CMD : ONGARD 11/26/04 13:24:30
OG6C101 C101-APPLICATION FOR PERMIT TO DRILL OGOMES -TPBO

OGRID Idn : 163645 API Well No: 30 15 31059 APD Status(A/C/P): A
Opr Name, Addr: JKM ENERGY, LLC Aprvl/Cncl Date : 03-27-2000
26 EAST COMPRESS RD.
ARTESIA,NM 88210

Prop Idn: 25604 SHEARN SAMANTHA FEDERAL Well No: 1

	U/L	Sec	Township	Range	Lot Idn	North/South	East/West
Surface Locn :	G	14	17S	27E		FTG 1649 F N	FTG 1523 F E
OCD U/L :	G	API County :	15				

Work typ(N/E/D/P/A) : N Well typ(O/G/M/I/S/W/C): O Cable/Rotary (C/R) : R
Lease typ(F/S/P/N/J/U/I): F Ground Level Elevation : 3471

State Lease No: Multiple Comp (S/M/C) : N
Prpsd Depth : 650 Prpsd Frmtn : EMPIRE YATES SEVEN RIVERS

E0009: Enter data to modify record
PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 PRINT PF10 C102 PF11 HISTORY PF12

N. M. Oil Cons. Division
811 S. 1st
Artesia, NM 88210

Form 3160-3
(July 1992)

RECEIVED
OCD - ARTESIA

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

FORM APPROVED
OMB NO. 1004-0136
Expires: February 28, 1995

APPLICATION FOR PERMIT TO DRILL OR DEEPEN

5. LEASE DESIGNATION AND SERIAL NO.
NM-070603

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1a TYPE OF WORK
DRILL X DEEPEN

7. UNIT AGREEMENT NAME
25604

b. TYPE OF WELL
OIL WELL X GAS WELL OTHER SINGLE ZONE X MULTIPLE ZONE

8. FARM OR LEASE NAME, WELL NO
Shearn Samantha Fed. #1

2. NAME OF OPERATOR
Gas Well Services 163645

9. API WELL NO
30-015-31059

3. ADDRESS AND TELEPHONE NO
26 East Compress Rd, Artesia, New Mexico 88210

10. FIELD AND POOL, OR WILDCAT
Empire; Yates / Seven Rivers

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
At surface 1649 FNL and 1523' FEL
At proposed prod. zone Same Unit G

11. SEC., T., R., M., OR BLK AND SURVEY OR AREA
Sec. 14 - T17S - R27E

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
8 Miles east and 2 miles north of Artesia, New Mexico

12. COUNTY OR PARISH
Eddy

13. STATE
NM

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT (Also to nearest drlg. unit line, if any)
1523'

16. NO. OF ACRES IN LEASE
160

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT
533'

19. PROPOSED DEPTH
650'

20. ROTARY OR CABLE TOOLS
Rotary Rig

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3471' GL

22. APPROX. DATE WORK WILL START*
Upon Approval

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	GRADE, SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH		QUANTITY OF CEMENT
12 1/4"	J55- 8 5/8"	32#	15'	WITNESS	2 Yards of ready mix
7 7/8"	J55 - 5 1/2"	15.5#	650'		100 sks of Class "C"

Gas Well Services plans to drill this well to a sufficent depth to test the Yates Abo. If productive, 5 1/2" casing will be run and cemented at the total depth. If non-productive, the well will be plug in a manner consistent with BLM requirements. Specific programs are outlined in the following attachments:

Exhibit #1 Location and Elevation plats
Exhibit #2 Well plan
Exhibit #3 Map of existing roads and planned access road
Exhibit #4 Immediate raduis Map

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS

NSL - 4426

IN ABOVE SPACE DESCRIBE PROGRAM: If proposal is to deepen, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED Kenetta Matthews TITLE Owner/Operator DATE 09/10/99

(This space for Federal or State office use)

PERMIT NO APPROVAL DATE

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

Assistant Field Manager,
Lands And Minerals

APPROVED BY /s/ ... GRAY TITLE DATE

*See Instructions On Reverse Side

APPROVED FOR 1 YEAR

Title 18 U.S.C. Section 1001, makes 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

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised February 10, 1994
Instruction on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name

Property Code	Property Name	Well Number
	SHEARN SAMANTHA FEDERAL	1

OGRID No.	Operator Name	Elevation
163645	GAS WELL SERVICES	3471

Surface Location

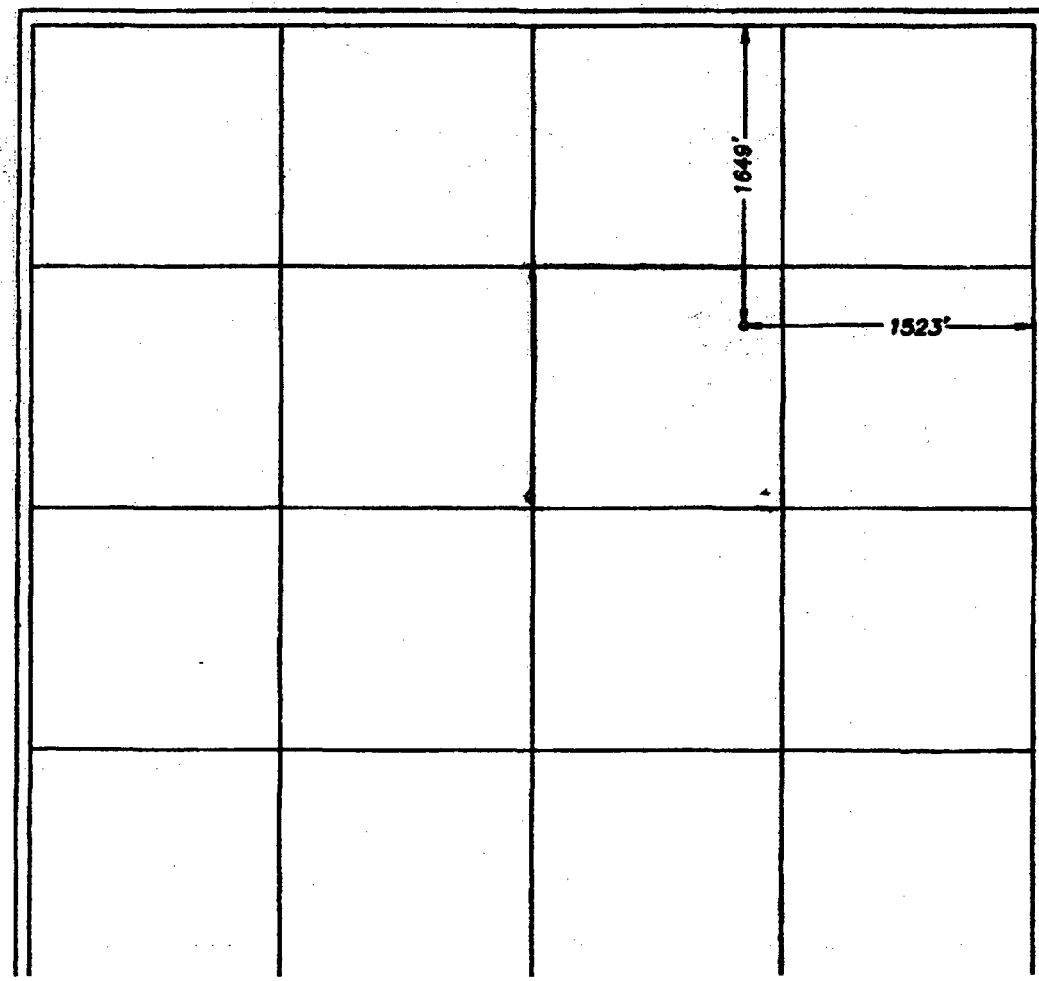
Ul or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	14	17S	27E		1649	NORTH	1523	EAST	EDDY

Bottom Hole Location If Different From Surface

Ul or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
40			

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



OPERATOR CERTIFICATION

I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.

Kenetta Matthews
Signature

Kenetta Matthews
Printed Name

Owner/Operator
Title

9-10-99
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

08/20/1999
Date Surveyed

Signature & Seal of Professional Surveyor

HERSCHEL L. JONES
NEW MEXICO
3640
PROFESSIONAL LAND SURVEYOR

Certificate No. Herschel L. Jones RLS 3640

GARY L. JONES RLS 7977

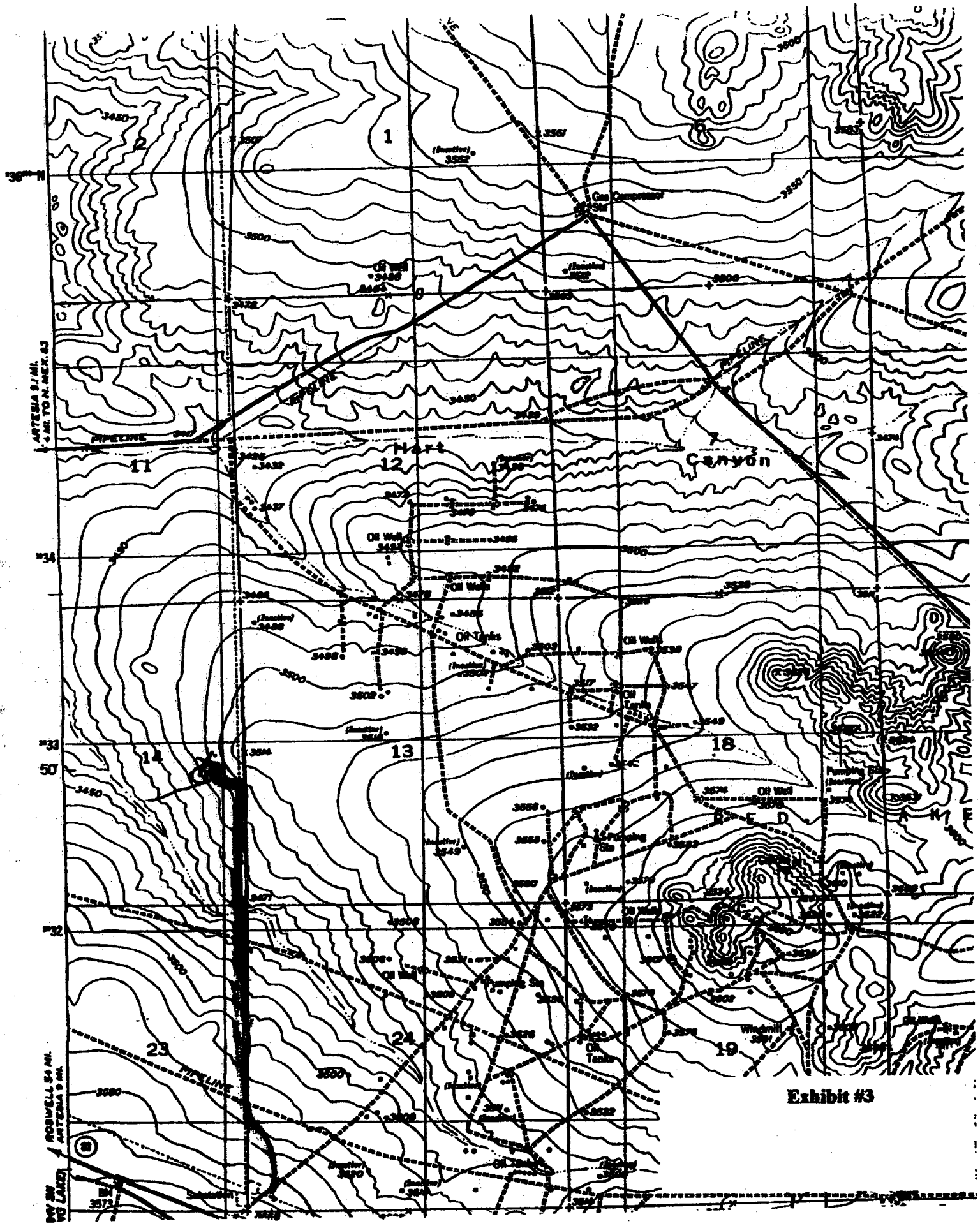
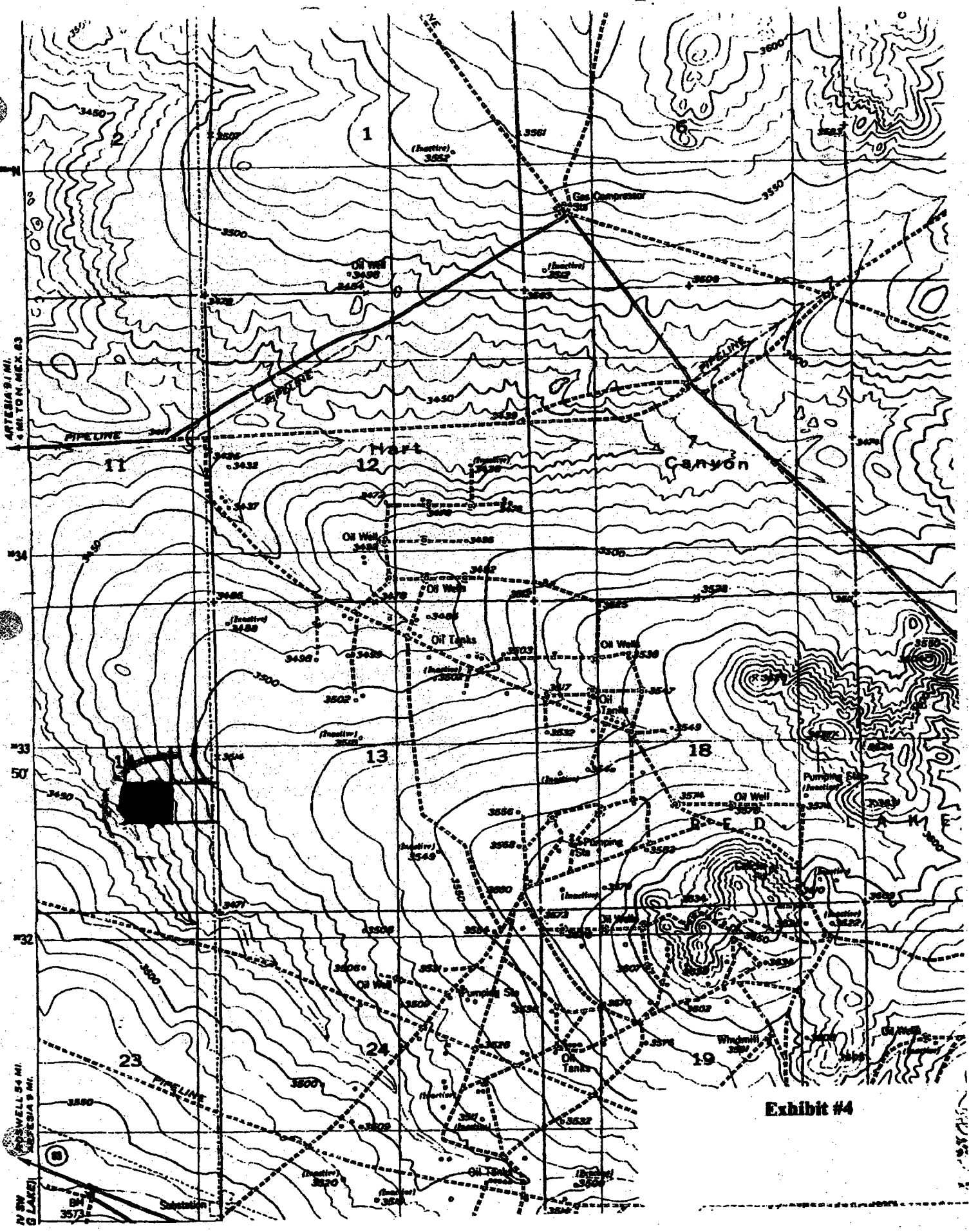

Hart
Canyon
PIPELINE
Oil Well
Oil Tanks
Gas Compressor
Pumping Site
Windmill
ARTESIA 9 MI.
ROSWELL 54 MI.
ARTESIA 9 MI.
1
2
11
12
13
14
18
19
23
24
A
B
C
D
E
F
G
H
I
J
K
L
M
N

Exhibit #3


Hart
Canyon
PIPELINE
Oil Well
Oil Tanks
Gas Compressor
Pumping Site
Windmill
ARTESIA 9 MI.
HILTON, MEX. 63
ROSWELL 54 MI.
ARTESIA 9 MI.
N SW
G LAKE
Exhibit #4

CCN - Artesia

Form 3160-5
(November 1994)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

RECEIVED
OCD ARTESIA

5. Lease Serial No.
NM-070603

6. If Indian, Allottee or Tribe Name

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

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.
Shearn Samantha Fed. #1

2. Name of Operator
Gas Well Services, Inc.

9. API Well No.

3a. Address
26 E. Compress Rd. Artesia, NM

3b. Phone No. *(include area code)*
(505) 748-2854

10. Field and Pool, or Exploratory Area
Yates/Abo

4. Location of Well *(Footage, Sec., T., R., M., or Survey Description)*
1649' FNL and 1523' FEL
Sec 14-T17S-R27E

11. County or Parish, State
Eddy

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

TYPE OF SUBMISSION	TYPE OF ACTION			
☒ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off
☐ Subsequent Report	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	☐ Well Integrity
☐ Final Abandonment Notice	☐ Casing Repair	☒ New Construction	☐ Recomplete	☐ Other
	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon	
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration there If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zon 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 d 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 filed or testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator determined that the site is ready for final inspection.)

We propose to blade the road and location as it will not disturb the terrain as much as caliche, but in the event that we do make a producing well, we will caliche the road and location.

We would like to waive the stipulation for plastic lined pits. The cuttings from the air rig will rupture the plastic, and the pits will not contain any contaminents with the air rig, as per conversation with Jim Amos.

RECEIVED
2000 MAR 29 P 4:28
BUREAU OF LAND MGMT.
CARLSBAD RESOURCE AREA

14. I hereby certify that the foregoing is true and correct
Name *(Printed/Typed)*
Jack Matthews

Title
President

Signature
Jack Matthews

Date
3-28-2000

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date
3/30/2000

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

Office
CFO

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

Form 3160-5
November 1994)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

5. Lease Serial No.: NM 070603
6. If Indian, Allottee or Tribe Name:
7. If Unit or CA/Agreement, Name and/or No.:
8. Well Name and No.: Shearn Samantha Fed. #1
9. API Well No.:
10. Field and Pool, or Exploratory Area: Empire Yates 7 Rivers
11. County or Parish, State: Eddy, NM

1. Type of Well: ☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator: JKM Energy, LLC
3a. Address: 26 E. Compress Rd. Artesia, NM 88210
3b. Phone No. (include area code): (505) 748-2854
4. Location of Well (Footage, Sec., T., R., M., or Survey Description): S14-T17S-R27E 1649'/N & 523'/E

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

TYPE OF SUBMISSION	TYPE OF ACTION			
☒ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off
☐ Subsequent Report	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	☐ Well Integrity
☐ Final Abandonment Notice	☐ Casing Repair	☐ New Construction	☐ Recomplete	☒ Other change of business name
	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon	
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration there If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zo 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 d 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 filed o testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator determined that the site is ready for final inspection.)

We wish to change the business name of this well from Gas Well Services, Inc. to JKM Energy, LLC. Everything else will remain the same. We have a Statewide bond.

RECEIVED
JUL 2000
OCD - ARTESIA

APPROVED

JUL 11 2000

AUTHORIZED OFFICER, MINERAL

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

Name (Printed/Typed)	Title
Jack Matthews	President
Signature: Jack Matthews	Date: 04-19-2000

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address	2 OGRID Number
JKM Energy, LLC. 26 E. Compress Rd. Artesia, NM 88210	163645
	3 Reason for Filing Code CH 04 effective 5-15-2000

4 API Number	5 Pool Name	6 Pool Code
30 - 0 15-31059	Empire Yates 7 Rivers	
7 Property Code	**8 Property Name**	**9 Well Number**
25604	Shearn Samantha Fed.	#1

II. 10 Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	14	17S	27E		1649	FNL	1523	FEL	EDDY

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Lse Code	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description

JUL 2000
RECEIVED
OCD - ARTESIA

IV. Produced Water

23 POD	24 POD ULSTR Location and Description

V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations	30 DHC, DC,MC

31 Hole Size	32 Casing & Tubing Size	33 Depth Set	34 Sacks Cement

VI. Well Test Data

35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure

41 Choke Size	42 Oil	43 Water	44 Gas	45 AOF	46 Test Method

47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Kenetta Matthews
Printed name: Kenetta Matthews
Title: Member
Date: 07-13-2000 Phone: 505 748-2854

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY TIM W. GUM
Title: DISTRICT II SUPERVISOR
Approval Date: AUG - 2 2000

48 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
Kenetta Matthews	163645		7-20-00