CMD : OG6CWBD ONGARD

CAPTURE SINGLE WELL BOND

06/04/08 13:50:26 OGODLP -TPK9

OGRID Identifier : 9759 API Well No : 30 15 1387

Operator Name, Address : PARRISH, H DWANE & RHONDA K

1306 S 9TH ST ARTESIA, NM 88210

Bond Idn : 251952 Bond Status : A Prop Idn : 8731 Prop Name : ATLANTIC STATE

. U/L Sec Township Range North/South East/West Lot Idn

Well No : 003

Surface Locn: 0 16 17S 28E FTG 330 F S FTG 2310 F E

API County : 15

Bond Details: Type (Cash/Surety - C/S): S Bond Co Idn: 12 Amt: 6966

Company OGRID Identifier: 224684

Company Name, Address : LEXON INSURANCE COMPANY

10002 SHELBYVILLE RD

SUITE 100

Effective Date : 01-01-1900

Cancellation Date : 12-31-9999

Issuer Bond No : 1012790

E0005: Enter data to modify or PF keys to scroll

PF06 CONFIRM

PF01 HELP: PF02 PF03 EXIT PF04 GoTo PF05 PF07 PF08 PF09 COMMENT PF10 NXTBOND PF11

### STATE OF NEW MEXICO ONE WELL PLUGGING BOND

## For CHAVES, EDDY, LEA, MCKINLEY, RIO ARRIBA, ROOSEVELT, SANDOVAL AND SAN JUAN COUNTIES <u>ONLY</u>

BOND NO. 1012790
WELL DEPTH 1,966
AMOUNT OF BOND \$6,966.00
COUNTY Eddy
Effective 1-1-108

Note:

Bond Amount is \$5,000 plus \$1 per foot of projected depth of proposed well or measured depth of existing well.

\*Under certain conditions, the appropriate district office of the Division may authorize a well to be drilled as much as 500 feet deeper than the depth provided in the applicable financial assurance. (See Rule 101)

File with the Oil Conservation Division, 1220 South St. Francis Drive, Santa Fe, NM 87505

KNOW ALL MEN BY THESE PRESENTS:

Ti . H. Dwago I. Phonda K. Porrigh	z tarotan in <b>zelak</b> .		las faba Dan dha ADC
That H. Dwane & Rhonda K. Parrish Services፣ ለጽፈጀክሪያለት አዲኒ አለት አንዲኒ አለት			
of New Mexico , and authorized to d	to business in the State	of New Mexico), as	PRINCIPAL.
	orporation organized a		
Texas and authorized to do business	in the State of New Me	exico, as SURETY, a	ire tirmly bound unto the
State of New Mexico, for the use and benefit of the			
Resources Department (or successor agency) (the D	OIVISION), pursuant to	NMSA 1978, Section	in 70-2-14, as amended, in
the sum of \$6,966.00 for the payr	nent of which the PRIN	ICIPAL and SURET	Y hereby bind themselves.
their successors and assigns, jointly and severally, f	irmly by these presents		
The conditions of this obligation are such the	nat:		
WHEREAS, the PRINCIPAL has commen- 1,966 feet, to prospect for and/or prod			
an injection or other service well related to such export operate such well, the identification and location		or does own or oper	rate, or may acquire, own
Atlantic State No. 003	API No. 30015-	-01387 , located 3	feet from the
(Name of Well)		_	
South (North/South) line and 2310	feet from	the East	(East/West) line
of Section 16 Township 17S	(North) (South), Ra	nge 28E	(East) (West).
NMPMEddyCounty,	New Mexico		
NOW, THEREFORE, if the PRINCIPAL a them, shall cause said well be properly plugged and peneficial purpose, in accordance with the rules and 19 15.3 101 NMAC] and 202 [19 15.4.202 NMAC	abandoned when dry corders of the DIVISIC], as such rules now ex-	r when no longer pro N, including but not ist or may hereafter b	oductive or useful for other limited to Rules 101 be amended;
THEN AND IN THAT EVENT, this obliga compliance with any and all of said obligations, the			default of complete
H. Dwane & Rhonda K. Parrish	L	exon Insurance Cor	noanv
PRINCIPAL /\	<del></del>	SURETY	
1306 South 9th, Artesia, NM /88210		0002 Shelbyville Road, S	iuite 100, Louisville, KY 40223
Address by		// /8	ddress
n 216 m		W. C.	Mus.
Signature	-	Attara	ey-in-Pact
Frank & Perilo		Andrew C. Allison	-y v = -v
Tirte		•	-
		•	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1

If PRINCIPAL is a corporation, affix Corporate seal here

Corporate surety affix
Corporate seal here

# ACKNOWLEDGMENT FORM FOR INDIVIDUAL (If dba, must read - Example: John Doc dba Well Services)

among his his his case				
STATE OF New Mexico ss. COUNTY OF Side w				
COUNTY OF COLOR (C)	Nan	Ti	r. C.	
This instrument was acknowledged before me on this		day of	20 - 3	
by A Dusa & Kaccish Ir (Name of Individual)		γ	± × ×	
######################################	56666556645	A Votor	Public The Public	فسيريه ب
SEAL TERESA	ICIAL SEAL LE. HUMMEL	Autary C	Toone	
STATE OF	RY PUBLIC F NEW MEXICO			
My Commission Expires My Commis	ision Expires (37-20)			
ACKNOWLEDGMENT FORM FOR PARTNERS	SHIP, CORPORAT	TION, OR LIMITED LIABILI	ITY COMPANY	
STATE OF)			·	
COUNTY OF)				
This instrument was acknowledged before me on	day of	20 by		
<del>-</del>	-	(Name of Per	son Signing Instrument)	
as(Capacity, e.g., partner, president, manager, membér)	of(Name of na	rtnership, cornoration or limited	liability company)	
		<del></del>	Notary Public	
SEAL			·	
My Commission Expires	. • •			
,	FORM FOR CO.	anan . Te euretti		
ACKNOWLEDGMENT I	FORM FOR CO	RPORATE SURETY		
STATE OF Oklahoma ss.				
COUNTY OF Oklahoma				
This instrument was acknowledged before me on this	da	V of January	, 20_08	
by Andrew C. Allison as Atto (Name of Attorney-in-Fact)	orney-in-Fact for	Lexon insurance Company (Name of Copporate Surety)	· · · · · · · · · · · · · · · · · · ·	
DITONI DRAKE		To the second se	i (rake)	
SEAL PUBLIC		N	otary Public	
MANOFOR THE OF T				
My Commission Expires				
Corporate Surety attach Power of Attorney				
	APPROVE	D BY:		
			OF NEW MENORS	
	011 607	SERVATION DIVISION (	,	
	By	2-11-09	100/02	
	Date	2-11-09		

#### POWER OF ATTORNEY

LX - 23289

### Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that LEXON INSURANCE COMPANY, a Texas Corporation, with its principal office in Louisville. Kentucky, does hereby constitute and appoint:

Atlus E. Wilder III, Tina E. Switzer, Andrew C. Allison, Fred A. Barker \*\*\*\*\*\*\*

its true and lawful Attorney(s)-in-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of LEXON INSURANCE COMPANY on the 1st day of July. 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$2,500,000.00, Two-million five hundred thousand dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed may be removed for good cause and the authority so granted may be revoked. as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Vice President, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, LEXON INSURANCE COMPANY has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 2nd day of July, 2003.



LEXON INSURANCE COMPANY

David E. Campbell

#### **ACKNOWLEDGEMENT**

On this 2nd day of July, 2003, before me, personally came David E. Campbell to me known, who being duly sworn, did depose and say that he is the President of LEXON INSURANCE COMPANY, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.

> 'OFFICIAL SEAL" LYDIA J. DEJONG NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 1/12/2007

> > Lydia J. DeJong

#### CERTIFICATE

I, the undersigned, Secretary of LEXON INSURANCE COMPANY. A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the foregoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Sealed at Lombard, Illinois this 39+ Day of 3+ 20 01

INSURANCE

Donald D. Buchanan Secretary