | <u> </u>                                     | 1070 5        |                                      |  |                   |                                  | <u> </u> W                                 | /           | SJ                                     |  |
| UL or lot no.  | Section                               | _                  | Township        |                   |  | Feet from the | East/W                               | est line   | County            |                                  |  |             |  |  |
| 2 Lae Code   | <sup>15</sup> Pro                     | ducin              | g Method Co     | ode 14 Gas        | Connection Date                              | 15 C          | -129 Permit Number 1                 |  |                   | C-129 Effective                  | -129 Effective Date 17 C-129 Expiration Da |             |  |  |
| II. Oil ar   | nd Ga                                 | s T                | ranspor         | ters              |  |               | <del></del>                          |  | _l                |                                  |  |             |  |  |
| II Transpor  | ter                                   |                    |                 | Transporter 1     |  |               | 26 POI                               | )  | <sup>21</sup> O/G | <sup>22</sup> POD ULSTR Location |  |             |  |  |
|  |                                       |                    |                 |                   |  | 2             | 2283730 G                            |  |                   | and Description                  |  |             |  |  |
|  | 0.1110g                               | Ρ.                 | O. BOX          | S FIELD SERVICE   |  |               | -200 (30 G                           |  |                   |                                  |  |             |  |  |
|  |                                       | SA                 | LT LAK          | KE CITY, UT 84158 |  |               | 283710 0                             |  |                   |                                  |  |             |  |  |
| and summing  |                                       | GI                 |                 | EFINING           |  |               |                                      |  |                   |                                  |  |             |  |  |
| MARINE PROPERTY.   |                                       |                    |                 | ON, NM            | 87499  |               | ***                                  |  |                   |                                  |  |             | ************************************** |  |
|  |                                       |                    |                 |                   |  |               |                                      |  |                   | *** · · ·                        |  |             |  |  |
|  |                                       |                    |                 |                   |  | 232           |                                      |  |                   |                                  |  |             |  |  |
| V. Produ   | ced V                                 | Mat                |                 |                   | <del></del>                                  |               |                                      |  |                   |                                  |  | <del></del> |  |  |
|  | OD                                    | vau                |                 |                   |  | 24            | POD ULS                              | TR Locat   | ion and D         | escription                       | ·  |             |  |  |
| . Well C   | 'ompl                                 | letic              | n Data          |                   | <del></del>                                  | ·             |                                      |  |                   |                                  |  |             |  |  |
| <sup>24</sup> Spud   |                                       | Oth                |                 | Ready Date        | •  | TD            |                                      | 2 PBT  | TD CT             | 2º Perforat                      | ions                                       | **          | DHC, DC,MC                             |  |
|  | 1 Hole S                              | ize                |                 | 32 C              | asing & Tubing S                             | Size          | 33 Depth Set                         |  |                   | t 34 Sacks Cement                |  |             | Cement                                 |  |
| <del></del>  |                                       | ·                  |                 | <u> </u>          |  |               |                                      |  |                   |                                  |  |             |  |  |
|  |                                       |                    |                 |                   |  |               |                                      |  |                   |                                  |  |             |  |  |
| I. Well  | Test I                                | Data               | 1               | <u> </u>          |  |               |                                      |  |                   |                                  |  |             |  |  |
| 35 Date No   |                                       |                    |                 | livery Date       | <sup>27</sup> Test l                         | Date          | ,                                    | Test Len   | gth               | 39 Tbg. Pre                      | ssure                                      | 1           | Csg. Pressure                          |  |
| <sup>4</sup> Choke Size <sup>4</sup> Oi                      |                                       |                    | Oil             | <sup>4</sup> Wat  | <sup>44</sup> Gas                            |               | 45 AOF                               |  | 1                 | " Test Method                    |  |             |  |  |
| with and that the  | /informat                             | rules<br>tion g    | of the Oil Co   | onservation Div   | vision have been co<br>lete to the best of n | omplied<br>ny |                                      | OI   | L CO              | NSERVATI                         | ON D                                       | IVISI       | ON                                     |  |
| cnowledge and b<br>Signature:                                | eller.                                |                    | _ 1             | 1                 |  |               | Арргочед                             |  |                   |                                  |  | 1 1 101     | O11                                    |  |
| Printed name: D.   | aya m.                                | DUI                | CHER            |                   |  |               | Title:                               |  | SUP               | マラ.<br>ERVISOR                   |  | RICT #      | 3                                      |  |
| Title: PRESIDE   | NT /                                  | 6                  | 6               | TR 64 *           | (052 0100                                    |               | Approval 1                           | Date:  |                   |                                  |  |             |  |  |
|  | ange of                               | <u>−7</u><br>opera | tor fill in the | Phone: 214        | 953-0198<br>ber and name of t                | the previo    | ns onereto                           |  |                   | FFR -                            | 3 1997                                     |             |  |  |
|  | 7                                     | _                  | C               | <u></u>           |  |               | ATTION TO A                          |  |                   | ATI                              | TORNEY-IN-FACT                             |             |  |  |
| <i>ن</i> ا ر   | Previous Operator Signature SNYDER OF |                    |                 |                   |  |               |                                      | Printed Name Title Date OIL CORPORATION 21042 OR 21030 |                   |                                  |  |             | Date                                   |  |
|  |                                       |                    |                 |                   | New Mex                                      | cico Oil C    | onservat                             | ion Divis  | ion               |                                  |  |             |  |  |

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| District IV               | haca San  | ta Fe, NM 87505         |                                       | Sant                                  | a Fe,        | NM 87  | 505                           |   |                       | Б                        | XI            | ENDED REPOR        |  |
|---------------------------|---|-------------------------|---------------------------------------|---------------------------------------|--------------|--|-------------------------------|---|-----------------------|--------------------------|---------------|--------------------|--|
| I                         |   | REQUEST                 | FOR A                                 | LLOWAB                                | LE AN        | ND AU  | THOR                          | RIZATI  | ION TO TE             | ר<br>וסות ג              |               | ENDED KEPOF        |  |
|                           |   |                         | Obermon III                           | ame and Address<br>L AND GAS, IN      |              |  | 11101                         | .12.111   | l .                   | 2 OC1                    | OTO Name      |                    |  |
|                           |   | 2515 M                  | <b>ICKINNEY</b>                       | AVENUE, SUIT                          | E 840        | 13   |                               |   |                       | 3 Reason for Filing Code |               |                    |  |
|                           | API Numb  | er                      | DALLA                                 | S, TX 75201                           |              | <sup>5</sup> Pool Nam                                  |                               |   |                       | H                        |               | Code               |  |
| 30-045-10479 BASIA        |   |                         |                                       |                                       | SIN          | DA   | KOTA                          | }   |                       | 11599                    |               |                    |  |
| ' Pi                      | roperty Co  | ode                     |                                       |                                       |              | roperty Na   |                               |   | <del></del>           | 'Well Number             |               |                    |  |
| II. 10                    | Surfac  | e Location              | Southern union (DK)  Location         |                                       |              |  |                               |   |                       |                          |               |                    |  |
| Ul or lot no.             | Section   | Township                | Range                                 | Lot.Idn                               | Feet from    | om the North/South Line                                |                               | Feet from the                                     | East/V                | Vest line                | County        |                    |  |
| <u> </u>                  | 19  | 311/                    | ISM                                   |                                       | 100          | 90 S   |                               | 1090  | W                     | )                        | SJ            |                    |  |
| UL or lot no.             | Section   | 1 Hole Loca<br>Township | Hole Location                         |                                       |              |  |                               |   |                       |                          |               |                    |  |
|                           | 53333   | Township                | Range                                 | Lot Idn                               | Feet from    | m the  | North/S                       | South line  | Feet from the         | East/V                   | Vest line     | County             |  |
| H Lac Code                | 15 Produ  | ncing Method Cod        | e 14 Gas                              | Connection Date                       | n C          | -129 Perm  | it Number                     |   | C-129 Effective       | Date                     | 17 C-1        | 29 Expiration Date |  |
| II. Oil ar                | nd Gas  | Transporte              | rs                                    |                                       |              |  | <del></del>                   |   | <del> </del>          |                          | l             |                    |  |
| Transpor                  | ter   |                         | ransporter l                          |                                       |              | <sup>24</sup> POD <sup>21</sup> O/G                    |                               |   | 22 POD ULSTR Location |                          |               |                    |  |
|                           |   |                         |                                       |                                       | 2            | 2830   | (30                           | G   | and Description       |                          |               |                    |  |
|                           |   | ILLIAMS O. BOX          |                                       |                                       | E            | -03  |                               | 6   |                       |                          |               |                    |  |
| Sample Section            |   | ALT LAKE                |                                       |                                       | 1582         | 247  |                               |   |                       |                          |               |                    |  |
|                           |   | IANT REF                | INING                                 | co.                                   | 1228.3610101 |  |                               |   |                       |                          |               |                    |  |
| <u> </u>                  |   | ARMINGTO                |                                       | 87499                                 |              |  |                               |   |                       |                          |               |                    |  |
|                           |   |                         | on, nr                                | 0/499                                 |              |  | -0022505 <b>8</b>             | <b>8</b> 600 - 2000                               |                       |                          |               |                    |  |
| afillandi (S. S. S.       | SSSA,   | <del></del>             |                                       |                                       |              |  |                               |   |                       |                          | ·             |                    |  |
|                           |   |                         |                                       |                                       | - 3200       | <b>X</b> X A STANK SEE                                 | ***************************** | <b>88</b> 000 00 00 00 00 00 00 00 00 00 00 00 00 |                       |                          |               |                    |  |
| V Deed                    | 1 11  |                         | · · · · · · · · · · · · · · · · · · · |                                       |              |  |                               |   |                       |                          |               |                    |  |
| V. Produced Water         |   |                         |                                       |                                       |              |  | TD L                          | ion and De  |                       | ·                        |               |                    |  |
| <del></del>               |   |                         |                                       |                                       |              | TODUL  | TR LOCAL                      | ion sud De  | escription            |                          |               | •                  |  |
| . Well C                  |   |                         |                                       |                                       |              |  |                               |   |                       |                          |               |                    |  |
| 25 Spud                   | Date  | <sup>16</sup> Re        | ady Date                              | ,                                     | "TD          | * PBTD   |                               |   | 29 Perforations       |                          | 30            | DHC, DC,MC         |  |
| 3                         | <sup>1</sup> Hole Siz                             | e                       | 32 C                                  |                                       | \$3          | Depth Set  |                               | <del></del>                                       | <sup>34</sup> Sacks   | Cement                   |               |                    |  |
|                           |   |                         | •                                     |                                       |              | -  | ·                             |   |                       |                          |               |                    |  |
|                           |   |                         |                                       |                                       |              |  |                               | · · · · · · · · · · · · · · · · · · ·             |                       |                          |               |                    |  |
| I. Well 7                 | Test D  | ata                     |                                       |                                       |              |  | <del></del>                   | <del></del>                                       |                       | ·                        |               |                    |  |
| 25 Date Ne                |   | 36 Gas Deliv            | ery Date                              | <sup>27</sup> Test ]                  | Date         | 1  | Test Len                      | ugth  | " Tbg. Pre            | ssure                    | T •           | Csg. Pressure      |  |
| <sup>4</sup> Choke Size 4 |   |                         | ii                                    | <sup>4</sup> Water                    |              | 4 Gas  |                               |   | 45 AOF                |                          | " Test Method |                    |  |
| I hereby certify          | that the r  | ules of the Oil Con     | servation Div                         | rision have been co                   | implied      |  |                               |   |                       |                          |               |                    |  |
| nowledge and be           | informatio<br>elief.                              | n given above is tr     | ue and compl                          | ete to the best of n                  | ny<br>A      |  | OI                            | L CO  | NSERVATI              | ON D                     | IVISI         | ON                 |  |
| Signature:                | 1 1 4   | <u> IV</u>              | /                                     | IAU                                   | $\subseteq$  | Approved   | by:                           |   |                       | e                        |               |                    |  |
| rinted name: D/           |   | OUTCHER                 | /                                     |                                       |              | Title:   |                               | SUPI  | ERVISOR [             |                          | RICT #        | 3                  |  |
| ritle: PRESIDE            | <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del> | 161                     |                                       | · · · · · · · · · · · · · · · · · · · |              | Approval   | Date:                         |   |                       |                          |               |                    |  |
| If this has che           | Dec of or   | crator fill in the O    | Phone: 214/                           |                                       | *\ ·         |  |                               |   | FEB -                 | 3 1997                   |               |                    |  |
|                           | 1   | Lu                      |                                       | DEF AND RAME OF                       |              | RRY L.   |                               |   | ATTO                  | RNEY-IN                  | -FACT         |                    |  |
| <i>~</i> 0                | Previous  | Operator Signatur       | re                                    | env                                   | DED VIA      | Printed Name Title Date II. CORPORATION 21042 OR 21030 |                               |   |                       |                          | Date          |                    |  |
| <del></del>               |   |                         |                                       | New Mex                               | ico Oil C    | Onsarva  | ion Divis                     | 142 OR 2  | 1930                  |                          |               |                    |  |