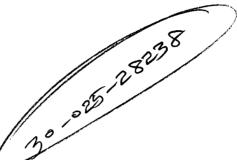
RECEIVED

AUG 1 8 2003

OIL CONSERVATION DIVISION

Oil Conservation Division 1220 South St. Francis Drive Santa Fe, NM 87504

24 SMITH ROAD **SUITE 170** MIDLAND, TX 79705 432-685-0981 August 14, 2003



Re: Request for Administrative Approval For Salt Water Disposal. Federal 20 #5 1980 FSL & 1980 FWL 20-13S-33E Lea County, NM

Gentlemen:

Please find attached an application for the referenced well to inject into a reservoir that is currently productive of oil and gas. All attachments to the C-108 are attached. With these documents in hand, American Inland Resources Co., LLC respectfully requests that this application be approved at your earliest convenience.

Called MIKE

9/23/03 for

Pre-Convertin Luddbore DIARRAM Michael D. Pri

- ENDONGE OF NOTICE to Hoke Yolz & TIPTON

Surface DWATER

Muchael D. Puchard

Michael D. Prichard

of the state of th

APPLICATION FOR AUTHORIZATION TO INJECT

I.	PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage Application qualifies for administrative approval? Yes No
II.	OPERATOR: American Inland Resources Company, LLC
	ADDRESS: P.O. Box 50938; Midland, TX 79710
	CONTACT PARTY: Michael D. Prichard PHONE:432-685-0981
III.	WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
IV.	Is this an expansion of an existing project? Yes X No If yes, give the Division order number authorizing the project:
V.	Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
VI.	Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
VII.	Attach data on the proposed operation, including:
	 Proposed average and maximum daily rate and volume of fluids to be injected; Whether the system is open or closed; Proposed average and maximum injection pressure; Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and, If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
*VIII.	Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
IX.	Describe the proposed stimulation program, if any.
*X.	Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
*XI.	Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
XII.	Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
XIII.	Applicants must complete the "Proof of Notice" section on the reverse side of this form.
XIV.	Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
	NAME: Michael D. Prichard TITLE: Operations Engineer
	NAME: Michael D. Prichard TITLE: Operations Engineer SIGNATURE: Muchael D. Puchael D. Puchael DATE: 7/10/03
*	If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal:
DISTR	IBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

III. WELL DATA

- A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:
 - (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
 - (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
 - (3) A description of the tubing to be used including its size, lining material, and setting depth.
 - (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.
 - (1) The name of the injection formation and, if applicable, the field or pool name.
 - (2) The injection interval and whether it is perforated or open-hole.
 - (3) State if the well was drilled for injection or, if not, the original purpose of the well.
 - (4) Give the depths of any other perforated intervals and detail on the sacks of cernent or bridge plugs used to seal off such perforations.
 - (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 2040 South Pacheco, Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

INJECTION WELL DATA SHEET

OPERATOR: American Inland Resources Company, LLC

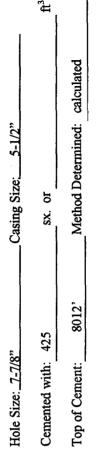
WELL NAME & NUMBER: Federal 20 #5

RANGE TOWNSHIP SECTION UNIT LETTER FOOTAGE LOCATION WELL LOCATION: 1980 FSL and 1980 FWL

Production Casing Intermediate Casing Top of Cement: surface Top of Cement: surface 17-1/2" Cemented with: 1675 Cemented with: 450 9878, Cemented with: 425 Hole Size: 7-7/8" Hole Size: 11" Top of Cement: Total Depth: Hole Size: Court wildso sx 133/8" @ 395 cut w/ 1875 5x 85/8" @ 4091" TOG 80121 WELLBORE SCHEMATIC ----.. ⁸/₆ ⁷ +69 IPC Mode# R Pir @ 8815'

Method Determined: visual Casing Size: 13-3/8" WELL CONSTRUCTION DATA Surface Casing sx. or

Method Determined: visual Casing Size: 8-5/8" SX. Of



Injection Interval

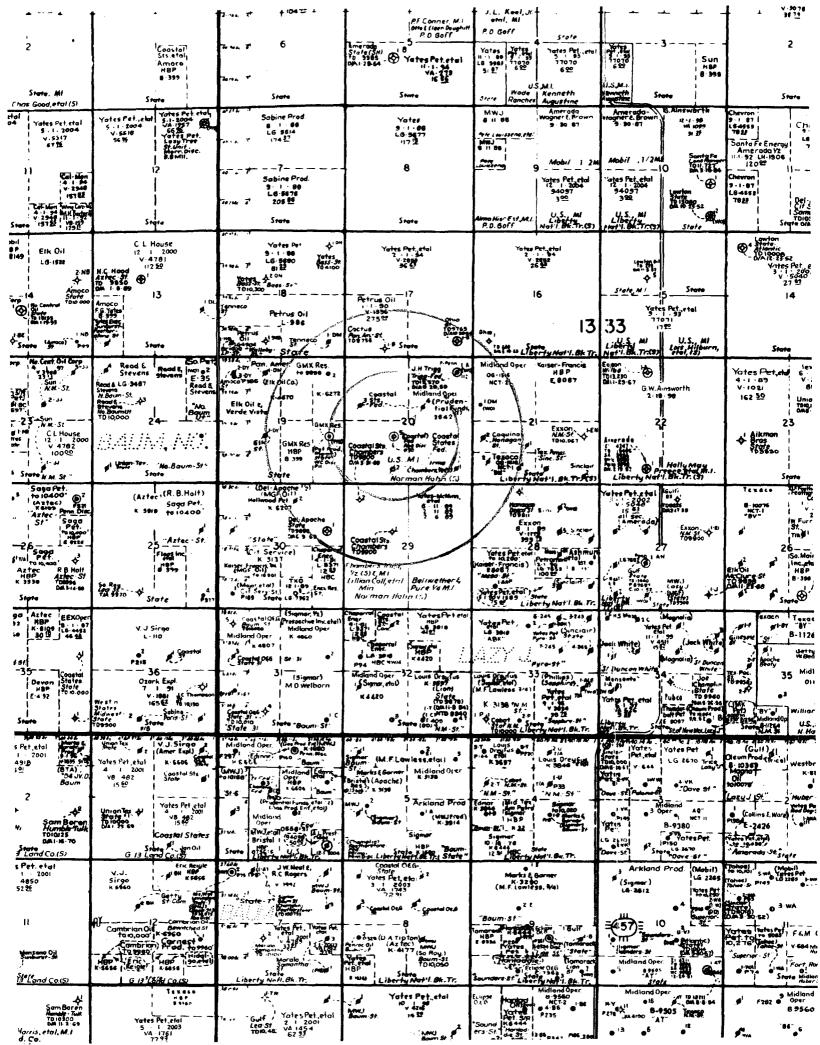
Perforated or Open Hole: indicate which) 8890

emt w/4255x

51/2" 6 9878

INJECTION WELL DATA SHEET

Type of Packer: Baker 5-1/2" Model R Packer Setting Depth: 8815' Other Type of Tubing/Casing Seal (if applicable): Additional Data	Type of Packer: Baker 5-1/2" Model R Packer Setting Depth: 8815' Other Type of Tubing/Casing Seal (if applicable): Additional Data I. Is this a new well drilled for injection? If no, for what purpose was the well originally drilled? Oil Producer Name of the Injection Formation: ABO 3. Name of Field or Pool (if applicable): Baum Has the well ever been perforated in any other zone(s)? List all such perforated Intervals and give plugging detail, i.e. sacks of cement or plug(s) used. 9720-9817 (Penn) CIBP at 9642' Give the name and depths of any oil or gas zones underlying or overlying the proposed Injection zone in this area: Bough C 9750 - 9850	TOT	TUDING SIZE, 2-3/6 LUMING IVIACITAL, ITC
Packer Setting Depth:8815' Other Type of Tubing/Casing Seal (if applicable):	Packer Setting Depth: 8815' Other Type of Tubing/Casing Seal (if applicable): Additional Data	Type	
Other Type of Tubing/Casing Seal (if applicable): Additional Data	Other Type of Tubing/Casing Seal (if applicable): Additional Data	Pack	ter Setting Depth: 8815'
		Othe	л Type of Tubing/Casing Seal (if applicable):
			Additional Data
		1	Yes
			If no, for what purpose was the well originally drilled? Oil Producer
		7,	Name of the Injection Formation: ABO
·		હ	Name of Field or Pool (if applicable): Baum
		4.	Has the well ever been perforated in any other zone(s)? List all such perforated Intervals and give plugging detail, i.e. sacks of cement or plug(s) used. 9720-9817
			(Penn) CIBP at 9642'
		٠. د	Give the name and depths of any oil or gas zones underlying or overlying the proposed Injection zone in this area: Bough C 9750 - 9850



									Date	Total	Surface		Sacks	Intermediate		Sacks	Production		Sacks		Method
Lease	Well No.	Operator	Status	Footage	U/L	Sec	Twnshp	Range	Completed	Depth	Casing	Set	Cmt.	Casing	Set	Cmt.	Casing	Set	Cmt.	Perfs	Completed
State 19	1	Tipton O&G	Active-Prod	1980 FSL & 660 FEL	ì	19	13-S	33-E	10/23/68	9815	11-3/4"	358	325	8-5/8"	4100	400	5-1/2"	9815	400	9734-9747	500 gal 15% acid
Federal 20	2	Coastal States	P&A	660 FSL & 1980 FWL	N	20	13-S	33-E	9/17/68	9865	13-3/8"	362	400	8-5/8"	4080	300	5-1/2"	9852	300	9736-9746	500 gal acid
Federal 20	3	Coastal States	P&A	1930 FNL & 660 FWL	Е	20	13-S	33-E	12/17/68	9915	13-3/8"	362	400	8-5/8"	4080	400	5-1/2"	9915	200	9777-9782	3000 gal acid
Federal 20	4	Coastal States	P&A	2080 FNL & 2080 FEL	G	20	13-S	33-E	1/26/69	9852	13-3/8"	375	400	8-5/8"	4075	300	5-1/2"	9854	200	9713-9732	2000 gal acid

FEDERAL 20 #5

CONVERT TO SWD

NMOCD Form C-108 Sections VII through XIII

VII.

- 1) The anticipated average injection rate is 500 BWPD and the anticipated maximum injection rate is 800 BWPD.
- 2) This is a closed system.
- 3) Anticipated average injection pressure is 500 psi. The maximum anticipated injection pressure is 1500 psi.
- 4) All injected water will be Penn produced water, ie., re-injected, produced water.
- 5) NA, zone is productive of oil within one mile of the well.
- VIII. The proposed injection zone is designated the ABO. The lithology consists of a phylloid algal limestone interbedded with thin layers of shale. The ABO is found at approximately 8800' and is 120' to 135' thick. The Ogallala is the only source of drinking water in the area and the base is found at approximately 300 feet.
- IX. The stimulation program will be a small volume matrix acid job, of approximately 1500 gallons of 15% HCl to existing perfs, from 8890-8913.
- X. This well was originally completed in 1984. It is assumed that logs were sent to the Oil Conservation Division at that time by the original operator.
- XI. There are no known fresh water wells within one mile of this proposed SWD well.
- XII. There are no known faults or other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. "Proof of Notice"

Copies of the return receipts will be sent as soon as they are returned. The C-108 applications were mailed to offset lease holders and the surface owner of record on August 14,2003, via certified mail. Additionally, the affidavit of publication will be sent as soon as it is received. The legal advertisement was scheduled to run July 24 and July 31. If additional information is needed, please advise.

			Well Statu	P&A		_ Date	7/21/03
Lease:	Federal 20			Well No.	4	_Operator	Coastal Oil & Gas Corp
Location	2080' FNL & 2	080' FEL		Sec.	20	U/L	G
Survey	T-13-S, R-33-E		County	Lea	State	NM	-
Elevation	4259.5' GL	Remarks	Spudded 1	2/28/68, Cd	ompleted 1	/26/69, IPF	335 bopd, 50 bwpd, 245 mcfpd
		80 sx from 425-321' 80 sx P from 7.	lug			cs	Sosx plug from 50'-0' g(85/8") cut @ 682' 6 sx from 4130'-3990'
		2: from	5 sx plu 6970-6	\$ 850 }	The state of the s	25 sx	eut 6 6920' plug from 7200-6990'
					D=9852	CIBP	t on top of CIBP @9653

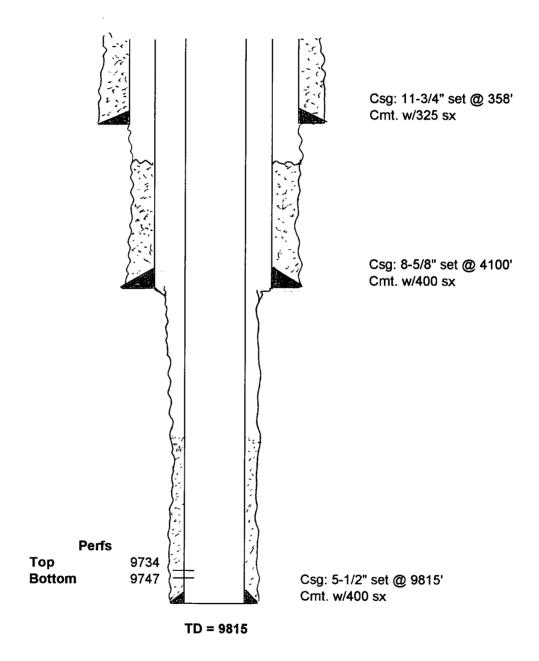
Well Status P&A 7/21/03 Date Well No. 3 Operator Coastal Oil & Gas Corp Federal 20 Lease: Location 1930' FNL & 660' FWL 20 U/L T-13-S, R-33-E County Lea NM State Survey Elevation <u>4258.2' GL</u> Remarks <u>Spudded 11/17/68, Completed 12/17/68, IPF 287 bopd, 50 bwpd, 210 mcfpd</u>

> 162 sy plug from 410'-0' 60 sx plug from 4154-3989' 51/2" csg cut @ 4104' Plug from 6575-6475 35' plug on top of CIBP CIBP @ 9575' TD= 9915

 Lease:
 State 19 #1
 Well No.
 1
 Operator Tipton Oil & Gas Acquisitions, Inc.

 Location
 1980 FSL & 660 FEL
 Sec.
 19
 U/L
 I

 Survey
 T-13-S, R-33-E
 County Lea
 State
 TX



AFFIDAVIT OF PUBLICATION

State of New Mexico. County of Lea.

I, KATHI BEARDEN

Publisher

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of 2	
	weeks
Beginning with the issue	dated
July 24	2003
and ending with the issue	
July 31	2003
1/	

Publisher Sworn and subscribed to before

31st me this_ day of

July

Notary Public.

My Commission expires

(Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

LEGAL NOTICE July 24, 31, 2003

American Inland Resources Co., LLC wishes to make public its request for administrative approval of an application for authorization to inject water into the Abo formation in its Federal "20" #5 well, located 1980' FSL and 1980' FWL of Section 20, T-13-S, R-33-E, Lea County, NM: The proposed interval of injection is through perfs 8890-8913. The purpose of this well is to dispose of produced water from the Baum (U. Penn) Field wells operated by American Inland Resources Co., LLC. The anticipated maximum injection rate is 600 bwpd and the maximum injection pressure is 1000 psi.

Parties interested in filing objections or requests for a hearing concerning this matter must do so within fifteen (15) days at Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87504.

Additional information concerning this application can be obtained by contacting:

Michael D. Prichard Operations Engineer American Inland Resources Co., LLC P.O. Box 50938 Midland, TX 79710 432-685-0981

#19996

67100824000 67515526 American Inland Resources Comp P.O. Box 50938

MIDLAND, TX 79710

Federal 20 #5 Pre-Completion Schematic

25/8 G 4091 CIBP 6 9642 51/269878

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Beceived by (Pleases Print Clearly) B. Une of D
Print your name and address on the reverse	· (Ry Tinter 82)
so that we can return the card to you	C. Signature
Attach this card to the back of the mailpiece, or on the front if space permits.	X (C) 2 /9 PAge
	D, is delivery address different from item 1? D Yes
1. Article Addressed to:	If YES, enter definery address below:
Tipton Oil & Gas Acquisitions	
P.O. Box 1234	
Lovington, NM 88260	3. Service Typo
•	Certified Mail D Express Mail
	☐ Registered ☐ Return Receipt for Mercha
	insured Mail C.O.D.
·	4. Restricted Delivery? (Extra / ee) Yes
2. Article Number (Copy from service label)	
<u>7000 0520 0021 3205 8791</u>	7
PS Form 3811, July 1999 Domestic	Return Receipt 102595-00-M
	, 105560-00-m
ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete	A. Received by Please Print Clearly) B. Date of Dolly
item 4 if Restricted Delivery is desired.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Print your name and address on the reverse	C. Signature
so that we can return the card to you. Attach this card to the back of the mailpiece,	Agorit
or on the front if space permits.	Address
Article Addressed to:	b. is delivery address different from hem 1? Yes
	If YES, enter delivery address below:
lates Petroleum Corp.	ll .
104 S. 4th Street	
Artesia, NM 88210	3. Service Type
WITH BOLID	Certified Mail D Express Mail
	Registered Return Receipt for Merchand
	☐ Insured Mail ☐ C.O.D.
7 24/4	1
Article Number (Copy from service label)	☐ Insured Mail ☐ C.O.D.
Article Number (Copy from service lebel) 2000 0520 0021 320 5 8	☐ Insured Mail ☐ C.O.D.
Article Number (Copy from service label) 1000 0520 0021 320 5 8 S Form 3811, July 1999 Domestic Re	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
3 Form 3811, July 1999 Domestic Re	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
S Form 3811, July 1999 Domestic Re	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 9 sturn Receipt 102595-00-M-090
ENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 (9) sturn Receipt 102595-00-M-098
Domestic Research Section Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 19 sturn Receipt 102595-00-M-090 COMPLETE THIS SECTION ON DELIVERY A. Regelved by (Please Print Clearly) B. Date of Delivery NOV May House
ENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you.	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 19 sturn Receipt 102595-00-M-098 COMPLETE THIS SECTION ON DELIVERY A. Rescived by (Please Print Searly) B. Date of Delivery OV of the Complete Signature
ENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece.	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 9 Sturn Receipt 102595-00-M-094 COMPLETE THIS SECTION ON DELIVERY A. Rescived by (Please Print Searry) B. Date of Delivery C. Signature
ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if epace permits.	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 19 sturn Receipt 102595-00-M-098 COMPLETE THIS SECTION ON DELIVERY A. Reserved by (Please Print Marry) B. Date of Delivery Solven From Section Of Acquer
ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 19 sturn Receipt 102595-00-M-098 COMPLETE THIS SECTION ON DELIVERY A Reserved by (Please Print Clearly) B. Date of Delivery
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ENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if epace permits. Attach Addressed to: Mr. Norman Hahn	Insured Mail
ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if epace permits. Article Addressed to: Mr. Norman Hahn	Insured Mail
ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if epace permits. Afficie Addressed to: Mr. Norman Hahn 1609 N. Main	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 9 9 5turn Receipt 102595-00-M-096 C. Grapher 102595-00-M-096 A. Rescrived by (Please Print Plearly) B. Date of Delivery No. No. C. Signature No. Agust D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No.
ENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. Afficie Addressed to: Mr. Norman Hahn 1609 N. Main	Insured Mail
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ENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if epace permits. Afficie Addressed to: Mr. Norman Hahn 1609 N. Main	Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 5. 102595-00-M-098 5. 102595-00-M-098 6. 102595-00-M-098 7. 102595-00-M-098 8. 102595-00-M-098 9. 102595-00-M-098 A. Received by (Please Print Exertly) B. Date of Delivery C. Signature A. C. Signature A
ENDER: COMPLETE THIS SECTION Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece.	Insured Mail

				1980S	1980W			20									
API		WELL NAME	OPERATOR	NS FTG	EW FTG	Dist	UL	Sec	Tsp	Rge	OGRD	TVD	UL2	LT	WT	PLUG DATE	OrigTarget
30-025-28	238	FEDERAL 20 #005	AMERICAN INLAND RESOURCES COMPANY LLC	1980S	1980W	0	K	20	13S	33E	2E+05	9878	K	F	0	9999-12-31	· .
30-025-22	705	FEDERAL 2O #002	PRE-ONGARD WELL OPERATOR	660S	1980W	1320	N	20	13S	33E	2E+05	9865	N	F	0	1900-01-01	COASTAL STATES GAS /FEDERAL 20
30-025-22	940	FEDERAL 2O #004	EL PASO PRODUCTION OIL & GAS CO.	2080N	2080E	1725	G	20	13S	33E	4762	9854	G	F	0	1994-05-20	PLUGGED & ABANDONED
30-025-22	860	FEDERAL 2O #003	EL PASO PRODUCTION OIL & GAS CO.	1930N	660W	1902	E	20	13S	33E	4762		E	F	0	1992-08-29	PLUGGED & ABANDONED
30-025-22	765	STATE 19 #001	TIPTON OIL & GAS ACQUISITIONS, INC.	1980S	660E	2640	I	19	13S	33E	2E+05	9815	I	S	0	9999-12-31	
															L		
30-025-22		······································	AMERICAN INLAND RESOURCES COMPANY LLO			2951	L			£	2E+05			F	S	1	PENN
30-025-23			PRE-ONGARD WELL OPERATOR	660N	660W	2951	D	29	13S	33E	2E+05	10000	D	P	0		COASTAL STATES GAS /CHAMBERS
30-025-22		STATE 19 COM #002	PETROLEUM PRODUCTION MANAGEMENT INC	660N	660E	3733	Α	19	13S	33E	17526	10324	Α	S	0	2002-07-25	P&A 7-25-02 STATE OF NEW MEXICO
30-025-01			EL PASO PRODUCTION OIL & GAS CO.	660N	660E	3733	A	20	13S	33E		13570		F	S	1985-03-20	PLUGGED & ABANDONED
30-025-22			PRE-ONGARD WELL OPERATOR	1980N	1980W	3960	F	29	13S	33E	2E+05	9900	F	P	0	1900-01-01	COASTAL STATES GAS /CHAMBERS
30-025-28		STATE DY #001	ELK OIL CO	1980S	1953W	5307	K	19	13S	33E	7147	10000	K	S	O	1997-04-04	PLUGGED & ABANDONED
30-025-22	925	PRE-ONGARD WELL #001	PRE-ONGARD WELL OPERATOR	660N	1980W	5903	C	19	13S	33E	2E+05	9878	C	S	0	1900-01-01	BP AMERICA PRODUCTI/STATE DN
30-025-29	128	STATE DY #003	J & J SERVICE INC	710N	660W	7090	D	19	13S	33E	11095	10000	1	S	0	9999-12-31	
30-025-28	525	PRE-ONGARD WELL #002	PRE-ONGARD WELL OPERATOR	660N	660W	7108	D	19	13S	33E	2E+05	9984	1	S	0	1900-01-01	BP AMERICA PRODUCTI/STATE DY