



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

Marceline
A-24-16-10

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 1a
CASE NO.	12344

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NERDLHC COMPANY, INC.	Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCELINA	Well No. 1	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No. NM-12201
Location				
Unit Letter A	330	Feet From The N	Line and 330	Feet From The E Line
Section 24	Township 16N	Range 10W	NMPM, MCKINLEY County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit A Sec. 24 Twp. 16N Rge. 10W
Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe	
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

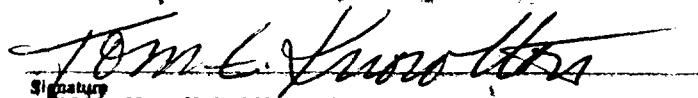
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMscf	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
TOM E. KNOWLTON PRESIDENT
Printed Name
Title
Date **12-3-90** Telephone No. **(213) 422-1271**

OIL CONSERVATION DIVISION

DEC 10 1990

Date Approved

By


SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.	Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCELINA	Well No. 1	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No. NM-12201
Location Unit Letter A : 330 Feet From The N Line and 330 Feet From The E Line Section 24 Township 16N Range 10W , NMPM , MC KINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24
	Twp. 16N	Rge. 10W
	Is gas actually connected? NO When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Production Method (Flow, Pumpjack, Lift, etc.)	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By: Tom E. Knowlton

Signature TOM E. KNOWLTON PRESIDENT

Printed Name 6/5/90 Title

Date (213)422-1271 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 22 1990

By: Supervisor

Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11.
Effective 1-1-65

Operator Evans Production Co.	
Address 1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner: Slayton Oil Corp. P.O. Box 2035, Roswell, New Mexico 88201

Lease Name Marcelina		Well No. 1	Pool Name, Including Formation Marcelina/Dakota		Kind of Lease State, Federal or Fee	Fed NM	Lease No. 12201
Location							
Unit Letter A : 330 Feet From The No. Line and 330 Feet From The East							
Line of Section 24 Township 16 N Range 10 W , NMPM, McKinley County							

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil or Condensate Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit A Sec. 24 Twp. 16N Rge. 10W
Is gas actually connected?	When no

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'y. Diff. Res'y.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE		(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
OIL WELL	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		OIL CON. DIV.	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		1-30-85 APPROVED	
BY		JAN 30 1985	
TITLE		SUPERVISOR DISTRICT # 3	
Operator		This form is to be filed in compliance with RULE 1104.	
October 1, 1984		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
		Separate Forms C-104 must be filed for each pool in multiply completed wells.	

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I.E			
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-83

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator	Slayton Oil Corp.		
Address	P.O. Box 2035 Roswell, New Mexico 89201		

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Marcelina	1	Marcelina/Dakota	State, Federal or Fee Fed NM	12201
Location:				
Unit Letter <u>A</u>	<u>330</u>	Feet From The <u>No.</u>	<u>330</u>	Feet From The <u>East</u>
Line of Section <u>24</u>	Township <u>16 N</u>	Range <u>10 W</u>	<u>NMPM,</u>	<u>Mckinley</u> Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corp.	P O Bx 1702, Farmington, N M 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
none						
If well produces oil or liquids, give location of tanks.	Unit <u>A</u>	Sec. <u>24</u>	Twp. <u>16N</u>	Rge. <u>10W</u>	Is gas actually connected? <u>no</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

<u>Paul Slayton by ruf</u> (Signature)	
Operator	(Title)
Jan. 1, 1984	(Date)

OIL CONSERVATION COMMISSION

APPROVED <u>APR 02 1984</u> , 19	
Original Signed by FRANK T. CHAVEZ	
BY _____	
TITLE <u>SUPERVISOR DISTRICT # 3</u>	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for all wells on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.	

DISTRIBUTION			
ANTA FE			
ILE			
S.G.S.			
AND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 a
Effective 1-1-65

I. Operator
Paul Slayton
Address
P O Box 1936 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner William G. Gill, Agent 430 Wilson Bldg. Corpus Christi, Tx. 7840

II. DESCRIPTION OF WELL AND LEASE
Lease Name Marcelina Well No. 1 Pool Name, including Formation Marcelina/Dakota Kind of Lease State, Federal or Fee Fed. NM 1221
Location
Unit Letter A : 330 Feet From The N Line and 330 Feet From The E
Line of Section 24 Township 16 N Range 10 W , NMPM, McKinley Cou.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corp. Address (Give address to which approved copy of this form is to be sent) P O Box 1702, Farmington, N Mex 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit A Sec. 24 Twp. 16N Rge. 10W Is gas actually connected? No When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF Dist. 3

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shot-in) Casing Pressure (Shot-in) Choke Size

VI. CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Paul Slayton (Signature)
Operator
Oct. 1, 1980 (Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 21 1980, 19
BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each well to multiple

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator William G. Gill, Agent	
Address 430 Wilson Bldg. Corpus Christi, Texas 78401	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner Northern Minerals Inc. P.O. Box 2182 Santa Fe, New Mexico 87501	

Lease Name Marcelina		Well No. 1	Pool Name, including Formation Marcelina Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 12201
Location					
Unit Letter A ; 330 Feet From The North Line and 330 Feet From The East					
Line of Section 24 Township 16 N Range 10 W , NMPM, McKinley County					

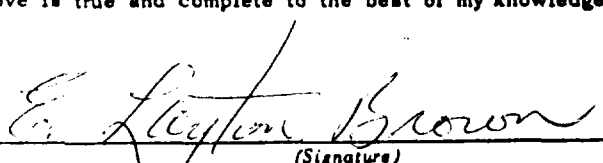
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183 Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 24 16 N 10 W

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
	X
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE DEPTH SET SACKS CEMENT-

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test	Oil-Bbls. Water-Bbls. Gas-MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature)	
Production Supt. (Title)	
March 3, 1977 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY Original Signed by A. R. Kendrick	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.	

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		2
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

I.

Operator

Northern Minerals, Inc.

Address

P. O. Box 2182; Santa Fe, New Mexico 87501

Reason(s) for filing (Check proper box)

New Well

☒

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Dry Gas

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Marcelina	1	Wildcat - Dakota "A" sand	State, Federal or Fee federal	NM 12201
Location				
Unit Letter	A	330 Feet From The North Line and 330 Feet From The East		
Line of Section	24	Township 16N	Range 10 W	NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	202 Petroleum Plaza Bld., Farmington, N.M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.	Is gas actually connected?	When
	A	24	16N	10W	No	no gas sales outlet in area

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/19/75	6/16/75	1750	1750					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7164 GR	Dakota "A" sand	1728	1742					
Perforations						Depth Casing Shoe		
open hole 1728-50						1728		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4	7" - 20#		66'		25 sx class "G"			
6 1/4	4 3/4" - 16#		1728'		95 sx class "G"			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/16/75	6/19/65	flow	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	20 PSIG	210 PSIG	22/64"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
100 bbls	70	30	est. 35

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Lloyd Davidson
Lloyd Davidson (Signature)

President (Title)

6/23/75

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 27 1975

Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Farmington District Office
1235 La Plata Highway
Farmington, New Mexico 87401

IN REPLY REFER TO:

NMNM-12201 (GC)
3162.3-4 (7400)

SEP 25 1998

Mr. Frank Chavez
New Mexico Oil Conservation Commission
1000 Rio Brazos Rd
Aztec, NM 87410

Dear Mr. Chavez:

Reference is made to the following wells No. 1, 5 & 6 Marcelina, located 330' FNL & 330' FEL, 990' FNL & 280' FEL & 1650' FNL & 330' FEL respectively, sec. 24, T. 16 N., R. 10 W., McKinley County, New Mexico, Lease NMNM-12201, formerly operated by Nerdlihc. We have had ongoing discussions with your office concerning the failure of Nerdlihc to plug and abandon the wells.

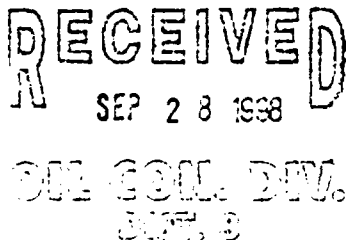
In our discussions, agreement was reached that the plugging reclamation fund should be used to cover any plugging costs above that of the bond. The operator had a \$10,000 cash bond that has been collected. We propose to transfer this amount to the plugging reclamation fund to aid NMOCD in contracting for plugging of these wells. If you concur with this proposal, please provide a written concurrence so that the process of transferring the money can be started.

We appreciate all the assistance NMOCD has provided in dealing with unplugged wells and look forward to more cooperative efforts in dealing with this issue.

If you have any questions please contact Stephen Mason with this office at (505) 599-6364.

Sincerely,

Duane Spencer
Team Leader, Petroleum Management Team



API = A-24-16N-10W.

API 30-031-20446.
330N-330E

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM MAIL ROOM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

SUBMIT IN TRIPLICATE

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

2. Name of Operator
NEROLHC COMPANY, INC.

3. Address and Telephone No.
337 E. SAN ANTONIO DR., STE 101, LONG BEACH, CA 90807 (310) 422-1271

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
NE NE SEC 24 - 16N - 10W

5. Lease Designation and Serial No.
NM NM - 12201

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MARCELINA 1

9. API Well No.

30-031-20446

10. Field and Pool, or Exploratory Area

MARCELINA

11. County or Parish, State

MCKINLEY, NM

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

PROPOSED PLAN OF OPERATION - APPROX START DATE FEB 29, 1996

1. MIRU WSU AND BOP AS REQUIRED,
2. TIH WITH BP, SET @ $\pm 1700'$, CAP WITH 50' CEMENT ON TOP OR SPOT A CEMENT PLUG FROM TD TO $\pm 1650'$, WOC 3 HRS, TAG, IF IN PLACE GO TO STEP 3, IF NOT FILL TO 1650',
3. SPOT CEMENT PLUG FROM 825' - 725',
4. SPOT CEMENT FROM 278' TO SURFACE, INSIDE & OUTSIDE 4 $\frac{3}{4}$ " CSG,
5. SET DRY HOLE MARKER, FILL PITS, CLEAN & LEVEL LOCATION.

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

Signed [Signature]

Title CHIEF ENGINEER

Date FEB 16, 1996

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen by rotary to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

FORM APPROVED
Budget Form No. 500-000
Expires March 31, 1993

3. Lease Designation and Field No.

NMNM -12201

4. If Indian, Allottee or Tribal Name

7. If Unit or CA, Agreement Designation

A

8. Well Name and No.

MARCELINA 1

9. API Well No.

10. Field and Pool, or Exploratory Area

MARCELINA / DAKOTA

11. County or Parish, State

MCKINLEY

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

NERDLHC COMPANY INC.

3. Address and Telephone No.

337 E. SAN ANTONIO DR. Suite 101 310-422-1271
LONG BEACH, CA 90807

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NENENE SEC 24 T 16N R 10W

330' FNL 330' FEL

12. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Lease

☐ Subsequent Report

☐ Final Abandonment Notice

SEP 21 1994

OIL CON. DIV.
DIST. 3

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other TEMPORARY ABANDONMENT

☐ Change of Plans

☐ New Construction

☐ Non-Routine Plugging

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multi-observation or Well Completion or Recompletion Report and Log Run.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is discontinuously drilled, give subsurface locations and encounter and true vertical depths for all sections and zones pertinent to this work.)

Request Temporary ABANDONMENT UNTIL WATERFLOOD
FEASIBILITY Study is completed by CHUZA OPERATING,
MIDLAND, TEXAS. WE WILL FURNISH YOUR OFFICE
WITH EITHER pressure test of casing or ELECTRIC
LOG casing inspection logs, verifying INTEGRITY
of WELL BORE.

THIS APPROVAL EXPIRES APR 01 1995

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

Tom E. Kinnaman, PRESIDENT

8-5-94

10-03-1994 10:09:01

505 7618912

APPROVED

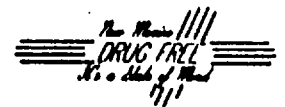
SEP 16 1994 P.02

L. VICTOR MANAGER

NMOOD



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

March 3, 1993

Mr. Eric H. Olsen
Nerdlihc Company, Inc.
337 E. San Antonio Dr.
Long Beach, CA 90804

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W (GP)
Bullseye #10, O-18-16N-09W (DK)
Bullseye #7, D-19-16N-09W (DK)
Marcelina #5, A-24-16N-10W (DK)
Marcelina #1, A-24-16N-10W (DK)
Marcelina #6, H-24-16N-10W (DK)

Dear Mr. Olsen:

On March 16, 1992 Nerdlihc Company responded to NMOCD Memorandum 3-91-10 dated December 27, 1991 in reference to the above mentioned TA wells. Nerdlihc was required to complete work on these wells by December 31, 1992. Our records indicate that these wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203.

Nerdlihc is hereby directed to submit plans to bring these wells into compliance by April 1, 1993. Your failure to respond will result in violation of Rule 201 and we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: TA File
Well File



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

April 6, 1993

Mr. Tom E. Knowlton
Nerdlihc Company, Inc.
337 E. San Antonio Drive
Suite 101
Long Beach, CA 90807

RE: Temporarily Abandoned Wells
Marcelina #6, H-24-16N-10W
Marcelina #5, A-24-16N-10W
Marcelina #1, A-24-16N-10W

Dear Mr. Knowlton:

I am returning the C-103's you filed for the above mentioned wells. These wells are located on federal land and all paperwork must be filed on the appropriate BLM forms.

Yours Truly,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

xc: TA File
Well File

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

NERDLIHC COMPANY, INC.

3. Address and Telephone No.

337 E. San Antonio Drive, Long Beach, CA 90807

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NE/4 NE/4 NE/4 Sec.24 16N 10W

330 N + E

5. Lease Designation and Serial No.

NM-12201

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Marcelina #1

9. API Well No.

30031 20446

10. Field and Pool, or Exploratory Area

Marcelina, Dakota

11. County or Parish, State

McKinley County

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Refurbish with heat

ed tubing string

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Nerdlihc is currently experimenting with a new tubing heating system to eliminate paraffin build-up problems associated with this field's Dakota production. Testing will be evaluated over the next 3 months, whereafter the Dakota wells on this field will be upgraded sequentially.

It is anticipated that this well will be the subject of the new installation, with formation rejuvenation be January 1993.

We request that the status of this well be maintained as shut in until the end of the proposed work, the end of January 1993.

THIS APPROVAL EXPIRES JAN 31 1993

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

Signed Tom E. Knowlton

Title President

Date APPROVED

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

MAR 11 1992

AREA MANAGER

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.

*See Instruction on Reverse Side

NM000

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM-12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR NERDLIHC COMPANY, INC.	3. ADDRESS OF OPERATOR 337 E. SAN ANTONIO DRIVE, LONG BEACH, CA 90807	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL and 330' FEL - Section 24-T16N-R10W	5. LEASE DESIGNATION AND SERIAL NO. NM-12201	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. NAME OF LEASEE NAME Marcelina	9. WELL NO. N.M. 1	10. FIELD AND POOL, OR WILDCAT MARCELINA Dakota	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T16N-R10W, NMPM	12. COUNTY OR PARISH McKinley	13. STATE NM
--	---	--	--	---	--------------------------------------	------------------------	-------------------------------------	-----------------------	--	---	----------------------------------	-----------------

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Nerdlihc Company, Inc. has acquired the property from the previous operator, Devcon Operations Company. This well is presently shut-in. The well is currently being evaluated for useability. It is anticipated that remedial work will be proposed in order to bring this well back into production. All necessary Sundry Notices and corresponding work should be initiated within 120 days from the date of this notice.

RECEIVED

MARCH 4 1991

OIL CON. DIV.
DIST. 2

THIS APPROVAL EXPIRES

JUN 01 1991

18. I hereby certify that the foregoing is true and correct
SIGNED Tom E. Knowlton NERDLIHC COMPANY, INC.
TITLE President
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:TITLE _____
NM000APPROVED
DATE 11/30/91

DATE FEB 07 1991

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

BLM

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

OIL WELL ☒ GAS WELL ☐ OTHER ☐

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

NERDLHC COMPANY, INC.

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR

337 E. San Antonio Dr., Long Beach, California 90807

9. WELL NO.

10. FIXED AND POOL, OR WILDCAT

Marcelina Dakota

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

330' FNL and 330' FEL - Section 24-T16N-R10W

Sec. 24-T16N-R10W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

12. COUNTY OR PARISH 13. STATE

McKinley

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and depths for all markers and zones pertinent to this work.)

This well is presently shut-in. The well is anticipated that remedial work will be initiated within 120 days from the date of this Notice.

or useability. It is anticipated that remedial work will be initiated within 120 days from the date of this Notice.

RECEIVED

JUN 19 1991

OIL CON. DIV.
DIST. 3

THIS APPROVAL IS THE DECISION OF THE

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

SIGNED

Tom E. Knowlton

TITLE

President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

06/07/91

DATE

DATE

JUN 19 1991



FARMINGTON, NEW MEXICO

*See Instructions on Reverse Side

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR EVANS PRODUCTION, c/o Nerdlihc Company, Inc.	8. FARM OR LEASE NAME Marcelina
3. ADDRESS OF OPERATOR P. O. BOX 21399, ALBUQUERQUE, NEW MEXICO 87154-1399	9. WELL NO. 1-6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' from the North Line and 330' from the East Line Section 24-T16N-R10W	10. FIELD AND POOL, OR WILDCAT MARCELINA FIELD Dakota
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T16N-R10W, NMPM	12. COUNTY OR PARISH MCKINLEY
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Well is presently shut-in. Nerdlihc Company, Inc. is acquiring property from previous operator, Devcon Operations Company. After completion of acquisition, the well will be evaluated for useability. Acquisition and evaluation to be completed within 180 days. Further work on well will be proposed after that date.

RECEIVED
MAY 31 1990
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Eric H. Hahn</u>	TITLE <u>Agent</u>	DATE <u>05/23/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>JUN 1 1990</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
FORMATION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Devcon Operations Company, Inc., Olsen Energy Associates - Co-Operators	
Address	1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834	
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	N/A

If change of ownership give name and address of previous owner Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154 - 139

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Marcelina - Federal	1X	Marcelina/Dakota	State, Federal or Fee Federal	NM-12201
Location				
Unit Letter <u>A</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>16 North</u> Range <u>10 West</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	A 24 16N 10W N/A N/A

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____
Original Signed by FRANK T. CHAVEZ
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

6. LEASE DESIGNATION AND SERIAL NO.

N M 12201

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marcelina

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Marcelina/Dakota

11. SEC., T., R., M., OR RLE. AND
SURVEY OR AREA

24-16N-10W

12. COUNTY OR PARISH 13. STATE

McKinley

N M

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Paul Slayton

3. ADDRESS OF OPERATOR

P O Box 1936 Roswell, New Mexico 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

330' FNL, 330' FEL of Sec. 24, T16N, R10W NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7164 GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☒
☐
☐
☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Changed out tubing, rods and installed a new pump and put back on production.

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

SIGNED

Paul Slayton

TITLE

Operator

DATE

11/15/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

NO. OF COPIES RECEIVED	3
DISTRIBUTION	
ANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. NM 12201	
7. Unit Agreement Name	
8. Farm or Lease Name Marcelina	
9. Well No. 1	
10. Field and Pool, or Wildcat Marcelina Dakota	
12. County McKinley	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
William G. Gill, Agent

Address of Operator
430 Wilson Bldg. , Corpus Christi, Texas 78401

Location of Well
UNIT LETTER A 330 FEET FROM THE North LINE AND 330 FEET FROM
THE East LINE, SECTION 24 TOWNSHIP 16 N RANGE 10 W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
7164 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Replace existing Tubing with 2 1/16" Tubing.

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

ED E. Lyster Brown TITLE Production Supt. DATE March 3, 1977

ROVED BY AR Kendrick TITLE DATE

DITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marcelina

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 24, T16N, R10W

12. COUNTY OR PARISH
McKinley13. STATE
New Mexico

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Northern Minerals, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2182; Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

330' from north line

330' from east line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7164 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Commencement of drilling operations
(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spud 5/19/75. Drilled 8 3/4" hole to 66'. Ran 2 jts 66' of 7", 20# casing. Cemented w/25 sx class "G" cement, circulated cement. Plug down 8:00 a.m. 5/20/75. WOC 12 hrs. Drilled out with 5" hole at 8:00 p.m. 5/20/75. Cored Hospah zone 845-875' and Gallup 897-907. Drilled to 1742'. Tried to run logs and DST. Hole sloughed too badly. On 5/26/75 reamed hole from 5" to 6 1/2" from surface to 1750'. 5/28/75 ran Century Geophysical E-Log to T.D. Ran DST #1 1721-50. Tool open 1 hr. 20 min. GTS in 60 min. Rec. 200' heavily oil cut mud. 6/1/75 ran 57 jts, 1728 feet 4 3/4", 16# casing set at 1728' below ground level. 6/2/75 cemented w/95 sx class "G" cement w/2% Ca Cl. Estimated cement top 650' WOC 40 hrs. Drilled out 50' cement. Pressure tested casing at 750 PSI for 30 min ok. 6/4/75 drilled out shoe and cleaned out open hole 1728-50. Moved off rig. 6/9/75 moved in completion rig. 6/10/75 ran 1743' of 2 3/8" EUE tubing. Swabbed well down. 6/11/75 swabbed down, spotted 330 gals. 15% HCl. 6/12/75 swabbed down, good show oil and gas. Frac treated by Dowell w/20,000 gals treated water (3% KCl), and 20,000# 20-40 sand w/spearhead of 1,000 gals 28% HCl. Treated @ 500 PSI @ 15-17 BPM. Back flowed for 45 minutes. Swabbed 4 hrs, cutting 2-5% oil. Well gassing steadily after 2 hrs. 6/15/75 swabbed well all day. Cutting 10-20% oil. 6/16/75 well kicked off & flowing through open 2" to tanks.

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

SIGNED Lloyd DavidsonTITLE PresidentDATE 6/23/75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

NM 12201

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

6. FARM OR LEASE NAME

Marcelina

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec 24, T16N, R10W

12. COUNTY OR PARISH

13. STATE

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Northern Mineral, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 2182; Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

330' FNL 330' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

4/24/75

15. DATE SPUDDED

5/19/75

16. DATE T.D. REACHED

5/28/75

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RSB, RT, GR, ETC.)*

7164 GR

19. ELEV. CASINGHEAD

7164

20. TOTAL DEPTH, MD & TVD

1750

21. PLUG, BACK T.D., MD & TVD

1750

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-1750

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

O.H. 1728 - 1750 Dakota "A" sand

25. WAS DIRECTIONAL SURVEY MADE

yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Century Geophysical SP-Gamma Ray- Resistivity

27. WAS WELL CORED

yes 845-70
897-907

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20#	66	8 3/4"	25 sx Class "G" circulated	
4 3/4"	16#	1728	6 1/4"	95 sx Class "G"	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8" EUE	1742	none

31. PERFORATION RECORD (Interval, size and number)

Open hole 1728-50 (27 feet)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1728-50	330 gal 15% inhibited HCL-soak
1728-50	1000 Gal 28% HCL inhibited ahead
	20,000 gal treated water (3% KCL)
	& 20,000 # 20-40 sd frac by Dowe

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
6/16/75	flowing	producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
	24	22/64"	→	70	35 EST	30	Est 1500-1

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
20 PSIG	210 PSIG	→	70	35	30	46°

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

vented - no nearby outlet for gas sales

TEST WITNESSED BY

Mark Weidler, Consultant
Geologist

35. LIST OF ATTACHMENTS

copy of Electric Log

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Lloyd Davidson

TITLE

President

DATE

6/23/75

*(See Instructions and Spaces for Additional Data on Reverse Side)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

30-031-20446

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Northern Minerals, Inc.,

3. ADDRESS OF OPERATOR

P. O. Box 2182, Santa Fe, New Mexico 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)

At surface

330' FEL and 330' FNL of Section 24

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

11 miles southwest of Hoshpah, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

330'

16. NO. OF ACRES IN LEASE

320

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.

None

19. PROPOSED DEPTH

1850'

20. ROTARY OR CABLE TOOLS

Rotary

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

7164' G. L.

22. APPROX. DATE WORK WILL START*

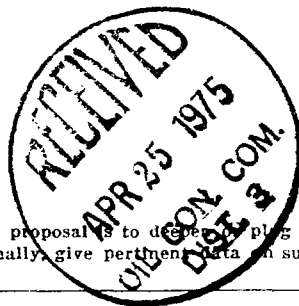
Upon Approval

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
8-5/8"	7"	20 lb.	60'	Suff. to Circulate
6-1/4"	4-1/2"	10.5 lb.	1850	Suff. to cover 500' above Hoshpah sand.

This well will be a 1850 foot Dakota sand wildcat well. 5" hole will be drilled to total depth, logged and, if commercial production of oil or gas is indicated, hole will be reamed out to 6-1/4", casing will be run to total depth, perforated and treated as necessary to establish commercial production



RECEIVED

APR 24 1975

U. S. GEOLOGICAL SURVEY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, 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

Lloyd Davidson

TITLE President

DATE 4-22-75

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-122
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

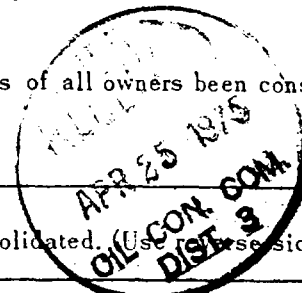
Operator Northern Minerals, Inc.			Lease USA Marcelina		Well No. Marcelina No. 1
Unit Letter A	Section 24	Township 16 North	Range 10 West	County McKinley	
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between;"> 330 feet from the North line and 330 feet from the East line </div>					
Ground Level Elev. 7164	Producing Formation Dakota	Pool Wildcat	Dedicated Acreage 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



<div style="position: relative;"> <div style="position: absolute; top: 10px; right: 10px; border: 1px solid black; padding: 2px;"> 330 ©330 Marcelina # 1 </div> </div>	<div style="position: relative;"> <div style="position: absolute; top: 10px; right: 10px; border: 1px solid black; padding: 2px;"> 330 ©330 Marcelina # 1 </div> </div>
Sec. 24, T.16N., R.10W.	

CERTIFICATION

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

Lloyd Davidson
Name

Lloyd Davidson

Position

President

Company

Northern Minerals, Inc.

Date

4-23-75

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 knowledge and belief.

Date Surveyed

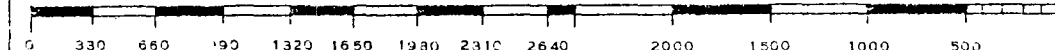
April 21, 1975

Registered Professional Engineer
and/or Land Surveyor

Fred D. Matson

Certificate No.

2031



DEVELOPMENT PLAN FOR SURFACE USE

To be attached to Application to Drill a test well for oil or gas to be located 330' FNL and 330' FEL section 24, T16N-R10W, McKinley County, New Mexico. The Federal lease number is NM 12201. The well is to be known as Northern Minerals, Inc., No. 1 Marcelina.

This well will be drilled by a light-weight, truck-mounted Failing 1500 type rig.

1. Existing roads including location of the exit from the main highway.

Accompanying this statement is a copy of USGS topographic map, herein called Map 1. The locatable reference point is the Albers Ranch Headquarters, approximately $11\frac{1}{2}$ miles southwest of Hospah, New Mexico, on the Borrego Pass - Hospah road. This is the main access road and is shown on the map. The point of exit from this road is $\frac{1}{2}$ mile northeast of the Albers Headquarters and is indicated on this map. A red line shows the direction to the well location. Also shown on the map are all existing roads within a three mile radius.

2. Planned access roads.

No new road construction is contemplated. If necessary, some low places in the vicinity of the well may have to be graded.

3. Location of existing wells.

Map 1 shows the location of the proposed well and all wells within a two mile radius.

4. Lateral roads to well location.

Covered in reply to (1) above.

5. Location of tank batteries and flow lines.

The tank battery will be located some 50 feet southwest of the well and is shown on Map 2. Also shown is flow line from well to tanks.

6. Location and type of water.

Water for drilling operations will be taken from water holes in Marcelina creek south of the well site. Trucks will haul water to the well. No water lines will be needed.

7. Methods of handling waste disposal.

Upon completion of the well, all waste material will be placed in the pit, covered over and buried. See map 2.

8. Location of camps.

There will be no camp. Crews will travel daily back and forth to Grants, New Mexico.

9. Location of airstrips.

No airstrip will be constructed.

10. Location of layout to include position of the rig, mud tanks, reserve pits, burn pits, pipe rack, etc.

See map 2. The topography in the immediate vicinity of the well is flat. The drilling pad will not be compacted or surfaced.

11. Plans for restoration of the surface.

Upon completion of operations, the surface will be cleared of all junk, leveled and re-seeded.

12. Other information.

The topography of the general area is gently rolling. There is some grass but very little other vegetation. No cut and fill will be needed.

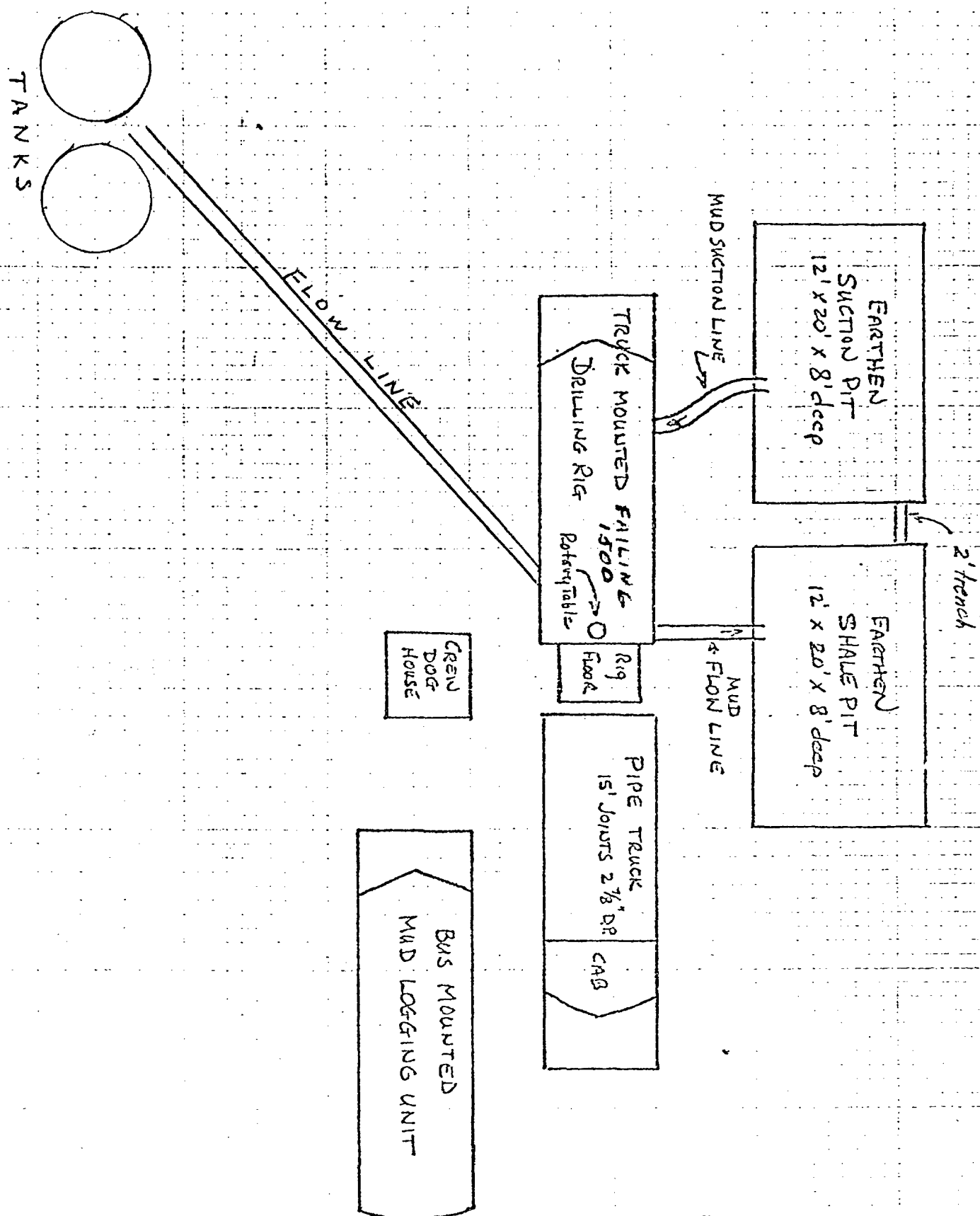
Northern Minerals, Inc.

By: Lloyd Davidson
Lloyd Davidson, President

N ↑

MAP 2

SCALE 1" = 10'





United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Farmington District Office
1235 La Plata Highway
Farmington, New Mexico 87401

IN REPLY REFER TO:

NMNM-12201 (GC)
3162.3-4 (7400)

SEP 25 1998

Mr. Frank Chavez
New Mexico Oil Conservation Commission
1000 Rio Brazos Rd
Aztec, NM 87410

Dear Mr. Chavez:

Reference is made to the following wells No. 1, 5 & 6 Marcelina, located 330' FNL & 330' FEL, 990' FNL & 280' FEL & 1650' FNL & 330' FEL respectively, sec. 24, T. 16 N., R. 10 W., McKinley County, New Mexico, Lease NMNM-12201, formerly operated by Nerdlihc. We have had ongoing discussions with your office concerning the failure of Nerdlihc to plug and abandon the wells.

In our discussions, agreement was reached that the plugging reclamation fund should be used to cover any plugging costs above that of the bond. The operator had a \$10,000 cash bond that has been collected. We propose to transfer this amount to the plugging reclamation fund to aid NMOCD in contracting for plugging of these wells. If you concur with this proposal, please provide a written concurrence so that the process of transferring the money can be started.

We appreciate all the assistance NMOCD has provided in dealing with unplugged wells and look forward to more cooperative efforts in dealing with this issue.

If you have any questions please contact Stephen Mason with this office at (505) 599-6364.

Sincerely,

Duane Spencer
Team Leader, Petroleum Management Team

RECEIVED
SEP 28 1998
OIL CON. DIV.
SEP 8

BEFORE EXAMINER STOOGNER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 1B
CASE NO.	12344

45 = A-24-16N-10W. API 30-031-20513.
990N-330E.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

N M N M - 12201

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MARCELINA 5

9. API Well No.

30-031-20513

10. Field and Pool, or Exploratory Area

MARCELINA

11. County or Parish, State

MCKINLEY CO, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

NERDLINC COMPANY, INC.

3. Address and Telephone No.

337 E. SAN ANTONIO DR., STE 101, LONG BEACH, CA 90807 (310) 422-1271

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NE NE SEC 24-16N-10W

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

PROPOSED PLAN OF OPERATION - APPROX. START DATE FEB 29, 1996

1. MIRU WSC + BCP AS REQUIRED,
2. TIH WITH CIBP, SET @ $\pm 1700'$, CAP WITH 50' CEMENT ON TOP. SPOT A CEMENT PLUG FROM TD TO 1650', WOC 3HRS, TAG, IF IN PLACE GO TO STEP 3, IF NOT FILL TO 1650',
3. SPOT CEMENT PLUG FROM 844'-744',
4. SPOT CEMENT FROM 275' TO SURFACE, INSIDE & OUTSIDE 4 1/2" CASING,
5. SET DRY HOLE MARKER, FILL PITS, CLEAN & LEVEL LOCATION

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

Signed [Signature]

Title CHIEF ENGINEER

Date FEB. 16, 1996

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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.

*See Instruction on Reverse Side

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
BLM

FORM APPROVED
Boulder Section No. 1001-020
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

3. Lease Designation and Serial No.
NMM -12201

4. If Initial, Address or Title Name

SUBMIT IN TRIPLICATE

5. If Unit or CA, Agreement Designation

A

6. Well Name and No.

MARCELINA 5

7. API Well No.

10. Field and Pool, or Exploratory Area

MARCELINA/DAKOTA

11. County or Parish, State

MCKINLEY

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

2. Name of Operator
NERDLHC COMPANY INC

3. Address and Telephone No.
337 E. SAN ANTONIO DR. Suite 101, Long Bch, CA 90807
310-422-1271

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SE NE NE SEC 24 T 16N R 10W

990' FNL 330' FEL

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **TEMPORARY ABANDONMENT**
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion or Well Completion or Recompletion Report and Log Run.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is discontinuously drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

REQUEST TEMPORARY ABANDONMENT UNTIL WATERFLOOD FEASIBILITY STUDY IS COMPLETED BY CHUZA OPERATING, MIDLAND, TEXAS. WE WILL FURNISH YOUR OFFICE WITH EITHER PRESSURE TEST OF CASING OR ELECTRIC LOGS CASING INSPECTION LOGS, VERIFYING WELL BORE INTEGRITY.

THIS APPROVAL EXPIRES **APR. 01 1995**

I hereby certify that the foregoing is a true and correct copy of the original as submitted to me.
Tom E. [Signature] President
Date **8-5-94**
I hereby certify that the foregoing is a true and correct copy of the original as submitted to me.
Date
I hereby certify that the foregoing is a true and correct copy of the original as submitted to me.
Date
I hereby certify that the foregoing is a true and correct copy of the original as submitted to me.
Date

16-33-1994-109-01

505 7618912

APPROVED

SEP 16 1994

WELLSITE MANAGER



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

April 6, 1993

Mr. Tom E. Knowlton
Nerdlihc Company, Inc.
337 E. San Antonio Drive
Suite 101
Long Beach, CA 90807

RE: Temporarily Abandoned Wells
Marcelina #6, H-24-16N-10W
Marcelina #5, A-24-16N-10W
Marcelina #1, A-24-16N-10W

Dear Mr. Knowlton:

I am returning the C-103's you filed for the above mentioned wells. These wells are located on federal land and all paperwork must be filed on the appropriate BLM forms.

Yours Truly,

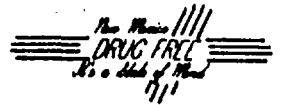
Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

xc: TA File
Well File



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

March 3, 1993

Mr. Eric H. Olsen
Nerdlihc Company, Inc.
337 E. San Antonio Dr.
Long Beach, CA 90804

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W (GP)
Bullseye #10, O-18-16N-09W (DK)
Bullseye #7, D-19-16N-09W (DK)
Marcelina #5, A-24-16N-10W (DK)
Marcelina #1, A-24-16N-10W (DK)
Marcelina #6, H-24-16N-10W (DK)

Dear Mr. Olsen:

On March 16, 1992 Nerdlihc Company responded to NMOCD Memorandum 3-91-10 dated December 27, 1991 in reference to the above mentioned TA wells. Nerdlihc was required to complete work on these wells by December 31, 1992. Our records indicate that these wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203.

Nerdlihc is hereby directed to submit plans to bring these wells into compliance by April 1, 1993. Your failure to respond will result in violation of Rule 201 and we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: TA File
Well File

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

NERDLIHC COMPANY, INC.

3. Address and Telephone No.

337 E. San Antonio Dr., #101 Long Beach, CA 90807

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SE/4 NE/4 NE/4 Sec.24 16N 10W

990/N 330/E

5. Lease Designation and Serial No.

NM-12201

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Marcelina #5

9. API Well No.

30031 20513

10. Field and Pool, or Exploratory Area

Marcelina, Dakota

11. County or Parish, State

McKinley County

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Refurbish with

heated tubing string

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Nerdlihc is currently experimenting with a new tubing heating system to eliminate paraffin build up problems associated with this field's Dakota production. Testing will be evaluated over the next three (3) months, whereafter the Dakota wells on this field will be upgraded sequentially.

It is anticipated that this well will be subject of the new installation with formation rejuvenation by February 1993.

We request that the status of this well be maintained as shut in until the end of the proposed work-the end of February 1993.

THIS APPROVAL EXPIRES FEB 28 1993

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

Signed

Tom E. Mowton

Title

President

Date

3/6/92

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

MAR 11 1992

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 statement or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side
NMOCD

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

NMP-12201

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

9. FARM OR LEASE NAME

10. WELL NO.

11. FIELD AND POOL, OR WILDCAT

12. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

13. COUNTY OR PARISH 14. STATE

McKinley

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

NERDLHC COMPANY, INC. --

3. ADDRESS OF OPERATOR

337 E. San Antonio Dr., Long Beach, California 90807

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

990' FNL and 330' FEL - Sec. 24-T16N-R10W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The well is presently shut-in. The well is being evaluated for useability. It is anticipated that remedial work will be proposed in order to bring this well back into production. All necessary Sundry Notices and corresponding work should be initiated within 120 days from the date of this Notice.

RECEIVED

JUN 19 1991

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES

JUN 19 1991

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

SIGNED

JOHN E. KNOWLTON

TITLE President

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 06/07/91

JUN 19 1991

DATE

FARMINGTON RECORDS AND

*See Instructions on Reverse Side

NMOOE

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.

(November 1983)
(Formerly 9-131)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	91 FEB	3. LEASE DESIGNATION AND SERIAL NO. NM-12201
2. NAME OF OPERATOR NERDLIHC COMPANY, INC.	019 FAR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED BLM
3. ADDRESS OF OPERATOR 337 E. SAN ANTONIO DRIVE, LONG BEACH, CA 90807	WINSTON, N.M. <i>Marcelina</i>	7. UNIT AGREEMENT NAME 1- PH 2:50
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface A 990' FNL and 330' FEL - Sec. 24-T16N-R10W		8. FARM OR LEASE NAME 5-#
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.)	10. FIELD AND POOL, OR WILDCAT MARCELINA <i>Skoto</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T16N-R10W, NMPM
		12. COUNTY OR PARISH McKinley
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Nerdlihc Company, Inc. has acquired the property from the previous operator, Devcon Operations Company. This well is presently shut-in. The well is currently being evaluated for useability. It is anticipated that remedial work will be proposed in order to bring this well back into production. All necessary Sundry Notices and corresponding work should be initiated within 120 days from the date of this notice.

RECEIVED

MAR 01 1991

OIL CON. DIV.

DIS. 3

JUN 01 1991

THIS APPROVAL EXPIRES

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

SIGNED

Tom E. Knowlton
Tom E. Knowlton

NERDLIHC COMPANY, INC.

TITLE President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMOOD

*See Instructions on Reverse Side

APPROVED

DATE

1/30/91

DATE

FEB 07 1991

AREA MANAGER
FARMINGTON RESOURCE AREA

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devcon Operations Company, Inc., & ~~Olsen Energy Associates Co - Operators~~

Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

N/A

If change of ownership give name and address of previous owner Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154 - 13

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Marcelina/Federal</u>	Well No. <u>5K</u>	Pool Name, including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-12201</u>
Location				
Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>16 North</u> Range <u>10 West</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P.O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>None</u>	<u>N/A</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>24</u> Twp. <u>16N</u> Rge. <u>10W</u>	<u>N/A</u> <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 22 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 9

This form is to be filed in compliance with RULE 1104.

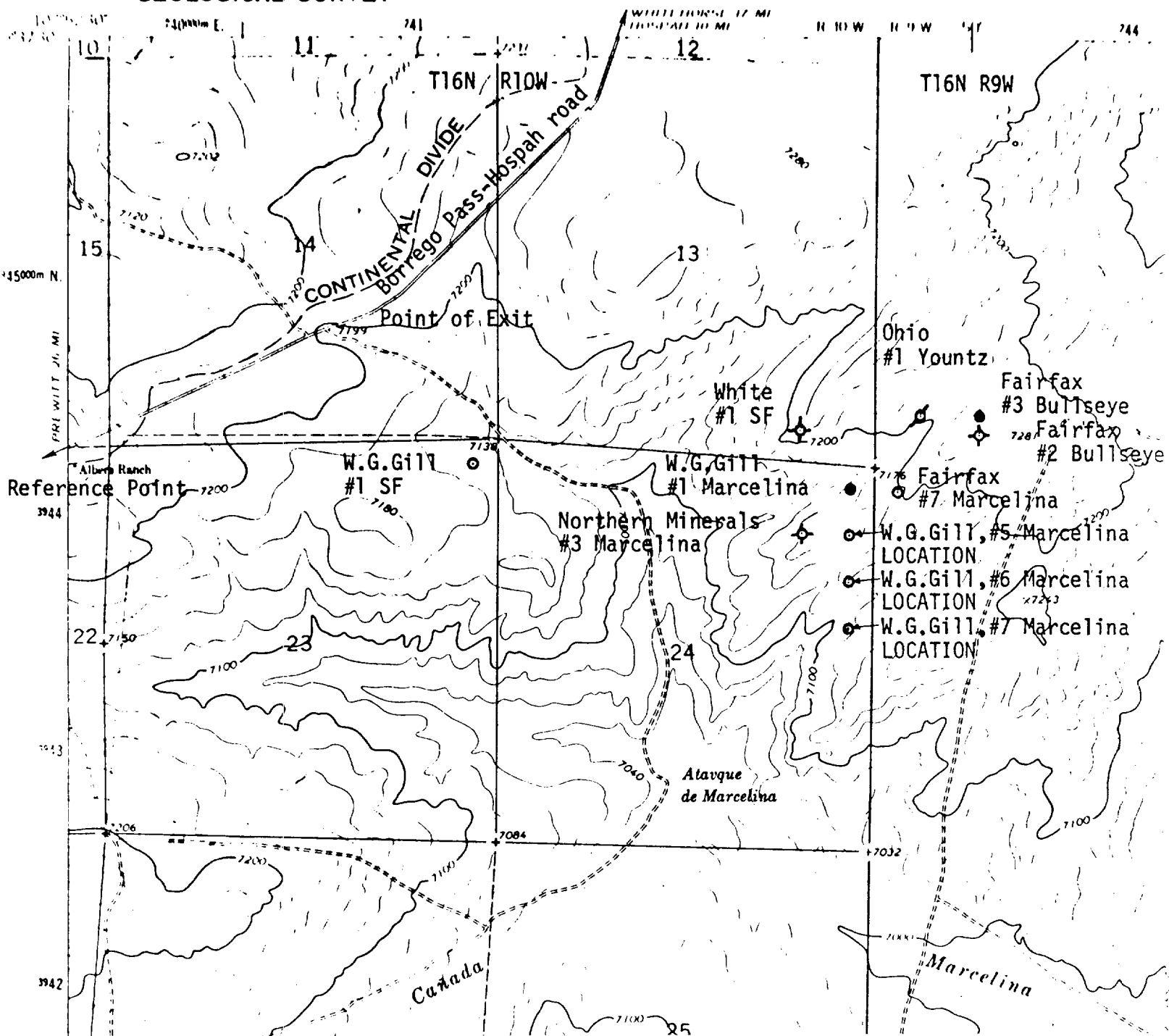
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

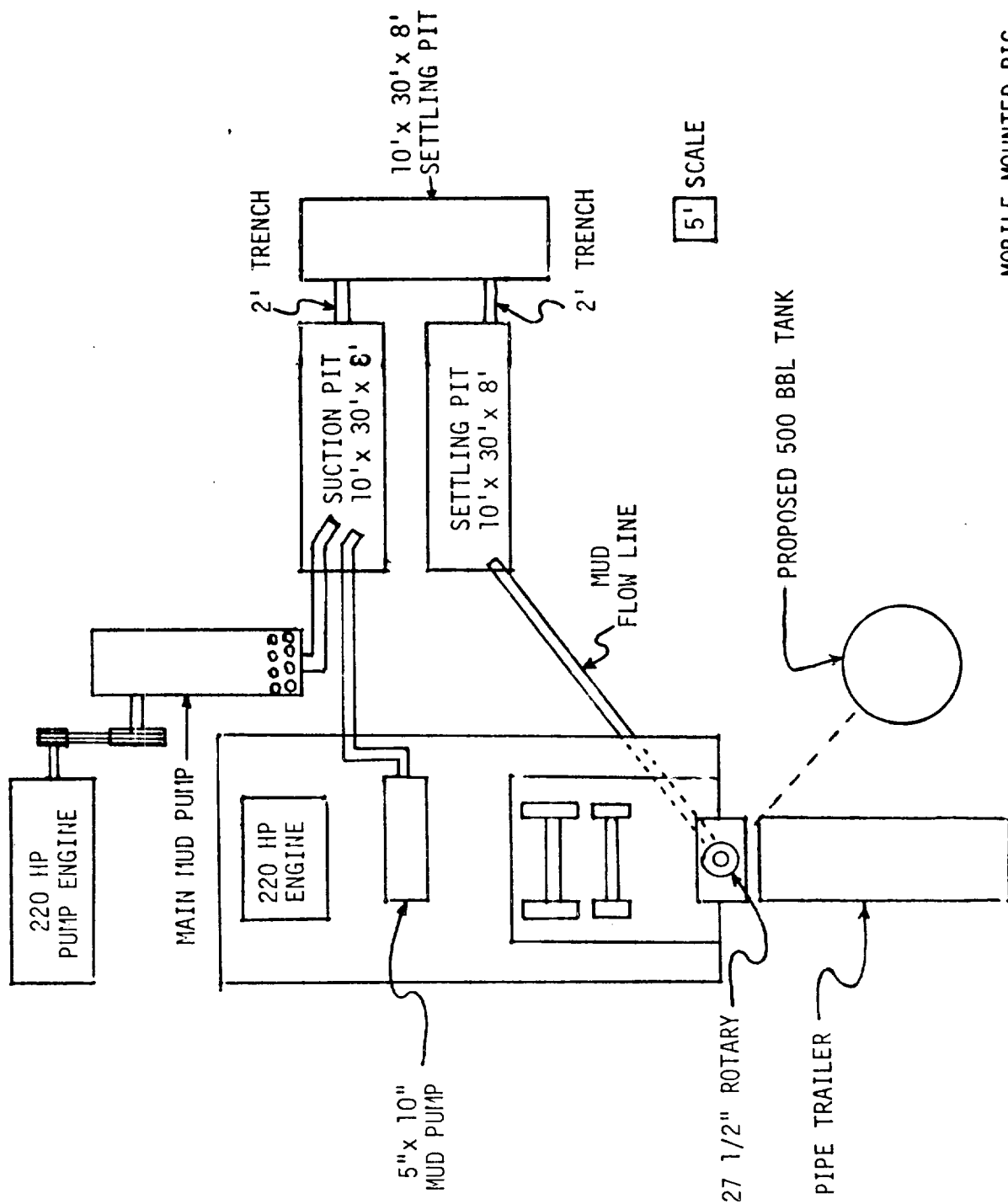
All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

MAP N° 1





MOBILE MOUNTED RIG
 WITH COOPER DOUBLE DRUM DRAWWORKS
 AND 59' TELESCOPING MAST
 2 7/8" DRILLPIPE, 20' JOINTS

DEVELOPMENT PLAN FOR SURFACE USE

To be attached to Application to Drill a test well for oil or gas to be located 990' FNL and 330' FEL section 24, T16N-R10W, McKinley County, New Mexico. The Federal Lease number is NM 12201. The well is to be known as William G. Gill, No. 5 Marcelina.

This well will be drilled by a light-weight, truck-mounted Failing 1500 type rig.

1. Existing roads including location of the exit from the main highway.

On Map No. 1, the locatable reference point is the Albers Ranch Headquarters, approximately 11 1/2 miles southwest of Hospah, New Mexico, on the Borrego Pass - Hospah road. This is the main access road. The point of exit from this road is 1/2 mile northeast of the Albers Headquarters.

2. Planned access roads.

No new road construction is contemplated. If necessary, some slight grading in the vicinity of the well may be performed.

3. Location of existing wells.

Map 1 shows the location of the proposed well and all wells within a 1 mile radius.

4. Location of existing and proposed facilities controlled by operator.

A. A 500bbl tank is located about 70 feet North of #1 Marcelina well.

B. In the event of production the tank battery will be located some 50 feet North of the well and is shown on Map 2. Also shown is flow line from well to tanks.

C. Wellhead and pump jack will be fenced. All disturbed areas will be restored to natural state.

5. Location and Type of Water.

Water for drilling operations will be taken from the Tesoro Petroleum pond at Hospah. Trucks will haul water to the well. No water lines will be needed.

6. No construction materials will be needed.

7. Methods for Handling Waste Disposal.

Upon completion of the well, all waste material will be placed in the pit, covered over and buried. See map 2.

(2)

8. Location of Camps.

There will be no camp. Crews will travel daily back and forth to Grants, New Mexico. No airstrip will be constructed.

9. Location of Layout to Include Position of the Rig, Mud Tanks, Reserve Pits, Burn Pits, Pipe Rack, etc.

See map 2. The topography in the immediate vicinity of the well is flat. The drilling pad will not be compacted or surfaced.

10. Plans for Restoration of the Surface.

Upon completion of operations, the surface will be cleared of all junk, leveled and re-seeded per NTL-6 and BLM recommendations.

11. Other information.


The topography of the general area is gently rolling and sandy. There is little grass and other vegetation. No cut and fill will be needed. Section 24 is Pena Rancho. No livestock has been seen. No water or occupied dwellings are known within 1 mile radius. No archeological, historical or cultural sites are identified by American School of Research, John D. Beal survey of 10/6/75.

12. Operator's Representative

Hugh Gill, Jr.
430 Wilson Building
Corpus Christi, TX 78401
512/884-6692

13. Certification

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route; that I am familiar with the conditions which presently exist; that the statements made in this plan are, to the best of my knowledge, true and correct; and, that the work associated with the operations proposed herein will be performed by Allredge Drilling Co. and its contractors and sub-contractors in conformity with this plan and the terms and conditions under which it is approved.



July 1, 1977

Hugh Gill, Jr., Geologist

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

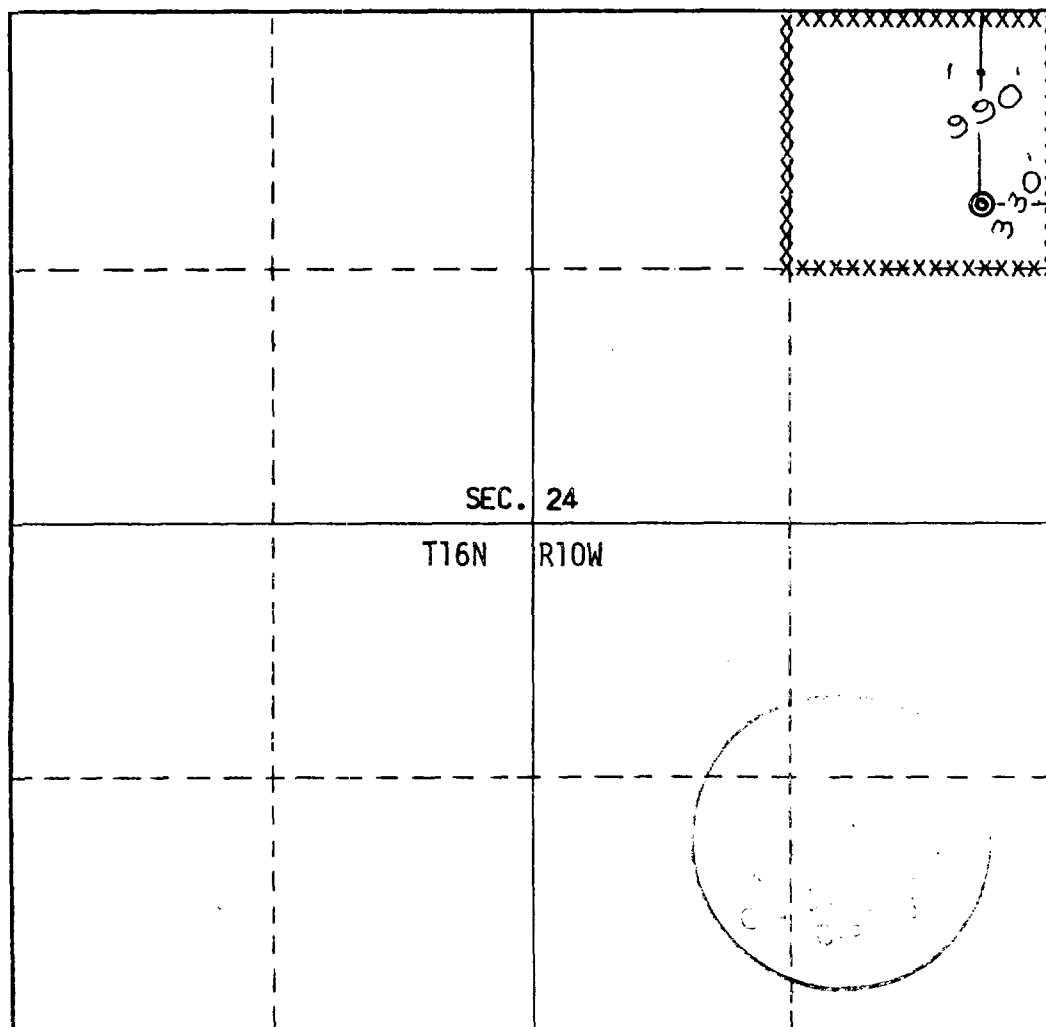
Operator William G. Gill			Lease Marcelina		Well No. 5
Unit Letter A	Section 24	Township 16 North	Range 10 West	County McKinley	
Actual Footage Location of Well: 990 feet from the North line and 330 feet from the East line					
Ground Level Elev. 7155	Producing Formation Dakota "A"		Pool Marcelina Unnamed Dakota		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

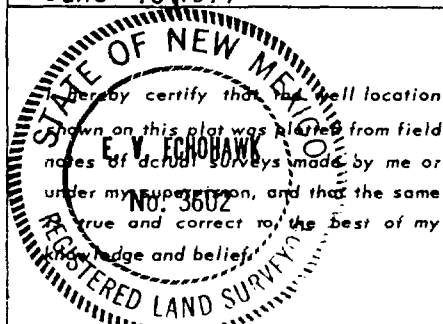
Hugh Gill, Jr.

Name
Hugh Gill, Jr.

Position
Geologist

Company
William G. Gill

Date
June 15, 1977



Date Surveyed
June 4, 1977

Registered Professional Engineer and/or Land Surveyor

E.V. Echohawk

Certificate No. **3602**
E.V. Echohawk LS

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-12201
2. NAME OF OPERATOR EVANS PRODUCTION - c/o Nerdlihc Company, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 21399, ALBUQUERQUE, NEW MEXICO 87154-1399	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' from the North Line and 330' from the East Line Section 24-T16N-10W	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 5-A
15. ELEVATIONS (Show whether OF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT MARCELINA FIELD
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T16N-10W, NMPM
	12. COUNTY OR PARISH MCKINLEY
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Well is presently shut-in. Nerdlihc Company, Inc. is acquiring property from previous operator, Devcon Operations Company. After completion of acquisition, the well will be evaluated for useability. Acquisition and evaluation to be completed within 180 days. Further work on well will be proposed after that date.

RECEIVED

JUN 25 1990

OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

JUN 15 1990

FARMINGTON RESOURCE AREA

BY *ELC*

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

SIGNED *Emu Holsen*

TITLE Agent

DATE 05/23/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOOD

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

William G. Gill

3. ADDRESS OF OPERATOR

430 Wilson Building, Corpus Christi, TX 78401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

990' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

11 miles southwest of Hospah, N.M.

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drilg. unit line, if any)

330'

16. NO. OF ACRES IN LEASE

320 ac.

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

660'

19. PROPOSED DEPTH

2050'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

20. ROTARY OR CABLE TOOLS

Rotary

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

7155 G.L.

22. APPROX. DATE WORK WILL START*

Upon approval

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9 7/8"	7 5/8"	26.4 lbs.	100'	Suff. circulate to surface (20 sack)
6 3/4"	4 1/2"	9.6 lbs.	1800'	Suff. circulate to surface (222 sack)

This well will be an 1850' Dakota "A" sand development well.

B.O.P. program: 10" Shaffer 3000 WP Hydraulic or equal.

Mud program as necessary and prudent.

Totco surveys every 250' to maintain less than 4° deviation.

IE and GRN logs to TD.

Conventional cores of Hospah and Dakota sands.

If commercial oil or gas production is indicated, 4 1/2" casing will be run and cemented to surface and well treated as necessary to establish production.

Open hole completion in Dakota "A" sand.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, 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

W. G. Gill

TITLE Geologist

DATE 6-15-77

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

OK

*See Instructions On Reverse Side

DATE

RECEIVED

JUL 7 1977

U S GEOLOGICAL SURVEY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. NM 12201	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR William G. Gill, Agent		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 430 Wilson Building, Corpus Christi, TX 78401		8. FARM OR LEASE NAME Marcelina	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 990' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM At top prod. interval reported below Same At total depth Same		9. WELL NO. 5	
14. PERMIT NO.		DATE ISSUED 7-18-77	
15. DATE SPUDDED 8-1-77		16. DATE T.D. REACHED 8-5-77	
17. DATE COMPL. (Ready to prod.) 10-3-77		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7165' RKB	
19. ELEV. CASINGHEAD 7161'		10. FIELD AND POOL, OR WILDCAT Marcelina/Dakota "A"	
20. TOTAL DEPTH, MD & TVD 2020'		21. PLUG, BACK T.D., MD & TVD 2000'	
22. IF MULTIPLE COMPL., HOW MANY* ---		23. INTERVALS DRILLED BY →	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1740' to 1774' Dakota "A"		25. WAS DIRECTIONAL SURVEY MADE Straight hole TO Less than 1°	
26. TYPE ELECTRIC AND OTHER LOGS RUN IEL, CDL/GR & Mud Log		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
7 5/8"	26.4	90'	9 7/8"
4 1/2"	10.5	2000'	6 3/4"
CEMENTING RECORD			
82 sx Class B to surface			
200 sx Class B to surface			
AMOUNT PULLED			
0			
0			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
---	---	---	---
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
2-1/16" I.D.	1770'	---	
31. PERFORATION RECORD (Interval, size and number)			
1746' to 1760'			
3/32" jet			
16 holes			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
1746' to 1760'		Fraced w/22,000 lbs 20/40 sd	
		in 18,000 gals KCl water.	
33. PRODUCTION			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)		WELL STATUS (Producing or shut-in)
10-6-77	pumping w/1 1/4" H-F insert rod pump.		Producing
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
			→
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	→
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
OCT 27 1977			
35. LIST OF ATTACHMENTS Mud Log. (IEL & CDL/GR furnished 8-5-77)			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.			
SIGNED <u>Wm G. Gill</u>		TITLE <u>Geologist</u>	
		DATE <u>10-7-77</u>	

*(See Instructions and Spaces for Additional Data on Reverse Side)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marcelina

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Marcelina/Dakota "A"

11. SEC., T., R., M., OR BLK. AND
SURVEY OR ABRA

24, 16N, 10W, NMPM

12. COUNTY OR PARISH

McKinley

13. STATE

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

William G. Gill, Agent

3. ADDRESS OF OPERATOR

430 Wilson Building, Corpus Christi, TX 78401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

7160' G.L.

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

Drilling and completion

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

8-1-77 Spudded well w/9 7/8" R.B.

Drilled to 93'

Set 90' 7 5/8", 26.4# surface casing and cemented to surface w/80 sks cement w/2 sks CaCl. W.O.C. 12 hrs. Drilled 6 3/4" hole to 2020'.

Ran IE and CDL/GR logs. Deviation less than 1°.

8-5-77 Ran 4 1/2", 10.5# casing to 2000' and cemented to surface w/125 sks Class B Posmix, 12% gel, 12 1/2% gilsonite, 10.3#/gal. and 75 sks Class B Neat around btm. Tested w/1000 psi. Good.

8-29-77 Perforated Dakota sand w/16 holes from 1746' to 1760' and fraced w/22,000 lbs 20/40 sand 18,800 gals hot water. Breakdown pressure was 1300 psi and pumped in at 20.0 bbls/min and avg. pressure of 900 psi. Shut-in pressure was 450 psi.

9-2-77 Bailed sand. Ran 1760' of 2 1/16", 3.25# IJ tubing. Started swabbing.

9-16-66 Finished swabbing. Ran pump and rods.

9-17-77 Set pump jack.

10-3-77 REA finished running electric power lines. Started pumping.

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

SIGNED

TITLE

Geologist

DATE

10-4-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OCT 27 1977

GEOLOGICAL

WILLIAM G. GILL

OIL AND GAS PROPERTIES

430 WILSON BLDG.
CORPUS CHRISTI, TEXAS 78401

TEL. 512/884.6692

November 8, 1977

New Mexico Oil Conservation Commission
1000 Rio Brazos Road
Aztec, New Mexico 87410

Gentlemen:

I am manager of field operations for William G. Gill and was on location during the drilling and completion of both the Marcelina #5 and #6 wells located in Section 24, T16N, R10W, McKinley Cty., New Mexico and witnessed the running of the TOTCO Straight Hole surveys as follows:

Marcelina #5

8/2/77 @ 812' 1/2°
8/3/77 @ 1452' 3/4°
8/5/77 @ 2010' 1/2°

Marcelina #6

7/24/77 @ 686' 1/4°
7/25/77 @ 1204' 1/4°
7/27/77 @ 2028' 1°

I certify under oath that the foregoing is true and correct.

E. Layton Brown

The State of Texas I

County of Nueces I

Sworn and Subscribed to before me, Cindy Lea DeHart, by E. Layton Brown, known to me personally, this the 8th day of November, 1977.

To Certify Which Witness My Hand and Seal of Office.

Cindy Lea DeHart

Notary Public
Nueces County, Texas





STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

March 5
A-24-16-10

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCELINA	Well No. 5	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No. NM-12201
Location				
Unit Letter A	990	Feet From The N	Line and 330	Feet From The E Line
Section 24	Township 16N	Range 10W	NMPM, MCKINLEY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24
	Twp. 16N	Rge. 10W
	Is gas actually connected?	When?
	NO	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	RECEIVED	Choke Size
Actual Prod. During Test	Oil - bbls.	DEC 10 1990	Line - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Tom E. Knowlton
Signature
TOM E. KNOWLTON
Printed Name
PRESIDENT
Title
(213) 422-1271
Telephone No.
Date **12-3-90**

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**

By *James J. Chang*
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Submit 3 Copies
Appropriate District Office
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

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLHC COMPANY, INC.	Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marcelina	Well No. 5	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	Lease No. NM-12201
Location Unit Letter A : 990 Feet From The N Line and 330 Feet From The E Line Section 24 Township 16N Range 10W , NMPM , McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 11831, HOUSTON, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24
	Twp. 16N	Rge. 10W
	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Casing Pressure (Shut-in) (Flowing, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLHC COMPANY, INC.

By: Tom E. Knowlton

Signature TOM E. KNOWLTON PRESIDENT

Printed Name 06/15/90 Title (213)422-1271

Date 06/15/90 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 22 1990

By: Brian J. Shum

Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out sections I, II, III, IV, V, and VI for changes of operator, well name or number, transporter, or other such changes.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11.
Effective 1-1-65

Operator Evans Production Co.	
Address 1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Slayton Oil Corp. P.O. Box 2035, Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Marcelina	Well No. 5	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Fed NM	Lease No. 12201
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>No.</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>16 N</u> Range <u>10 W</u> , NMPM, <u>McKinley</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Permian Corporation <u>Permian (EL 9 / 1 / 87)</u> P.O. Box 1702, Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24	Twp. 16N	Rge. 10W	Is gas actually connected? no	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

OIL CON. DIV.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Alfred Pank
(Signature)
Operator
(Title)
October 1, 1984
(Date)

OIL CONSERVATION COMMISSION

1-30-85
APPROVED JAN 20 1985
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

ANTAFE			
ILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104
Effective 1-1-65

I. Operator
Paul Slayton

Address
P O Box 1936 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner William G. Gill, 430 Wilson Bldg. Corpus Christi, Texas 78401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marcelina	Well No. 5	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Fed. N M	Lease 122
Location Unit Letter A ; 990 Feet From The N Line and 330 Feet From The E Line of Section 24 Township 16 N Range 10 W , NMPM, McKinley Co				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P O Box 1702, Farmington, N Mex 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24	Twp. 16N	Rge. 10W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. R
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Paul Slayton

Operator

Oct. 1, 1980

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 21 1980, 19

Original Signed by CHARLES GHOLSON

BY

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells, including new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each well in which

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

B.K.

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
PRODUCTION OFFICE	

Operator William G. Gill, Agent	
Address 430 Wilson Building, Corpus Christi, Texas 78401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marcelina	Well No. 5	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM12201
Location Unit Letter A ; 990 Feet From The N Line and 330 Feet From The E Line of Section 24 Township 16N Range 10W , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit A Sec. 24 Twp. 16N Rge. 10W Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 8-1-77	Date Compl. Ready to Prod. 10-3-77	Total Depth 2020'	P.B.T.D. 2000'
Elevations (DF, RKB, RT, GR, etc.) 7165' RKB	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1746'	Tubing Depth 1770'
Perforations 1746' to 1760'	Depth Casing Shoe 2000'		
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7 5/8"	90'	82
6 3/4"	4 1/2"	2000'	200

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-4-77	Date of Test 10-21-77	Producing Method (Flow, pump, etc.) Pump
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0 (open)
Actual Prod. During Test 92.25 bbls. fluid	Oil-Bbls. 17.25	Water-Bbls. 75.00
		Choke Size None
		Gas-MCF 310.35 (estimated)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

W. G. Gill
(Signature)

Geologist

(Title)

10-25-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY Original Signed by A. R. Kendrick

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

AMT A FE		
ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-65

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator Slayton Oil Corp.

Address C P.O. Box 2035 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Marcelina</u>	Well No. <u>5</u>	Pool Name, Including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	NM <u>2201</u>
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>No.</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>24</u> Township <u>16 N</u> Range <u>10 W</u> , NMPM, <u>McKinley</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permain Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P O Box 1702 Farmington, N M 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>none</u>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>24</u> Twp. <u>16N</u> Rge. <u>10W</u>	Is gas actually connected? <u>no</u> When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Paul Slayton, by res
(Signature)
Operator
(Title)
Jan. 1, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each such change.



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Farmington District Office
1235 La Plata Highway
Farmington, New Mexico 87401

IN REPLY REFER TO:

NMNM-12201 (GC)
3162.3-4 (7400)

SEP 25 1998

Mr. Frank Chavez
New Mexico Oil Conservation Commission
1000 Rio Brazos Rd
Aztec, NM 87410

Dear Mr. Chavez:

Reference is made to the following wells No. 1, 5 & 6 Marcelina, located 330' FNL & 330' FEL, 990' FNL & 280' FEL & 1650' FNL & 330' FEL respectively, sec. 24, T. 16 N., R. 10 W., McKinley County, New Mexico, Lease NMNM-12201, formerly operated by Nerdlihc. We have had ongoing discussions with your office concerning the failure of Nerdlihc to plug and abandon the wells.

In our discussions, agreement was reached that the plugging reclamation fund should be used to cover any plugging costs above that of the bond. The operator had a \$10,000 cash bond that has been collected. We propose to transfer this amount to the plugging reclamation fund to aid NMOCD in contracting for plugging of these wells. If you concur with this proposal, please provide a written concurrence so that the process of transferring the money can be started.

We appreciate all the assistance NMOCD has provided in dealing with unplugged wells and look forward to more cooperative efforts in dealing with this issue.

If you have any questions please contact Stephen Mason with this office at (505) 599-6364.

Sincerely,

Duane Spencer
Team Leader, Petroleum Management Team

RECEIVED
SEP 28 1998
OIL CON. DIV.
SEP 9

BEFORE EXAMINER STOBNER	
OIL CONSERVATION DIVISION	
OCD	EXHIBIT NO. 1C
CASE NO.	12344

AS - A-24-16N-10W. API 30-031-20513.
990N-330E.

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCELINA	Well No. 6	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM-12201
Location				
Unit Letter H	1650	Feet From The North Line and 330	Feet From The East	Line
Section 24	Township 16N	Range 10W	, NMPM, McKinley County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 24	Twp. 16N	Rge. 10W	Is gas actually connected? NO	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, jet, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. 0	Gas - MCF

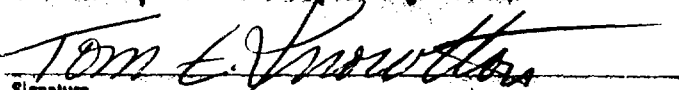
OIL CON. DIV.

GAS WELL

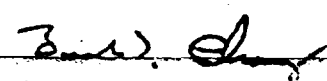
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate 0	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
TOM E. KNOWLTON PRESIDENT
Printed Name
Date **12-3-90** Telephone No. **(213) 422-1271**

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**
By 
Title **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marcelina	Well No. 6	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	Lease No. NM-12201
Location				
Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line				
Section 24 Township 16N Range 10W , NMPM , McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NONE		
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 24
	Twp. 16N	Rge. 10W
	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By: Tom E. Knowlton

Signature TOM E. KNOWLTON Title PRESIDENT

Printed Name 6/15/90 Telephone No. (213) 422-1271

Date

OIL CONSERVATION DIVISION

Date Approved JUN 22 1990

By Bill D. Shoup

Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

Operator
Evans Production Co.

Address
1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner
Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

DESCRIPTION OF WELL AND LEASE

Lease Name BEESEYE Marcelina	Well No. 6	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Fed.NM	Lease No. 12201
Location				
Unit Letter H	1650	Feet From The No	Line and 330	Feet From The East
Line of Section 24	Township 16 N	Range 10 W	, NMPM, McKinley County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation Permian (REL 9/1/87)	P.O. Box 1702 Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 24	Twp. 16N	Rge. 10W	Is gas actually connected? no	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELLS

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

OIL CONSERVATION COMMISSION

1-30-85
APPROVED
BY
TITLE
SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

(Signature)

(Title)

(Date)

ANTARCTIC		
ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-65

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator	Slayton Oil Corp.
Address	P. O. Box 2035 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Marcelina	6	Marcelina/Dakota	State, Federal or Fee Fed. NM	12201
Location				
Unit Letter <u>H</u>	<u>1650</u> Feet From The <u>No</u> Line and <u>330</u> Feet From The <u>East</u>			
Line of Section <u>24</u>	Township <u>16 N</u>	Range <u>10 W</u>	NMPM, <u>McKinley</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp. <u>Permian (EX. 9 / 1 / 87)</u>	P O Box 1702 Farmington, N M 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
none	
If well produces oil or liquids, give location of tanks.	Unit <u>H</u> Sec. <u>24</u> Twp. <u>16 N</u> Rge. <u>10 W</u>
	Is gas actually connected? <u>no</u> When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Paul Slayton by rw
Operator (Signature)
Jan. 1, 1984 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions. Forms C-104 must be filed for each such change.

DISTRIBUTION			
ANTAFEE			
FILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and
Effective 1-1-65

I. Operator
Paul Slayton
Address
P O Box 1936 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner William G. Gill, 430 Wilson Bldg., Corpus Christi, Texas 78401

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marcelina	Well No. 6	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Fed. N M 12220
Location Unit Letter H ; 1650 Feet From The N Line and 330 Feet From The E Line of Section 24 Township 16 N Range 10W , NMPM, McKinley Cour			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permain Corp.	Address (Give address to which approved copy of this form is to be sent) PO Box 1702 Farmington, New Mex 87401		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit H	Sec 24	Trp 16N
	Rge 10W	Is gas actually connected? No When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations			Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Paul Slayton
(Signature)

Operator

(Title)

Oct. 1, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 21 1980, 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition. Separate Form C-104 must be filed for each test in multiple.

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

Operator William G. Gill, Agent		
Address 430 Wilson Building, Corpus Christi, TX 78401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Marcelina	Well No. 6	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. NM 12201
Location Unit Letter <u>H</u> ; 1650 Feet From The <u>N</u> Line and 330 Feet From The <u>E</u>				
Line of Section 24 Township 16N Range 10W, NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 24
	Twp. 16N	Rge. 10W
	Is gas actually connected? When	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 7-23-77	Date Compl. Ready to Prod. 10-6-77		Total Depth 2028'		P.B.T.D. 1924'			
Elevations (DF, RKB, RT, GR, etc.) 7135' RKB	Name of Producing Formation Dakota "A"		Top Oil/Gas Pay 1732'		Tubing Depth 1751'			
Perforations 1732' to 1749'					Depth Casing Shoe 1924'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 7/8"	7 5/8"		97'		82			
6 3/4"	4 1/2"		1924'		200			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 10-7-77	Date of Test 10-20-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0 (open)	Choke Size NONE
Actual Prod. During Test 95 bbls. fluid	Oil - Bbls. 6.00	Water - Bbls. 89.00	Gas - MCF 2.1 (estimated)

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Walter G. Gill, Jr.
(Signature)

Geologist

(Title)

10-25-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 14 1977, 19

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. AS

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Farmington District Office
1235 La Plata Highway
Farmington, New Mexico 87401

IN REPLY REFER TO:

NMNM-12201 (GC)
3162.3-4 (7400)

SEP 25 1998

Mr. Frank Chavez
New Mexico Oil Conservation Commission
1000 Rio Brazos Rd
Aztec, NM 87410

Dear Mr. Chavez:

Reference is made to the following wells No. 1, 5 & 6 Marcelina, located 330' FNL & 330' FEL, 990' FNL & 280' FEL & 1650' FNL & 330' FEL respectively, sec. 24, T. 16 N., R. 10 W., McKinley County, New Mexico, Lease NMNM-12201, formerly operated by Nerdlihc. We have had ongoing discussions with your office concerning the failure of Nerdlihc to plug and abandon the wells.

In our discussions, agreement was reached that the plugging reclamation fund should be used to cover any plugging costs above that of the bond. The operator had a \$10,000 cash bond that has been collected. We propose to transfer this amount to the plugging reclamation fund to aid NMOCD in contracting for plugging of these wells. If you concur with this proposal, please provide a written concurrence so that the process of transferring the money can be started.

We appreciate all the assistance NMOCD has provided in dealing with unplugged wells and look forward to more cooperative efforts in dealing with this issue.

If you have any questions please contact Stephen Mason with this office at (505) 599-6364.

Sincerely,

Duane Spencer
Team Leader, Petroleum Management Team

RECEIVED
SEP 28 1998

OIL CON. DIV.
OFF. 3

#6 H-24-15-10W

API 30-031-20514
1650N 330E

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

NERDLHC COMPANY, INC.

3. Address and Telephone No.

337 E. SAN ANTONIO DR., STE 101, LONG BEACH, CA 90807 (310) 422-1271

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SE NE SEC 24-16N-10W

5. Lease Designation and Serial No.

NM NM-12201

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MARCELINA 6

9. API Well No.

30-031-20514

10. Field and Pool, or Exploratory Area

MARCELINA

11. County or Parish, State

MCKINLEY Co., NM

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☐ Other

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

PROPOSED PLAN OF OPERATION - APPROX. START DATE FEB. 29, 1996.

1. MIRR WSU & BOP AS REQUIRED,
2. TIH WITH CIBP, SET @ $\pm 1700'$, CAP WITH 50' CEMENT ON TOP, OR SPOT CEMENT PLUG FROM TD TO 1650', WOC 3HRS, TAG, IF IN PLACE GO TO STEP 3, IF NOT, FILL TO 1650',
3. SPOT CEMENT PLUG FROM 849'-749',
4. SPOT CEMENT PLUG FROM 302' - SURFACE, IN & OUTSIDE $4\frac{1}{2}"$ CS
5. SET DRY HOLE MARKER, FILL PITS, CLEAN & LEVEL LOCATION.

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

Signed

Title

CHIEF ENGINEER

Date

FEB 16, 1996

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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.

*See Instruction on Reverse Side

Form 3160-5
(June 1990)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTRECEIVED
BLMFORM APPROVED
Budget Form No. 1001-020
Expires: March 31, 1995

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such purposes.

91 AUG -8 PM 12:55

070-FARMINGTON, NM

1. Lease Designation and Serial No.

2. If Indian, Allottee or Tribal Name

3. Lease Designation and Serial No.

4. If Indian, Allottee or Tribal Name

5. If Unit or CA, Agreement Designation

6. Well Name and No.

7. API Well No.

8. Field and Pool, or Exploratory Area

9. County or Parish, State

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

NERDLITE COMPANY INC

3. Address and Telephone No.

337 E. SAN ANTONIO DE SUITE 101, LONG BEACH, CA 90807

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NE SE NE SEC 24 T 16N R 10W

1650' FNL 330' FEL

1. If Unit or CA, Agreement Designation

H

2. Well Name and No.

MARCELINA 6

3. API Well No.

10. Field and Pool, or Exploratory Area

MARCELINA / DAKOTA

11. County or Parish, State

McKINLEY

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

TYPE OF SUBMISSION

☒ Notice of Lease☐ Subsequent Report☐ Final Abandonment Report

TYPE OF ACTION

☐ Abandonment☐ Recompletion☐ Plugging Back☐ Casing Repair☐ Altering Casing☒ Other☐ Change of Plans☐ New Construction☐ Non-Routine Fracturing☐ Water Shut-Off☐ Conversion to Injection☐ Dispose Water

(Note: Report results of multiple completion or Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

REQUEST Temporary abandonment UNTIL waterflood feasibility study is completed by CHUZA OPERATING, MIDLAND, TEXAS. WE WILL FURNISH YOUR OFFICE WITH either pressure test of casing or electric log casing inspection logs, verifying well bore integrity.

THIS APPROVAL EXPIRES APR. 01 1995

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

Tom H. Hovatter, President

Date 8-5-94

SEP 23 1994 09:21

505 7618912

APPROVED

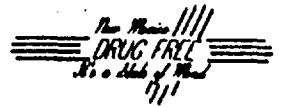
SEP 16 1994

L. H. Hovatter, Manager

NM000



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

March 3, 1993

Mr. Eric H. Olsen
Nerdlihc Company, Inc.
337 E. San Antonio Dr.
Long Beach, CA 90804

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W (GP)
Bullseye #10, O-18-16N-09W (DK)
Bullseye #7, D-19-16N-09W (DK)
Marcelina #5, A-24-16N-10W (DK)
Marcelina #1, A-24-16N-10W (DK)
Marcelina #6, H-24-16N-10W (DK)

Dear Mr. Olsen:

On March 16, 1992 Nerdlihc Company responded to NMOCD Memorandum 3-91-10 dated December 27, 1991 in reference to the above mentioned TA wells. Nerdlihc was required to complete work on these wells by December 31, 1992. Our records indicate that these wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203.

Nerdlihc is hereby directed to submit plans to bring these wells into compliance by April 1, 1993. Your failure to respond will result in violation of Rule 201 and we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: TA File
Well File



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

April 6, 1993

Mr. Tom E. Knowlton
Nerdlihc Company, Inc.
337 E. San Antonio Drive
Suite 101
Long Beach, CA 90807

RE: Temporarily Abandoned Wells
Marcelina #6, H-24-16N-10W
Marcelina #5, A-24-16N-10W
Marcelina #1, A-24-16N-10W

Dear Mr. Knowlton:

I am returning the C-103's you filed for the above mentioned wells. These wells are located on federal land and all paperwork must be filed on the appropriate BLM forms.

Yours Truly,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

xc: TA File
Well File

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM-12201

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Marcelina #6

9. API Well No.

30031 20514

10. Field and Pool, or Exploratory Area

Marcelina, Dakota

11. County or Parish, State

McKinley, County

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

NERDLIHC COMPANY, INC.

3. Address and Telephone No.

337 E. San Antonio Drive, #101 Long Beach, CA90807

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NE/4 SE/4 NE/4 Sec.24 16N 10W

1650/N 330/E

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

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Refurish with
heated tubing string

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Nerdlihc is currently experimenting with a new tubing heating system to eliminate paraffin build up problems associated with this field's Dakota production. Testing will be evaluated over the next three (3) months, whereafter the Dakota wells on this field will be upgraded sequentially.

It is anticipated that this well will be the subject of the new installation with formation rejuvenation by March 1993.

We request that the status of this well be maintained as shut-in until the end of the proposed work, the end of March 1993.

THIS APPROVAL EXPIRES MAR 31 1993

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

Signed

Tom E. Knowlton

Title

President

Date

3/6/92

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

Date

APPROVED

MAR 11 1992

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.

AREA MANAGER

*See instruction on Reverse Side

UNMOCD

RECEIVED
BLM
92 MAR 11 AM 10:39
033 FARMINGTON, N.M.

Form 160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR EVANS PRODUCTION - e/o Nerdlihc Company, Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. BOX 21399, ALBUQUERQUE, NEW MEXICO 87154-1399	9. WELL NO. 6-H
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' from the North Line and 330' from the East Line Section 24-T16N-R10W	10. FIELD AND POOL, OR WILDCAT MARCELINA FIELD
14. PERMIT NO.	11. SEC., T., R., N., OR S.E., AND SURVEY OR AREA Sec. 24-T16N-R10W, NMPM
15. ELEVATIONS (Show whether of, at, or, etc.)	12. COUNTY OR PARISH McKINLEY
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Well is presently shut-in. Nerdlihc Company, Inc. is acquiring property from previous operator, Devcon Operations Company. After completion of acquisition, the well will be evaluated for useability. Acquisition and evaluation to be completed within 180 days. Further work on well will be proposed after that date.

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

SIGNED Eric Holzer

TITLE Agent

DATE 05/23/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

WACED

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JUN 1 1990
FARMINGTON RESOURCE AREA
BY EAS

BUREAU OF LAND MANAGEMENT

NM-12201

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
BLM

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

OIL WELL ☒ GAS WELL ☐ OTHER ☐

91 JUN 17 PM 1:08

2. NAME OF OPERATOR

NERDLHC COMPANY, INC.

019 FARMINGTON, N.M.

3. ADDRESS OF OPERATOR

337 E. San Antonio Dr., Long Beach, California 90807

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1650' FNL AND 330' FEL, Section 24-T16N-R10W

8. FARM OR LEASE NAME

9. WELL NO.

6-H

10. FIELD AND POOL, OR WILDCAT

Marcelina Dakota

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA

Sec. 24-T16N-R10W, NMP

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

12. COUNTY OR PARISH 13. STATE

McKinley

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

The well is presently shut-in. The well is being evaluated for useability. It is anticipated that remedial work will be proposed in order to bring this well back into production. All necessary Sundry Notices and corresponding work should be initiated within 120 days from the date of this Notice.

RECEIVED

JUN 19 1991

OIL CON. DIV. J
DIST. 3

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

SIGNED

Tom E. Knowlton

TITLE President

DATE 06/07/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NM000

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0103
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

BLM

7. UNIT AGREEMENT NAME

1 PM 2:50

8. PART OF LEASE NAME

019 FARM

9. WELL NO. N.M.

6-8

10. FIELD AND POOL, OR WILDCAT

MARCELINA

11. SEC., T., R., OR BLK. AND
SURVEY OR AREA

Sec. 24-T16N-R10W, NMPM

12. COUNTY OR PARISH 13. STATE

McKinley

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

NERDLIHC COMPANY, INC.

3. ADDRESS OF OPERATOR

337 E. SAN ANTONIO DRIVE, LONG BEACH, CA 90807

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1650' FNL and 330' FEL, Section 24-T16N-R10W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

Nerdlihc Company, Inc. has acquired the property from the previous operator, Devcon Operations Company. This well is presently shut-in. The well is currently being evaluated for useability. It is anticipated that remedial work will be proposed in order to bring this well back into production. All necessary Sundry Notices and corresponding work should be initiated within 120 days from the date of this notice.

RECEIVED

MAR 04 1991

OIL CON. DIV.

DISLO

APPROVAL EXPIRES JUN 01 1991

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

NERDLIHC COMPANY, INC.

SIGNED

Tom E. Knowlton

TITLE President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

1/30/91

DATE

FEB 07 1991

Signed: STEPHEN MCGON

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

DEVELOPMENT PLAN FOR SURFACE USE

To be attached to Application to Drill a test well for oil or gas to be located 1650' FNL and 330' FEL section 24, T16N-R10W, McKinley County, New Mexico. The Federal Lease number is NM 12201. The well is to be known as William G. Gill, No. 6 Marcelina.

This well will be drilled by a light-weight, truck-mounted Failing 1500 type rig.

1. Existing roads including location of the exit from the main highway.

On Map No. 1, the locatable reference point is the Albers Ranch Headquarters, approximately 11 1/2 miles southwest of Hospah, New Mexico, on the Borrego Pass - Hospah road. This is the main access road. The point of exit from this road is 1/2 mile northeast of the Albers Headquarters.

2. Planned access roads.

No new road construction is contemplated. If necessary, some slight grading in the vicinity of the well may be performed.

3. Location of existing wells.

Map 1 shows the location of the proposed well and all wells within a 1 mile radius.

4. Location of existing and proposed facilities controlled by operator.

A. A 500bbl tank is located about 70 feet North of #1 Marcelina well.

B. In the event of production the tank battery will be located some 50 feet North of the well and is shown on Map 2. Also shown is flow line from well to tanks.

C. Well head and pump jack will be fenced. All disturbed areas will be restored to natural state.

5. Location and Type of Water.

Water for drilling operations will be taken from the Tesoro Petroleum pond at Hospah. Trucks will haul water to the well. No water lines will be needed.

6. No construction materials will be needed.

7. Methods for Handling Waste Disposal.

Upon completion of the well, all waste material will be placed in the pit, covered over and buried. See map 2.

Form 160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR EVANS PRODUCTION - e/o Nerdlihc Company, Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. BOX 21399, ALBUQUERQUE, NEW MEXICO 87154-1399	9. WELL NO. 6-H
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' from the North Line and 330' from the East Line Section 24-T16N-R10W	10. FIELD AND POOL, OR WILDCAT MARCELINA FIELD
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24-T16N-R10W; NMPM
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH McKINLEY
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

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

SIGNED <u>Eris Holen</u>	TITLE <u>Agent</u>	DATE <u>05/23/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JUN 1 1990
FARMER'S RESOURCE AREA

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0153

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

BLM

7. UNIT AGREEMENT NAME

91 FEB

1 PM 2:50

8. FARM OR LEASE NAME

019 FARM

Marcelina

9. WELL NO.

6-8

10. FIELD AND POOL, OR WILDCAT

MARCELINA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 24-T16N-R10W, NMPM

12. COUNTY OR PARISH

McKinley

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

NERDLIHC COMPANY, INC.

3. ADDRESS OF OPERATOR

337 E. SAN ANTONIO DRIVE, LONG BEACH, CA 90807

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1650' FNL and 330' FEL, Section 24-T16N-R10W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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RECEIVED

MAR 04 1991

OIL CON. DIV.
DRLS

PROPOSED EXPIRES JUN 01 1991

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

NERDLIHC COMPANY, INC.

SIGNED

Tom E. Knowlton

TITLE

President

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

1/30/91

DATE

FEB 07 1991

STEPHEN MACON

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

DEVELOPMENT PLAN FOR SURFACE USE

To be attached to Application to Drill a test well for oil or gas to be located 1650' FNL and 330' FEL section 24, T16N-R10W, McKinley County, New Mexico. The Federal Lease number is NM 12201. The well is to be known as William G. Gill, No. 6 Marcelina.

This well will be drilled by a light-weight, truck-mounted Failing 1500 type rig.

1. Existing roads including location of the exit from the main highway.

On Map No. 1, the locatable reference point is the Albers Ranch Headquarters, approximately 11 1/2 miles southwest of Hospah, New Mexico, on the Borrego Pass - Hospah road. This is the main access road. The point of exit from this road is 1/2 mile northeast of the Albers Headquarters.

2. Planned access roads.

No new road construction is contemplated. If necessary, some slight grading in the vicinity of the well may be performed.

3. Location of existing wells.

Map 1 shows the location of the proposed well and all wells within a 1 mile radius.

4. Location of existing and proposed facilities controlled by operator.

A. A 500bbl tank is located about 70 feet North of #1 Marcelina well.

B. In the event of production the tank battery will be located some 50 feet North of the well and is shown on Map 2. Also shown is flow line from well to tanks.

C. Well head and pump jack will be fenced. All disturbed areas will be restored to natural state.

5. Location and Type of Water.

Water for drilling operations will be taken from the Tesoro Petroleum pond at Hospah. Trucks will haul water to the well. No water lines will be needed.

6. No construction materials will be needed.

7. Methods for Handling Waste Disposal.

Upon completion of the well, all waste material will be placed in the pit, covered over and buried. See map 2.

(2)

8. Location of Camps.

There will be no camp. Crews will travel daily back and forth to Grants, New Mexico. No airstrip will be constructed.

9. Location of Layout to Include Position of the Rig, Mud Tanks, Reserve Pits, Burn Pits, Pipe Rack, etc.

See map 2. The topography in the immediate vicinity of the well is flat. The drilling pad will not be compacted or surfaced.

10. Plans for Restoration of the Surface.

Upon completion of operations, the surface will be cleared of all junk, leveled and re-seeded per NTL-6 and BLM recommendations.

11. Other Information.

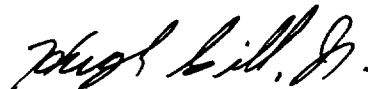
The topography of the general area is gently rolling and sandy. There is little grass and other vegetation. No cut and fill will be needed. Section 24 is Pena Rancho. No livestock has been seen. No water or occupied dwellings are known within 1 mile radius. No archeological, historical or cultural sites are identified by American School of Research, John D. Beal survey of 10/6/75.

12. Operator's Representative

Hugh Gill, Jr.
430 Wilson Building
Corpus Christi, TX 78401
512/884-6692

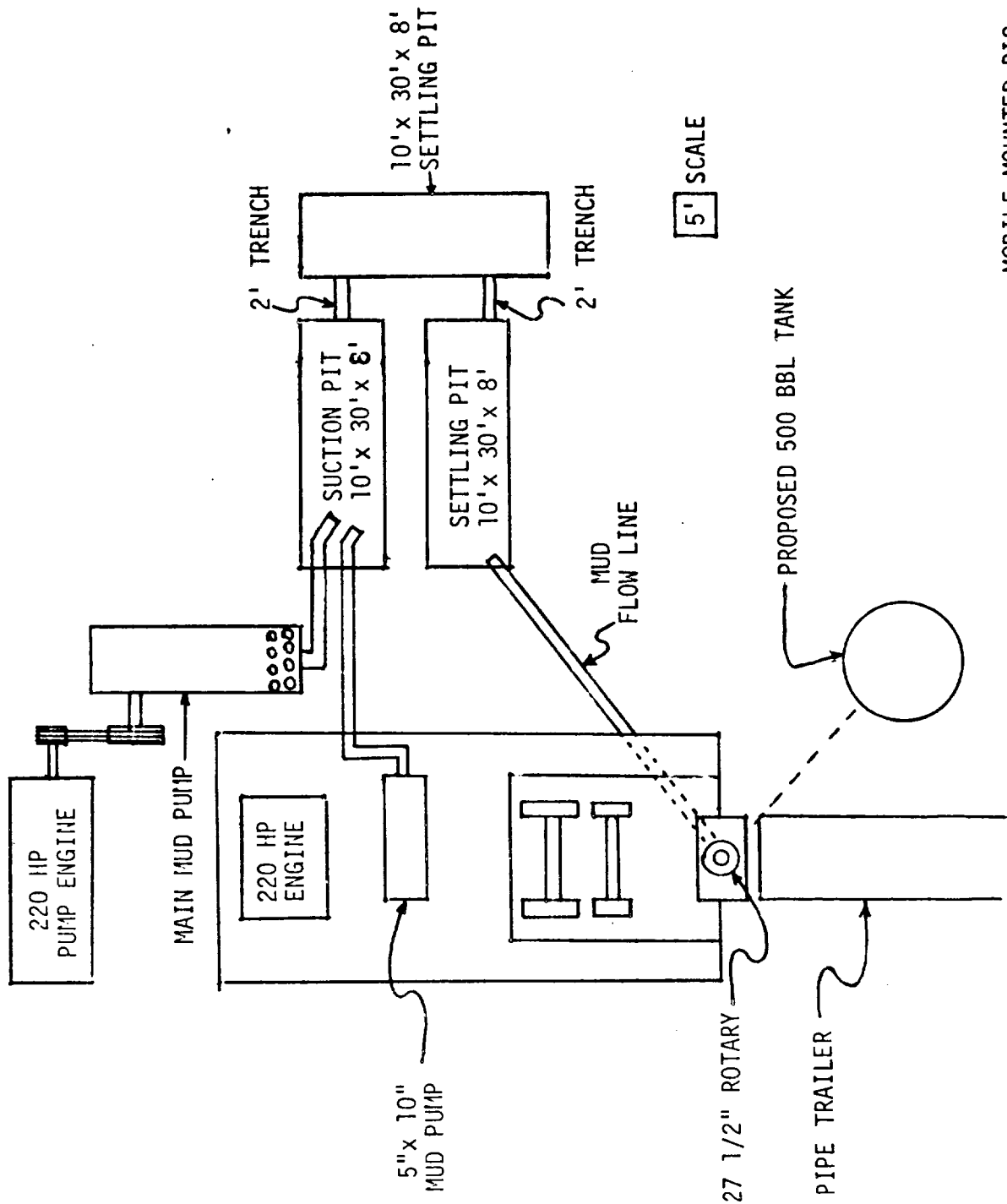
13. Certification

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route; that I am familiar with the conditions which presently exist; that the statements made in this plan are, to the best of my knowledge, true and correct; and, that the work associated with the operations proposed herein will be performed by Allredge Drilling Co. and its contractors and sub-contractors in conformity with this plan and the terms and conditions under which it is approved.

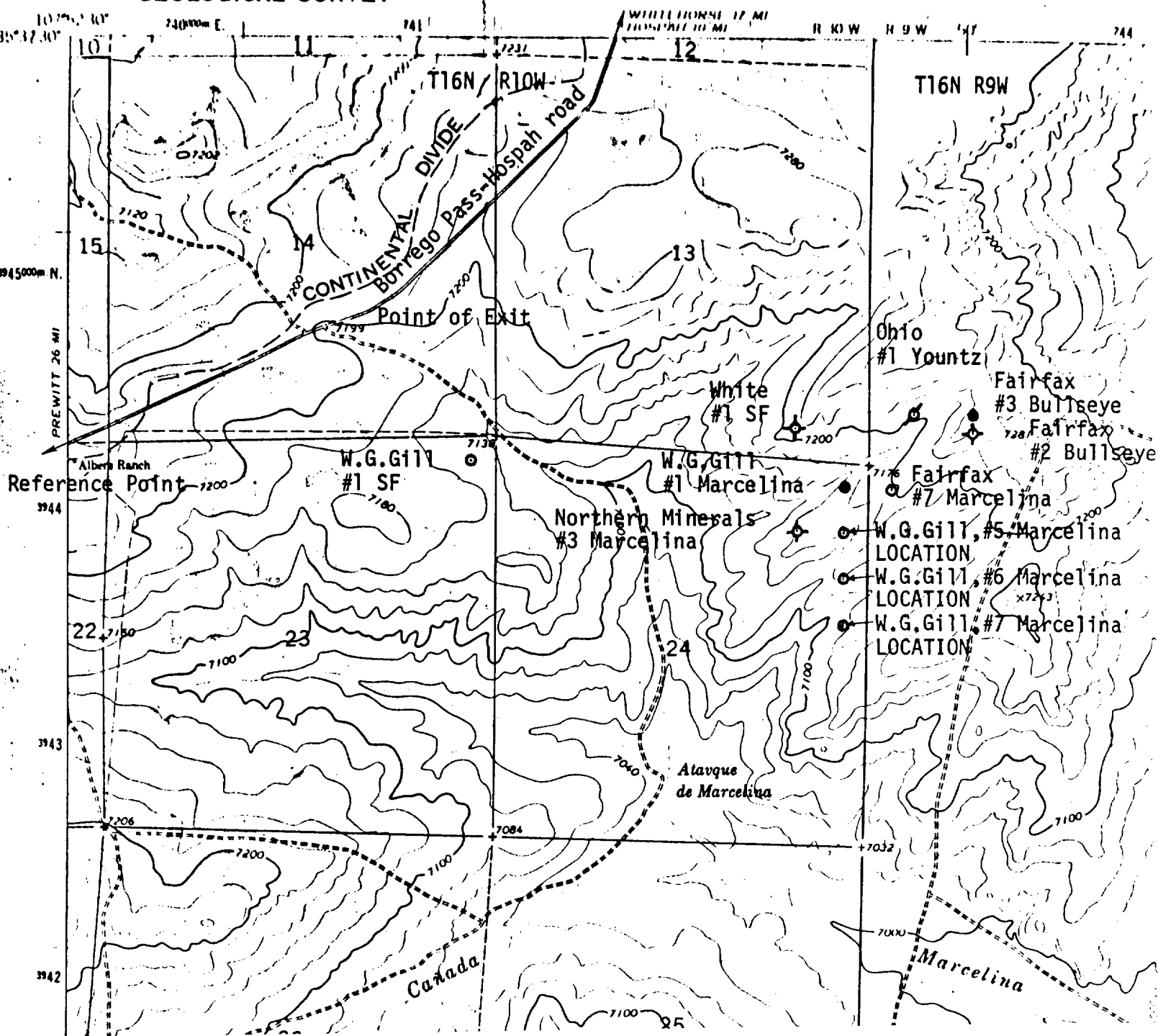


July 1, 1977

Hugh Gill, Jr., Geologist



MOBILE MOUNTED RIG
 WITH COOPER DOUBLE DRUM DRAWWORKS
 AND 59' TELESCOPING MAST
 2 7/8" DRILLPIPE, 20' JOINTS



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Devcon Operations Company, Inc., & Olsen Energy Associates - Co-Operators	
Address			
1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834			
Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	N/A	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		
	<input type="checkbox"/> Dry Gas		
	<input type="checkbox"/> Condensate		

If change of ownership give name and address of previous owner: Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-139

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Marcelina/Federal	64	Marcelina/Dakota	State, Federal or Fee Federal	NM-12201
Location				
Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>24</u> Township <u>16 North</u> Range <u>10 West</u> , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
None	N/A
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>H</u> Sec. <u>24</u> Twp. <u>16N</u> Rge. <u>10W</u>	N/A

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CON. DIV
OIL CONSERVATION DIVISION
APPROVED MAR 22 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 10

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

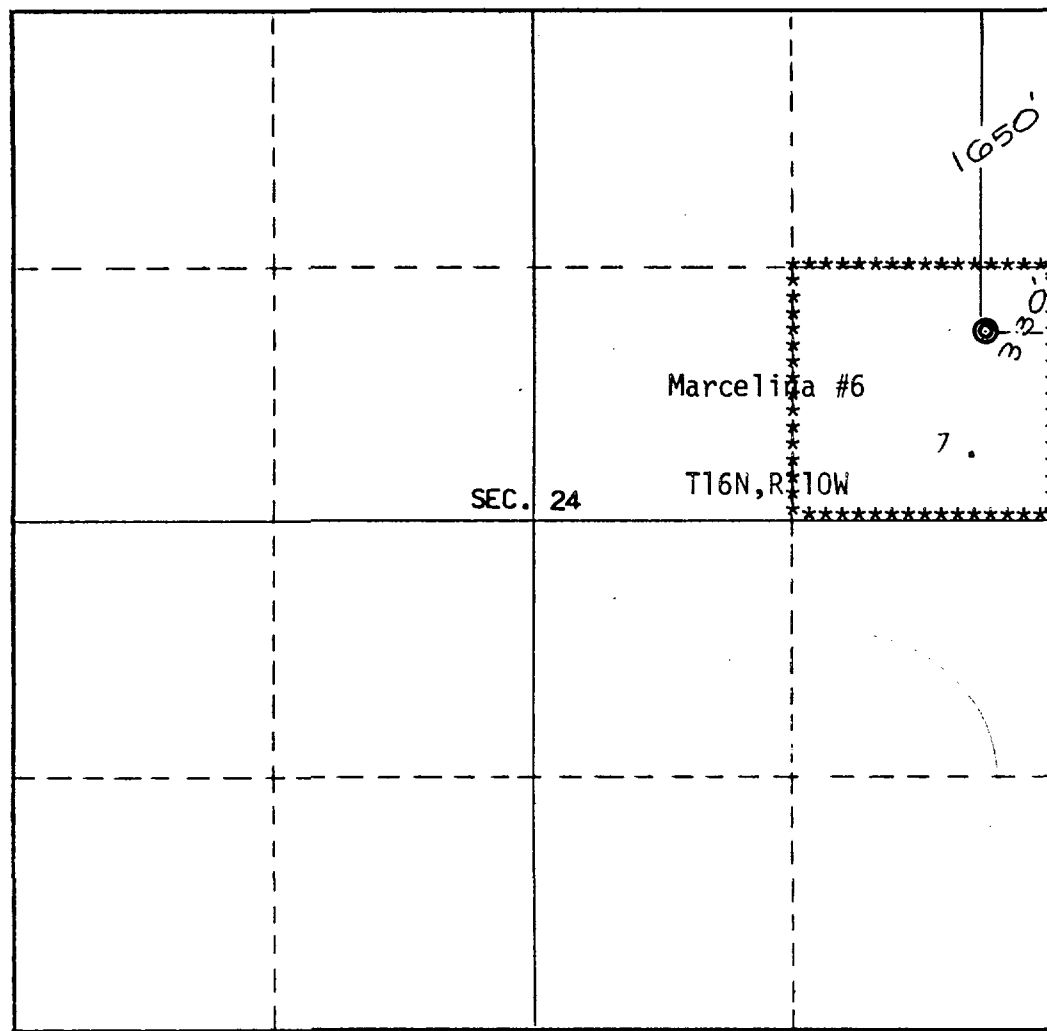
Operator William G. Gill			Lease Marcelina			Well No. 6		
Unit Letter H	Section 24	Township 16 North		Range 10 West	County McKinley			
Actual Footage Location of Well: 1650' feet from the North line and 330 feet from the East line								
Ground Level Elev. 7130	Producing Formation Dakota "A"			Pool Marcelina ext		Dedicated Acreage: 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

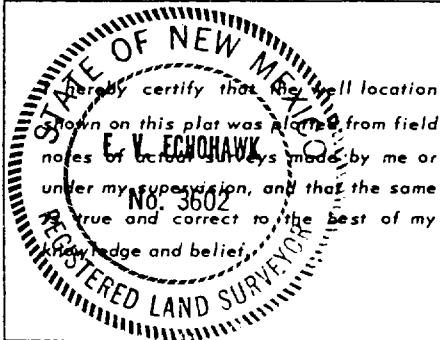
Hugh Gill, Jr.

Name
Hugh Gill, Jr.

Position
Geologist

Company
William G. Gill

Date
6-15-77

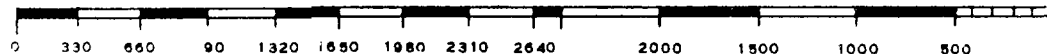


Date Surveyed
June 4, 1977

Registered Professional Engineer
and/or Land Surveyor

E.V. Echhawk

Certificate No. **3602**
E.V. Echhawk LS



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

William G. Gill

3. ADDRESS OF OPERATOR

430 Wilson Building, Corpus Christi, TX 78401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

1650' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

11 miles southwest of Hospah, N.M.

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

330'

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED
OR APPLIED FOR, ON THIS LEASE, FT.

660'

16. NO. OF ACRES IN LEASE

320

17. NO. OF ACRES ASSIGNED
TO THIS WELL

40

19. PROPOSED DEPTH

2050'

20. ROTARY OR CABLE TOOL

Rotary

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

7130' G.L.

22. APPROX. DATE WORK WILL START*

Upon approval

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9 7/8"	7 5/8"	26.4 lbs.	100'	Suff. circulate to surface (20 sks)
6 3/4"	4 1/2"	9.5 lbs.	1800'	" " " " (222 sks)

This well will be an 1850' Dakota "A" sand development well.

B.O.P. program: 10" Shaffer 3000 WP Hydraulic or equal

Mud program as necessary and prudent.

Totco surveys every 250' to maintain less than 4° deviation.

IE and GRN logs to TD.

Conventional cores of Hospah and Dakota sands.

If commercial oil or gas production is indicated, 4 1/2" casing will be run and cemented to surface and well treated as necessary to establish production.

Open hole completion in Dakota "A" sand.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, 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

W. G. Gill, Jr.

TITLE

Geologist

DATE

6-15-77

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OK

*See Instructions On Reverse Side

RECEIVED

JUL 7 1977

U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

WILLIAM G. GILL
OIL AND GAS PROPERTIES

300 WILSON BLVD.
CORPUS CHRISTI, TEXAS 78401

TEL. 512/884.6692

November 8, 1977

New Mexico Oil Conservation Commission
1000 Rio Brazos Road
Aztec, New Mexico 87410

Gentlemen:

I am manager of field operations for William G. Gill and was on location during the drilling and completion of both the Marcelina #5 and #6 wells located in Section 24, T16N, R10W, McKinley Cty., New Mexico and witnessed the running of the TOTCO Straight Hole surveys as follows:

<u>Marcelina #5</u>	<u>Marcelina #6</u>
8/2/77 @ 812' 1/2°	7/24/77 @ 686' 1/4°
8/3/77 @ 1452' 3/4°	7/25/77 @ 1204' 1/4°
8/5/77 @ 2010' 1/2°	7/27/77 @ 2028' 1°

I certify under oath that the foregoing is true and correct.

E. Layton Brown

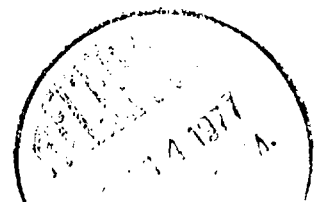
The State of Texas §
County of Nueces §

Sworn and Subscribed to before me, Cindy Lea DeHart, by E. Layton Brown, known to me personally, this the 8th day of November, 1977.

To Certify Which Witness My Hand and Seal of Office.

Cindy Lea DeHart

Notary Public
De County, Texas



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DENOMINATION AND SERIAL NO.

NM 12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marcelina

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Marcelina/Dakota "A"

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREA

24, 16N, 10W, NMPM

12. COUNTY OR

PARISH
McKinley

13. STATE

NM

1a. TYPE OF WELL:

OIL

WELL

☒

GAS

WELL

☐

DRY

☐

Other

b. TYPE OF COMPLETION:

NEW

WELL

☒

WORK

OVER

☐

DEEP-

EN

☐

PLUG

BACK

☐

DIFF.

ESVR.

☐

Other

2. NAME OF OPERATOR

William G. Gill, Agent

3. ADDRESS OF OPERATOR

430 Wilson Building, Corpus Christi, TX 78401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1650' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM

At top prod. interval reported below Same

At total depth Same

14. PERMIT NO.

DATE ISSUED

7-18-77

15. DATE SPUDDED

7-23-77

16. DATE T.D. REACHED

7-28-77

17. DATE COMPL. (Ready to prod.)

10-4-77

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

7135' RKB

19. ELEV. CASINGHEAD

7131'

20. TOTAL DEPTH, MD & TVD

2028'

21. PLUG, BACK T.D., MD & TVD

1924'

22. IF MULTIPLE COMPL.,

HOW MANY*

23. INTERVALS

DRILLED BY

→

ROTARY TOOLS

2028'

CABLE TOOLS

0

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1730' to 1788'

Dakota "A"

25. WAS DIRECTIONAL

SURVEY MADE

Straight hole to

Less than 1/2°

26. TYPE ELECTRIC AND OTHER LOGS RUN

IEL, CDL/GR & Mud Log

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7 5/8"	26.4	97'	9 7/8"	82 sx Class B to surface	0
4 1/2"	10.5	1924'	6 3/4"	200 sx Class B to surface	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
---	---	---	---	---	2-1/16" IJ	1751'	---

31. PERFORATION RECORD (Interval, size and number)

1732' to 1749'

3/32" jet.

16 holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1732' to 1749'	Fraced w/22,000 lbs 20/40 sd in 18,800 gals KCl water.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10-6-77		Pumping w/1-1/4" H-F insert rod pump.				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
			→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→					

34. DISPOSITION OF GAS (Hold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Mud Log. (ILL & CDL/GR furnished 7-28-77)

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED



TITLE

Geologist

DATE

10-7-77

*(See Instructions and Spaces for Additional Data on Reverse Side)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DENIGATION AND SERIAL NO.

NM 12201

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marcelina

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Marcelina/Dakota "A"

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

24, 16N, 10W, NMPM

12. COUNTY OR PARISH

McKinley

13. STATE

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR William G. Gill, Agent
3. ADDRESS OF OPERATOR 430 Wilson Building, Corpus Christi, TX 78401	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL, 330' FEL, Sec. 24, T16N, R10W, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7130' G.L.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

Drilling & completion

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

- 7-23-77 Spudded well w/9 7/8" R.B.
Drilled to 97.3'
Set 97', 7 5/8", 26.4# surface casing and cemented to surface w/80 sks cement and 2 sks CaCl. W.O.C. 12 hrs. Drilled 6 3/4" hole to 2028'.
- 7-28-77 Ran IE, CDL/GR logs.
- 7-29-77 Ran 4 1/2", 10.5# casing to 1924' and cemented to surface w/125 sks Class B 65/35 Posmix, 12% gel, 12 1/2% gilsonite, 10.5 lbs/gal and 75 sks Class B Neat around bottom. Plug down at 7:30 pm. Tested w/1000 psi. Good.
- 8-1-77 Moved off drilling rig.
- 8-29-77 Perforated Dakota sand w/16 holes from 1732' to 1749' and fraced w/22,000 lbs. of 20/40 sand and 18,800 gals hot water. Breakdown pressure was 1500 psi and pumped in at 21.25 bbls/min and avg. pressure of 1000 psi. Shut-in pressure was 350 psi.
- 8-30-77 Moved in completion rig and bailed sand from well and ran 1750' 2 1/16", 3.25#IJ tubing. Started swabbing.
- 9-9-77 Finished swabbing
- 9-15-77 Ran pump and rods
- 9-17-77 Set pump jack.
- 10-4-77 REA finished running electric power line started pumping.

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

SIGNED

TITLE Geologist

DATE 10-4-77

(This space for Federal or State office use)

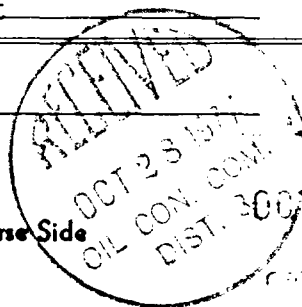
APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side





STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

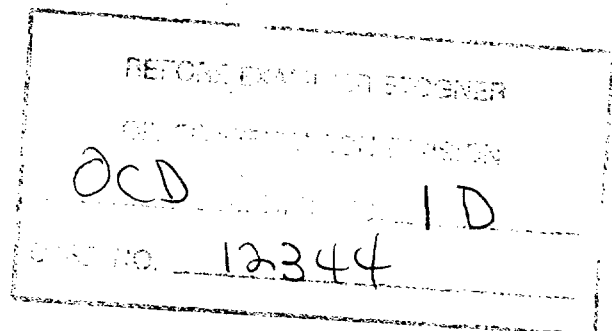
Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file



Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 5	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter K : 1650 Feet From The S Line and 1650 Feet From The W Line Section 18 Township 16N Range 9W, NMPM, McKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NONE		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 18
	Twp. 16N	Rge. 9W
	Is gas actually connected?	When?
	NO	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-In)
		Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By: TOM E. KNOWLTON

Signature TOM E. KNOWLTON Title PRESIDENT

Printed Name 6/5/90 Telephone No. (213) 422-1271

Date 6/5/90

OIL CONSERVATION DIVISION

Date Approved JUN 22 1990

By: James J. Chang

Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

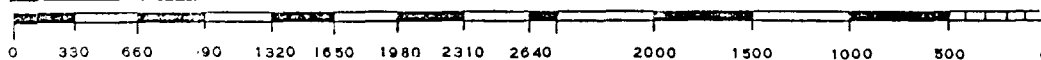
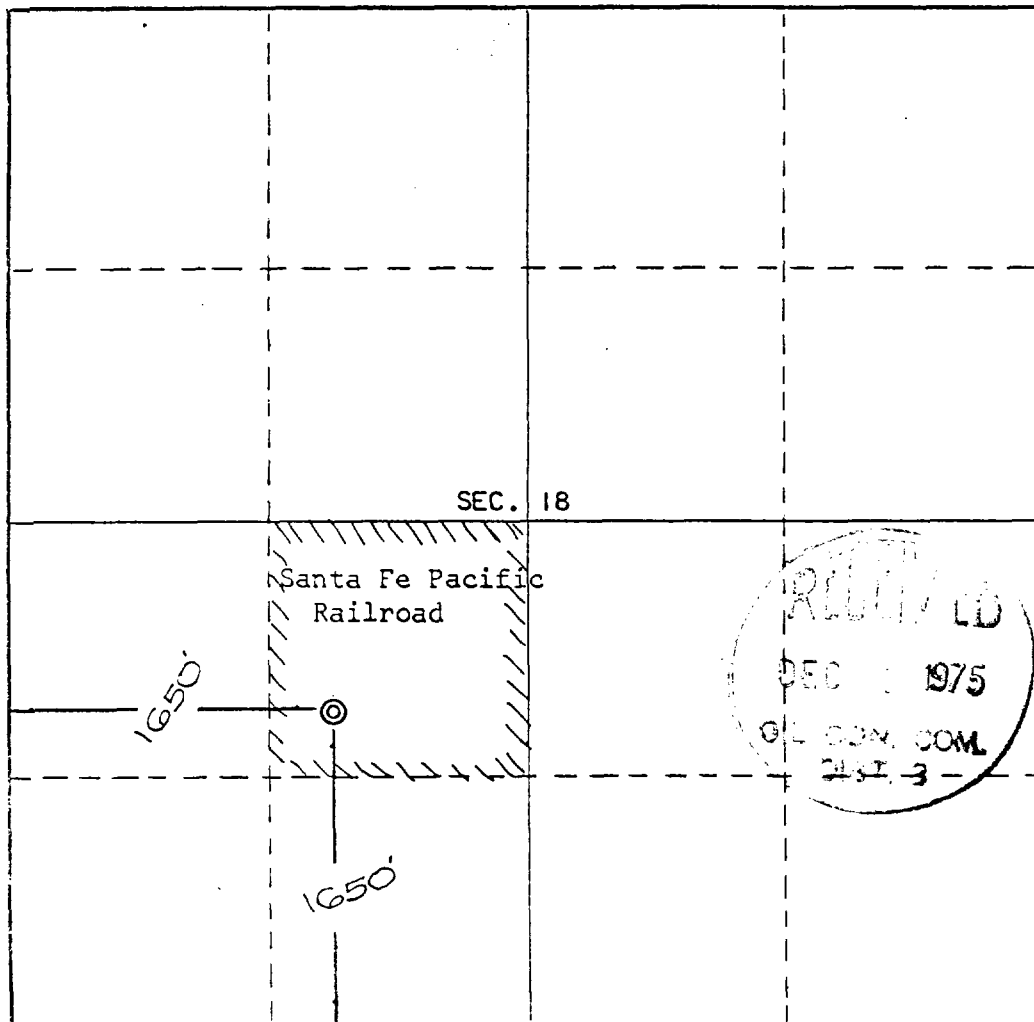
Operator Fairfax Exploration, Inc.			Lease Bullseye		Well No. 5
Unit Letter K	Section 18	Township 16 North	Range 9 West	County McKinley	
Actual Footage Location of Well: 1650 feet from the South line and 1650 feet from the West line					
Ground Level Elev. 7257	Producing Formation Dakota		Pool Wildcat	Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
<i>Gene D. Wilson</i>	
Name	Gene D. Wilson
Position	President
Company	Fairfax Exploration Inc.
Date	November 25, 1975
Date Surveyed	November 17, 1975
Registered Professional Engineer and/or Land Surveyor	
<i>E.V. Echohawk</i>	
Certificate No.	3602
E.V. Echohawk LS	

NO. OF COPIES RECEIVED	5
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SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☐ FEE ☒

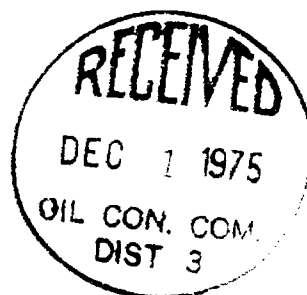
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Bullseye
2. Name of Operator Fairfax Exploration Inc.		9. Well No. 5
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108		10. Field and Pool, or Wildcat 22) Eldorado Dakota
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>18</u> TWP. <u>16 N</u> RGE. <u>9 W</u> NMPM		12. County McKinley
19. Proposed Depth 1800'		19A. Formation Dakota
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) 7257 Ground	21A. Kind & Status Plug. Bond \$10,000 Blanket on file	21B. Drilling Contractor Stewart Bros.
22. Approx. Date Work will start Dec. 1, 1975		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11 1/2"	7'	20	66'	Cement to surface	
6 1/2"	4 1/2"	10.5	1750'	Cement to surface	



3-1-76

4. ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Gene D. Wilson Title President Date Nov. 25, 1975

(This space for State Use)

APPROVED BY AK Kendrick TITLE Assistant Secretary DATE Nov. 25, 1975

CONDITIONS OF APPROVAL, IF ANY:

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FILE	1 ✓
U.S.G.S.	
LAND OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108	9. Well No. 5
4. Location of Well UNIT LETTER <u>K</u> , <u>1650</u> FEET FROM THE <u>West</u> LINE AND <u>1650</u> FEET FROM THE <u>South</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7191 GR	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Commenced Drilling 4:00 Monday December 1, 1975.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gene J. Wilson TITLE President DATE Dec. 6, 1975

APPROVED BY H. E. Maguire TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION

NO. OF COPIES RECEIVED	5
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LAND OFFICE	
OPERATOR	3

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108	9. Well No. 5
4. Location of Well UNIT LETTER <u>K</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7191 GR	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Fracture Treat Dakota "A"</u> <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Intend to Fracture Treat the Dakota "A" zone with 40,000# Sand and 40,000 gal. water Gel. Halliburton will do the fracturing.

Will use BOP during fracturing and swabbing.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE March 12, 1976

APPROVED BY [Signature] TITLE President DATE March 12, 1976

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	5
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LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

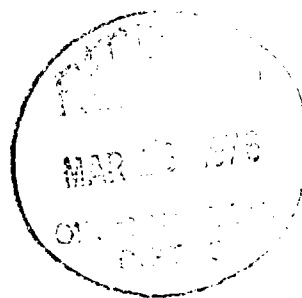
5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.		8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108		9. Well No. 5
4. Location of Well UNIT LETTER <u>K</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> N.M.P.M.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7191 GR		12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Ran 1806' 4 1/2" Casing (10.5# per Ft.)
Cemented with 195 sx cement. Estimated top 100'. Jan. 16, 1976



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Gene D. Wilson</u>	TITLE <u>President</u>	DATE <u></u>
APPROVED BY <u>Herman E. Napoli</u>	TITLE <u>Secretary</u>	DATE <u>MAR 16 1976</u>

CONDITIONS OF APPROVAL, IF ANY:

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SANTA FE	1
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OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108	9. Well No. 5
4. Location of Well UNIT LETTER <u>K</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>west</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> N.M.P.M.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7257 Gr.	12. County

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Fracture treatment</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Sand Fracted with 30,000 gal. Water gel and 30,000# Sand, Dakota "A" sand interval 1806'-1862' open hole completion.
Work completed April 24, 1976.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE May 7, 1976

APPROVED BY ORIGINAL SIGNED BY H. E. MAXWELL, JR. TITLE PETROLEUM ENGINEER DATE MAY 10 1976

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

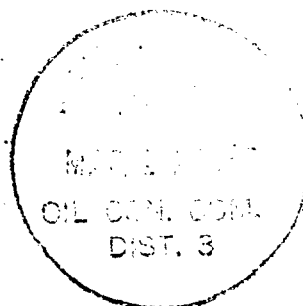
SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. State Oil & Gas Lease No.
2. Name of Operator Fairfax Exploration Inc.		7. Unit Agreement Name
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108		8. Farm or Lease Name Bullseye
4. Location of Well UNIT LETTER K 1650 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 16 N RANGE 9 W NMPM.		9. Well No. 5
15. Elevation (Show whether DF, RT, GR, etc.) 7257 GR		10. Field and Pool, or Wildcat Marcelina Dakota
		12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Intend to place removable bridge plug near bottom of 4 1/2" casing @ 1800' and pressure up to 3,000# to test casing. If casing is ruptured as suspected, will then attempt a cement squeeze. If squeeze does not hold, then will place a casing patch. We will then fracture the Dakota "A" sand with 15,000 gal. KCl water and 15,000# of 10-20 sand. Halliburton will do the cementing and fracturing.

Intend to commence April 1, 1977



8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE March 11, 1977

Original Signed By A. R. Kendrick TITLE Supervisor Dist. 3 DATE

CONDITIONS OF APPROVAL, IF ANY:



OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO
1000 RIO BRAZOS RD. - AZTEC

87410

LAND COMMISSIONER
PHIL R. LUCERO



STATE GEOLOGIST
EMERY C. ARNOLD

DIRECTOR
JOE D. RAMEY

October 21, 1977

Fairfax Exploration
103 B Graceland S. E.
Albuquerque, NM 87108

Re: Operator- Fairfax Exploration
Well- Bullseye #5
Location- K-18-16N-9W

Gentlemen:

Our records for the subject well indicate the well to have been drilled.

File reports as indicated:

()	C-103 or 9-331 , casing
(X)	C-103 or 9-331, intent to Plug and abandon
(X)	C-105 or 9-330, well record report
(X)	C-103 or 9-331, subsequent report of abandonment
()	One copy of each wire line log run

Rule 202 allows drilling wells to be shut down up to 60 days without temporary abandonment.

Please cause this well be be a useful well or plug and abandon it.

Yours very truly,

A. R. Kendrick
Supervisor, District #3

ARK:mc

xc: Oil Conservation Commission
Santa Fe, New Mexico

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LAND OFFICE	
OPERATOR	5

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-83

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.		8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108		9. Well No. 5
4. Location of Well UNIT LETTER <u>K</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.		10. Field and Pool, or Wildcat Marcelina Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 7257 Ground		12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

1. Tested 4 1/2" production casing.
 2. Found rupture at 385' to 415'.
 3. Squeezed 200 sx cement into rupture.
 4. Pressured up last squeeze to 500 P.S.I.
 5. Allowed Cement to dry 36 hrs.
 6. Drilled out cement to bottom of hole with 3 7/8" bit and power swivel.
- Work completed October 9, 1979.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE October 11, 1979

Original Signed by A. R. Hendrick

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

TONY ANAYA
GOVERNOR

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

January 24, 1983 .

Mr. Paul Slayton
P. O. Box 1936
Roswell NM 88701

Re: Bullseye #5, K-18-16N-9W
Bullseye #6, K-18-16N-9W
Bullseye #2, N-18-16N-9W
Bullseye #9, O-18-16N-9W
Bullseye #8, D-19-16N-9W

Dear Mr. Slayton;

This office requested C-104's showing operator change from Fairfax Exploration on October 28, 1981. We have had no response from your company. If you have taken over operation of the entire lease you are directed to file these forms immediately. If Fairfax is still the operator please state so as soon as possible. Also, we have not received C-115's on these wells since August, 1981.

Your application to re-enter and deepen the Elmer H. White Walker Dome 16-10 #1 has expired and is hereby cancelled.

Yours truly,

Charles Gholson
Deputy Inspector

CG:gc

cc: Richard Stamets
Perry Pearce
Reading File
Operator File
Well Files



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

TONY ANAYA
GOVERNOR

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

August 8, 1983

Mr. Paul Slayton
P. O. Box 1936
Roswell, NM 88701

Re: Bullseye #5 K-18-16N-9W
Bullseye #2 N-18-16N-9W
Bullseye #6 K-18-16N-9W
Bullseye #9 O-18-16N-9W
Bullseye #8 D-19-16N-9W
Bullseye A#2 P-13-16N-10W

Dear Mr. Slayton:

You were directed to file delinquent reports on the referenced wells, January 24, 1983 and again on June 24, 1983. You have failed to do so. You are directed to file these reports within 7 days. Failure to comply will result in the wells being shut in and possible legal action.

Yours truly,

Charles Gholson
Deputy Oil and Gas Inspector

CG/ca

cc: Dick Stamets
Perry Pearce
Reading File
✓Operator File

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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Paul Slayton		8. Farm or Lease Name Bullseye
3. Address of Operator P. O. Box 1936 Roswell, New Mexico 88201		9. Well No. # 5
4. Location of Well UNIT LETTER <u>K</u> <u>1650</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9W</u> NMPM.		10. Field and Pool, or Wildcat Marcelina-Dakota
15. Elevation (Show whether DF, RT, GR, etc.)		12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TA until decision is made for re-frac.

* Change of Operator

Fairfax Explor Inc. to Paul Slayton

RECEIVED
OCT 13 1983
OIL DIV.
DIST. 3

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul Slayton TITLE Operator DATE 08/12/83

APPROVED BY Original Signed by ARNOLD CHAVEZ TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: TA expires 2-16-84

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OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
--	-----------------------------------	--------------------------------

1. Name of Operator
Slayton Oil Corp.

2. Address of Operator
P. O. Box 2035 Roswell, New Mexico 88201

3. Location of Well
UNIT LETTER **K**, **1650** FEET FROM THE **South** LINE AND **1650** FEET FROM
THE **West** LINE, SECTION **18** TOWNSHIP **16 N** RANGE **9 W** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Bullseye

9. Well No.
#5

10. Field and Pool, or Wildcat
Marcelina-Dakota

15. Elevation (Show whether DF, RT, GR, etc.)
7257 GL

12. County
McKinley

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**** Change of Operator****

From Paul Slayton to Slayton Oil Corp.

RECEIVED
APPROPRIATE
OIL CON. DIV.
DIST. 3

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul Slayton by rw TITLE Operator DATE Jan. 1, 1984

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 1 DATE 1-1-84

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
3. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator

Evans Production Company

3. Address of Operator

1109 El Alhambra Cir. N.W., Albuquerque, N.M. 87107

4. Location of well

UNIT LETTER K 1650 FEET FROM THE South LINE AND 1650 FEET FROMTHE West LINE, SECTION 18 TOWNSHIP 16N RANGE 9W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

7257 GL

7. Unit Agreement Name

8. Farm or Lease Name

Bullseye

9. Well No.

5

10. Field and Pool, or Wildcat

Marcelina-Dakota

12. County

McKinley

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☒
PULL OR ALTER CASING ☐PLUS AND ABANDON ☐
CHANGE PLANS ☐REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐ALTERING CASING ☐
PLUG AND ABANDONMENT ☐OTHER *Change of Operator ☒OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

*Change of operator from Slayton Oil Corp. to Evans Production Company

A previous operator, Fairfax Exploration, split the casing while trying to frac without drilling out the casing shoe and into the open hole. The split was repaired with 200 SX reg. plus 2% CaCl and .6% Halid 9 squeezed into the break. Cement was drilled out to the original T.D. of 1862. The casing was pressure tested to 1000 psi.

Intend to complete this well in the future by shooting the open hole with 2 shots Petrogel to break through the cement.

RECEIVED
JAN 15 1985
OIL CON. DIV.

January 16, 1984

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Frank J. Davis TITLE Operator DATE October 1, 1984APPROVED BY Frank J. Davis TITLE SUPERVISOR DISTRICT # 3 DATE JAN 15 1985

CONDITIONS OF APPROVAL, IF ANY:

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☐
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Evans Production Company	8. Farm or Lease Name Bullseye
3. Address of Operator 1109 El Alhambra Cir. N.W. Albuquerque, N.M. 87107	9. Well No. 5
4. Location of Well UNIT LETTER K 1650 FEET FROM THE South LINE AND 1650 FEET FROM West THE LINE, SECTION 18 TOWNSHIP 16N RANGE 9W NMPM.	10. Field and Pool, or Wildcat Marcelina-Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 7257 GL	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any pro. work) SEE RULE 1103.

A previous operator, Fairfax Exploration, split the casing while trying to frac without drilling out the casing shoe and into the open hole. The split was repaired with 200 SX reg. plus 2% CaCl and .6% Halid 9 squeezed into the break. Cement was drilled out to the original T.D. of 1862. The casing was pressure tested to 1000 psi. Intend to complete this well by shooting the open hole with 2 shots Petrogel to break through the cement and then complete as a Dakota A well by putting on a pump and testing.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Sid Evans TITLE Operator DATE 1-15-86

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
APR 18 1989
OIL CONSERVATION DIV.
SANTA FE

I. Operator
Devcon Operations Company, Inc and Olsen Energy Associates - Co-Operators

Address
1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)
 N/A

If change of ownership give name and address of previous owner
Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-13

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 5	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee FEE	Lease No. N/A
Location Unit Letter <u>K</u> : <u>1650'</u> Feet From The <u>South</u> Line and <u>1650'</u> Feet From The <u>West</u> Line of Section <u>18</u> Township <u>16 North</u> Range <u>9 West</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1103, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None	Address (Give address to which approved copy of this form is to be sent) N/A
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>18</u> Twp. <u>16N</u> Rge. <u>9W</u>	Is gas actually connected? When no N/A

If this production is commingled with that from any other lease or pool, give commingling order number: N/A

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President
(Title)

(Date)

OIL CONSERVATION DIVISION
APPROVED APR 19 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.



ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

///

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

Handwritten: Bullseye 15
D-13-16-10

DEFOUR E. MOORE STONER

OIL CONSERVATION DIVISION

OCD

12344

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 15	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter P	330	Feet From The S Line and 330	Feet From The E Line	
Section 13	Township 16N	Range 10W	NMPM, MCKINLEY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13
	Twp. 16N	Rge. 10W
	Is gas actually connected?	When?
	NO	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
TOM E. KNOWLTON
Printed Name
PRESIDENT
Title
(213) 422-1271
Telephone No.
Date **12-3-90**

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**

By **[Signature]**
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

NO. OF COPIES RECEIVED		
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Evans Production Co.

Address 1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bullseye</u>	Well No. <u>15</u>	Pool Name, including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>P</u> ; <u>330</u> Feet From The <u>So.</u> Line and <u>330</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>16 N</u> Range <u>10 W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation Permian (Eff. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702 Farmington, N.M. 87401</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>P</u> Sec. <u>13</u> Twp. <u>16N</u> Rge. <u>10W</u> Is gas actually connected? <u>no</u> When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

DEC 05 1984

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Ed Frank
(Signature)
Operator (Title)
October 1, 1984
(Date)

OIL CON. DIV.

1-30-85 OIL CONSERVATION COMMISSION
APPROVED JAN 30 1985
BY Frank J. [Signature]
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

ANTAF E

ILE

.S.G.S.

AND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

Address

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, Including Formation

Kind of Lease

Lease N

Location

Unit Letter

Feet From The

So.

Line and

Feet From The

East

Line of Section

Township

Range

NMPM,

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Ege.

Is gas actually connected?

When

Address (Give address to which approved copy of this form is to be sent)

Address (Give address to which approved copy of this form is to be sent)

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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

Operator

Jan. 1, 1984

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and Effective 1-1-85

RECEIVED APR 02 1984 OIL CON. DIV. DIST. 3

Slayton Oil Corp.

P. O. Box 2035 Roswell, New Mexico 88201

Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

Bullseye 15 Marcelina/Dakota State, Federal or Fee Fee

P 330 So. 330 East

13 16N 10 W, NMPM, McKinley

Permian Corp. 202 Pet. Plaza Bldg. Farmington, N M

none

P 13 16N 10W no

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (DF, RKB, RT, GR, etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

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

Operator

Jan. 1, 1984

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

J. S. P.

DISTRIBUTION			
AMOUNT	FE		
FILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

I. Operator
Paul Slayton
Address
P. O. Box 1936 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 15	Pool Name, Including Formation Marcelina Dakota	Kind of Lease State, Federal or Fee	Fee	Lease
Location Unit Letter P ; 330 Feet From The So. Line and 330 Feet From The East Line of Section 13 Township 16 N Range 10 W , NMPM, McKinley					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp.	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg. Farmington, NM					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit X	Sec. 13	Twp. 16N	Rge. 10W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res't.	Diff.
Date Spudded 3-30-81	Date Compl. Ready to Prod. 11-1-81	Total Depth 1795'	P.B.T.D. 1795'					
Elevations (DF, RKB, RT, GR, etc.) 7187'	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1734'	Tubing Depth 1735'					
Perforations 1734-1795 Open hole							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	65'	50 SX
7-7/8"	5-1/2"	1734'	205 SX
	2-3/8"	1735'	

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-1-81	Date of Test 11-1-81	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure -0-	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 27.2	Oil-Bbla. 9.2	Water-Bbla. 18	Gas-MCF 5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Paul Slayton
(Signature)

Operator
(Title)

11-5-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 17 1981

Original Signed by FRANK F. CHAVEZ

BY SUPERVISOR DISTRICT #3

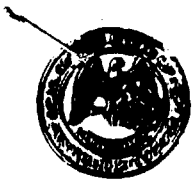
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for a able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of o well name or number, or transporter, or other such change of cond



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

Boyle 15
D-13-16-10

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Devcon Operations Company, Inc., Olsen Energy Associates - Co - Operators
Address	1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate N/A

If change of ownership give name and address of previous owner Evans Production Company, P.O.Box 21399, Albuquerque, N.M. 87154-1399

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bullseye	15	Marcelina/Dakota	State, Federal or Fee FEE	N/A
Location				
Unit Letter	P	33Q	Feet From The South Line and 33Q	Feet From The East
Line of Section	13	Township	16 North Range	10 West NMPM. McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation	P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE	N/A					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	13	16N	10W	NO	N/A

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED March 21, 1989, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE Oil Conservation Division

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION
DIST.

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ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devcon Operations Company, Inc., /
Olsen Energy Associates - Co-Operators

Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box) Other (Please explain)

<input type="checkbox"/> New Well	Change in Transporter of:	N/A
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-139

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bullseye</u>	Well No. <u>15</u>	Pool Name, including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. <u>N/A</u>
Location				
Unit Letter <u>P</u>	<u>330</u>	Feet From The <u>South</u> Line and <u>330</u>	Feet From The <u>East</u>	
Line of Section <u>13</u>	Township <u>16 North</u>	Range <u>10 West</u>	NMPM, <u>McKinley</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P.O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE</u>	<u>N/A</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>P</u> Sec. <u>13</u> Twp. <u>16N</u> Rge. <u>10W</u>	<u>NO</u> <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED 3/20/89, 19 1989
BY Original Signed by FRANK T. CHAVEZ
TITLE Oil Conservation

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.


All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

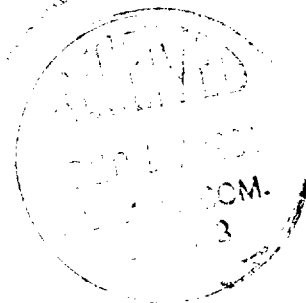
McKinley County, New Mexico

A F F I D A V I T


Lewis C. Jameson
Geologist - Paul Slayton

Paula K. Berggren
Notary Public

NOVEMBER 25, 1984



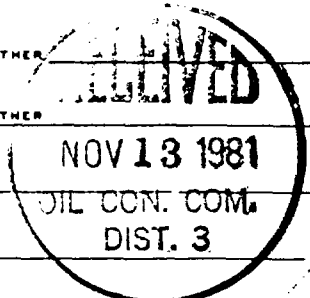
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Form C-105
Revised 10-1-8

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5b. State Oil & Gas Lease No.	

1a. TYPE OF WELL	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>
b. TYPE OF COMPLETION	
NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/>	DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>



2. Name of Operator	Paul Slayton
3. Address of Operator	P O Box 1936, Roswell, New Mexico 88201

7. Well Agreement Name	
8. Farm or Lease Name	Bullseye
9. Well No.	15
10. Field and Pool, or Wildcat	Marcelina-Dakota

4. Location of Well	
UNIT LETTER <u>P</u>	LOCATED <u>330</u> FEET FROM THE <u>So.</u> LINE AND <u>330</u> FEET FROM <u>East</u> LINE OF SEC. <u>13</u> TWP. <u>16N</u> RGE. <u>10W</u> NMPM

12. County	McKinley
------------	----------

15. Date Spudded	4-30-81	16. Date T.D. Reached	5-5-81	17. Date Compl. (Ready to Prod.)	11-1-81	18. Elevations (DF, RKB, RT, GR, etc.)	7187 GR	19. Elev. Casinghead	7187
20. Total Depth	1795'	21. Plug Back T.D.	1795'	22. If Multiple Compl., How Many		23. Intervals Drilled By	Rotary Tools	Cable Tools	

24. Producing Interval(s), of this completion - Top, Bottom, Name	Open Hole 1734-1795'
---	----------------------

25. Was Directional Survey Made	yes
---------------------------------	-----

26. Type Electric and Other Logs Run	Ind. Electrical, Gamma Ray, Compensated Density, Caliper
--------------------------------------	--

27. Was Well Cored	No
--------------------	----

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	#32	65'	12-1/4"	50 sks Cmt to surface	None
5-1/2"	#15.5	1734.9'	7-7/8"	205 sks "	"

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2-3/8"	1735'	

31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Open Hole 1734-1795'		DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
		1734-1795'	20,000# 10-20 mesh sand
			500 gal 15% acid

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
11-1-81		Pumping				Producing	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
11-1-81	24 hrs	-	→	9.2	5	18	-
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
-	-0-	→				42	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
Used for heater fuel only	Roger Slayton

35. List of Attachments

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.		
SIGNED <u>Paul Slayton</u>	TITLE <u>Operator</u>	DATE <u>11-5-81</u>

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Paul Slayton		8. Farm or Lease Name Bullseye
3. Address of Operator P. O. Box 1936, Roswell, New Mexico 88201		9. Well No. 15
4. Location of Well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>16N</u> RANGE <u>10W</u> NMPM.		10. Field and Pool, or WHdca
15. Elevation (Show whether DF, RT, GR, etc.) 7187 GR		12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Commenced drilling at 8:10 am 4-30-81.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Lewi C. Chavez</u>	TITLE <u>Geologist</u>	DATE <u>5-10-81</u>
APPROVED BY <u>Original Signed by FRANK T. CHAVEZ</u>	TITLE <u>SUPERVISOR DISTRICT # 3</u>	DATE <u>MAY 20 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Paul Slayton		8. Farm or Lease Name Bullseye
3. Address of Operator P. O. Box 1936, Roswell, New Mexico 88201		9. Well No. 15
4. Location of well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>16N</u> RANGE <u>10W</u> NMPM.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7187 GR		12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 7 7/8" hole to 1795'.
Set 1734.90' of 15.5# 5 1/2" casing with and Arrow Oil Tools Type B cementing shoe.
Cemented with 105 Sx Econofill and 100 Sx Class "A" cement w/2%CaCl.
Calculated top of cement at 369 from surface. POB at 3:00 am 5-4-81.
Tagged cement at 1725 at 7:20 am on 5-5-81.
Drilled out cement and casing shoe and displaced mud with foam to 1795 T.D.
Released rig at 2:30 pm on 5-5-81.
Waiting on completion rig.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Frank T. Chavez</u>	TITLE <u>Geologist</u>	DATE <u>5-10-81</u>
APPROVED BY <u>Original Signed by FRANK T. CHAVEZ</u>	TITLE <u>INTERPRETER OF RECORD</u>	DATE <u>MAY 20 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		

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ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. Name of Operator
Paul Slayton

2. Address of Operator
P. O. Box 1936, Roswell, New Mexico 88201

4. Location of Well
UNIT LETTER P 330 FEET FROM THE South LINE AND 330 FEET FROM
THE East LINE, SECTION 13 TOWNSHIP 16N RANGE 10W NMPM.

7. Unit Agreement Name
8. Farm or Lease Name Bullseye
9. Well No. 15
10. Field and Pool, or Whidcat
12. County McKinley

15. Elevation (Show whether DF, RT, GR, etc.)
7187GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 12 1/4" hole to 65' and set 62' of 32# 8 5/8" casing with 50 sx regular. Cement circulated to surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Frank T. Chavez

TITLE Geologist

DATE 5-10-81

Original Signed by FRANK T. CHAVEZ

APPROVED BY

TITLE SUPERVISOR DISTRICT

DATE MAY 20 1981

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

30-031-20674
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Bullseye
2. Name of Operator Paul Slayton		9. Well No. 15
3. Address of Operator P.O. Box 1936, Roswell, New Mexico 88201		10. Field and Pool, or Wildcat Marcelina Dakota
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>13</u> TWP. <u>16N</u> RGE. <u>10W</u> NMPM		12. County McKinley
19. Proposed Depth 1800'		19A. Formation Dakota "A"
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) 7187 GR	21A. Kind & Status Plug. Bond Blanket Bond on File	21B. Drilling Contractor Salazar Drilling
22. Approx. Date Work will start April 28, 1981		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
10 3/4	8 5/8	28#	66'	Cement to Sur.	Surface
7 7/8	5 1/2	15.5#	1745'	200 Sx.	631'

Intend to drill into the Dakota "A" sand, cement 5 1/2" casing at top of Dakota "A" and complete open-hole.

EXPIRES 10-29-81



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE SLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Kevin C. Gorman Title Geologist Date April 27, 1981

(This space for State Use)

APPROVED BY Frank T. Chong TITLE SUPERVISOR DISTRICT # 3 DATE APR 28 1981

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-129
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

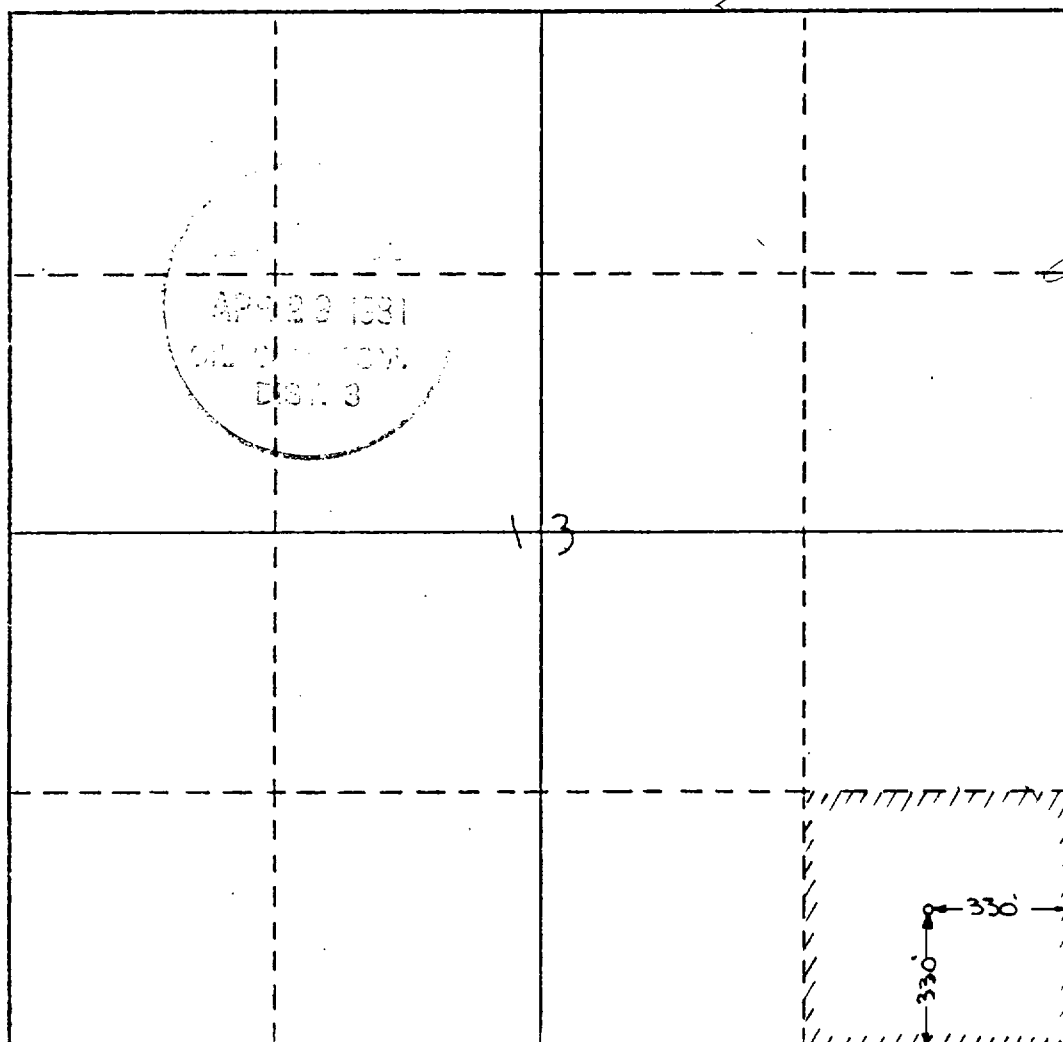
Operator Paul Slayton			Lease Bullseye		Well No. 15
Unit Letter P	Section 13	Township 16 North	Range 10 West	County McKinley	
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between;"> 330 feet from the South line and 330 feet from the East line </div>					
Ground Level Elev. 7187	Producing Formation Dakota "A"		Pool Marcelina-Dakota		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name
Lewis G. Jameson

Position
Geologist

Company
Paul Slayton

Date
April 27, 1981

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 knowledge and belief.

Date Surveyed
April 14, 1981

Registered Professional Engineer and/or Land Surveyor

Certificate No.
5823



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

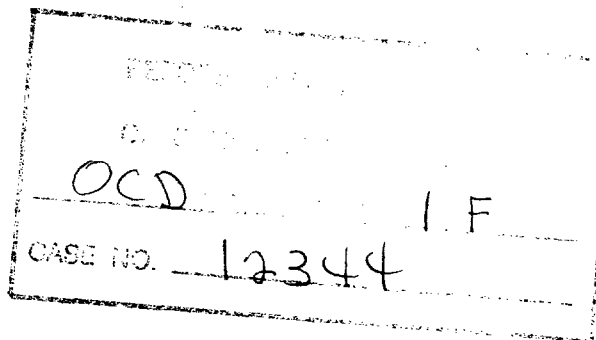
Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file



OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 7	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter D : 330 Feet From The N Line and 330 Feet From The W Line				
Section 19 Township 16N Range 9W , NMPM, MCKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 19
	Twp. 16N	Rge. 9W
	Is gas actually connected? NO When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

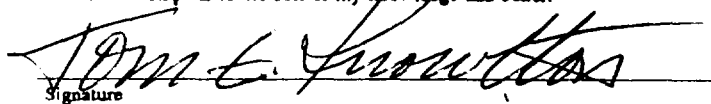
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water -	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

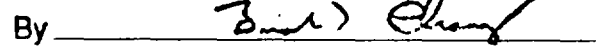
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Signature
TOM E. KNOWLTON PRESIDENT
Printed Name
Title
Date **12-3-90** Telephone No. **(213) 422-1271**

OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**

By 
Title **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 7	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter D	330	Feet From The N	Line and 330	Feet From The W Line
Section 19	Township 16N	Range 9W	NMPM, McKINLEY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
PERMIAN CORPORATION	P. O. BOX 1183, HOUSTON, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	D	19	16N	9W	NO	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Formation	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By:

Signature

TOM E. KNOWLTON

PRESIDENT

Printed Name

Date

6/15/90

(213)422-1271

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 22 1990**

By

Title

SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

NO. OF COPIES RECEIVED	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Evans Production Co.

Address
1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner
Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 7	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter D : 330 Feet From The North Line and 330 Feet From The West				
Line of Section 19 Township 16 N Range 9 W , NMPM, McKinley County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (EX. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington, N.M. 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 19
	Twp. 16N	Rge. 9W
	Is gas actually connected? No	
	When	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Neil Evans
(Signature)

Operator
(Title)

October 1, 1984
(Date)

OIL CONSERVATION COMMISSION

1-30-85
APPROVED JAN 30 1985

BY Frank J. [Signature]
SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

ANYA FE		
ILE		
.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-83

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator	Slayton Oil Corp.
Address	P. O. Box 2035 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
Bullseye	7	Marcelina/Dakota	State, Federal or Fee Fee	
Location				
Unit Letter D	330	Feet From The North	Line and 330	Feet From The West
Line of Section 19	Township 6 N	Range 9 W	NMPM,	McKinley

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	202 Pet. Plaza Bldg. Farmington, N M
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
none	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 19 16N 9 W no

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Paul Slayton by res
Operator
Jan. 1, 1984
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19
BY Original Signed by FRANK T. HAVEL
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.
Supersedes Form C-104 and is to be filed for each well in compliance with RULE 1104.

NO. OF COPIES RECEIVED	
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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator	Paul Slayton		
Address	P. O. Box 1936, Roswell, New Mexico 88201		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Fairfax Exploration, Inc., 425 Washington S.E., Albuquerque, NM

87108

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bullseye	7	Marcelina-Dakota	State, Federal or Fee Fee	
Location				
Unit Letter <u>D</u>	<u>330</u>	Feet From The <u>North</u> Line and	<u>330</u>	Feet From The <u>West</u>
Line of Section <u>19</u>	Township <u>16 N</u>	Range <u>9W</u>	NMPM, <u>McKinley</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Permian Corporation	202 Pet. Plaza Bldg., Farmington, NM		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>19</u> Twp. <u>16N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u>	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded <u>3-16-77</u>	Date Compl. Ready to Prod. <u>12-31-77</u>	Total Depth <u>1774</u>	P.B.T.D. <u>1774</u>
Elevations (DF, RKB, RT, GR, etc.) <u>7187 Gr</u>	Name of Producing Formation <u>Dakota "A"</u>	Top Oil/Gas Pay <u>1749</u>	Tubing Depth <u>1746</u>
Perforations <u>Open Hole 1749-1774</u>			Depth Casing Shoe <u>1746</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/2</u>	<u>10 3/4</u>	<u>60</u>	<u>30 Sx.-cement to sur</u>
<u>7 7/8</u>	<u>5 1/2</u>	<u>1746</u>	<u>130 Sx Pozmix A</u>
<u>--</u>	<u>2 7/8</u>	<u>1746</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Paul Slayton
(Signature)
OWNER
(Title)
8-31-81
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 4 - 1981
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	5
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

[Signature] B.R.

Operator Fairfax Exploration, Inc.	
Address 301-B Graceland S.E., Albuquerque, N.M. 87108	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 7	Pool Name, Including Formation Marcelina Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter <u>D</u> : <u>330</u> Feet From The <u>West</u> Line and <u>330</u> Feet From The <u>North</u>				
Line of Section <u>19</u> Township <u>16 N</u> Range <u>9 W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	
Unit <u>D</u> Sec. <u>19</u> Twp. <u>16 N</u> Rge. <u>9 W</u>	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded March 16, 1977	Date Compl. Ready to Prod. Dec. 31, 1977	Total Depth 1774'	P.B.T.D. Same					
Elevations (DF, RKB, RT, GR, etc.) 7187'	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1749'	Tubing Depth 1772'					
Perforations Open hole completion						Depth Casing Shoe 1746'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	10 1/2"	60'	30					
7 7/8"	5 1/2"	1746'	130					
	2 3/8" Tubing	1772'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks Dec. 31, 1977	Date of Test Jan. 4-7, 1978	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 72 Hrs.	Tubing Pressure 0	Casing Pressure 125#	Choke Size Open
Actual Prod. During Test 123 Bbl. 46 Grav. Oil	Oil-Bbls. 123 (41 BOPD)	Water-Bbls. 189 (63 BWPD)	Gas-MCF 12.3 Est. (4.1 MCFPD)

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

[Signature]
(Signature)

President

(Title)

January 16, 1978

(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 19 1978
Original Signed by A. R. Kendrick, 19
BY _____
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30031 - 20507

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Bullseye

8. Well No.

9. Pool name or Wildcat
Marcelina/Dakota

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Nerdlihc Company, Inc.

3. Address of Operator
337 E. San Antonio Drive, Ste. 101, Long Beach, CA 90807

4. Well Location
Unit Letter D : 330 Feet From The north Line and 330 Feet From The west Line
Section 19 Township 16N Range 9W NMPM McKinley County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Rig up Schlumberger Well Service
Run in hole with casing inspection tool
Inspect casing from total depth to surface
Start date - May 1, 1993

OIL CON. DIV
(DIST. 3)

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

SIGNATURE

Tom E. Knowlton

PRESIDENT

TITLE

DATE

3-31-93
(310)

TYPE OR PRINT NAME

Tom E. Knowlton

TELEPHONE NO. 422-1271

(This space for State Use)

APPROVED BY

Sianna Dainton

TITLE

DATE

4/6/93

CONDITIONS OF APPROVAL, IF ANY: ALL WORK MUST BE COMPLETED BY 6/1/93.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devcon Operations Company, Inc., ~~Olsen Energy Associates - Co - Operators~~

Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) N/A
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinthead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-1399

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bullseye</u>	Well No. <u>7</u>	Pool Name, including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. <u>N/A</u>
Location				
Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>16 North</u> Range <u>9 West</u> NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinthead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when
<u>D 19 16N 9W</u>	<u>NO</u> <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Erin Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED 1111 1111 1111, 19 _____
BY Original Signed by FRANK I. CHAVEZ
TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1106.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

NEW MEXICO OIL CONSERVATION COMMISSION
1000 Rio Brazos Road
Aztec, New Mexico
87410

January 20, 1978

Fairfax Exploration, Inc.	Bullseye #7, D-19-16N-9W	
Operator	Lease & Well Number	Location

Please submit information as indicated below for the above well.

Form C-103 (or Federal Form 9-331 on Federal land) for

- | | |
|--------------|--|
| _____ | (1) Notice of Intention to Plug |
| _____ | (2) Subsequent Report of Plugging |
| _____ | (3) Other- |
| _____ | Form C-105, Well Record Form, (or Form 9-330 on
Federal land) |
| <u> </u> | Electric Log Surveys (one copy) |
| <u> X </u> | Other - Deviation Tabulation |

Remarks:

Mary P. Clark
District #3

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LAND OFFICE	
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Form C-109
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL		7. Unit Agreement Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>			
b. TYPE OF COMPLETION		8. Farm or Lease Name	
NEW <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		Bullseye	
2. Name of Operator		9. Well No.	
Fairfax Exploration, Inc.		7	
3. Address of Operator		10. Field and Pool, or Wildcat	
301-B Graceland S.E., Albuquerque, N.M. 87108		Marcelina-Dakota	
4. Location of Well			
UNIT LETTER <u>D</u> LOCATED <u>330</u> FEET FROM THE <u>West</u> LINE AND <u>330</u> FEET FROM		12. County	
THE <u>North</u> LINE OF SEC. <u>19</u> TWP. <u>16 N</u> RGE. <u>9 W</u> NMPM		McKinley	
15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)
Mar. 16, 1977	July 9, 1977	Dec. 31, 1977	7187 GR
19. Elev. Casinghead		7188	
20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By
1774'			Rotary Tools
			Cable Tools
24. Producing Interval(s), of this completion - Top, Bottom, Name			25. Was Directional Survey Made
1749'-Dakota "A"-1774'			Yes
26. Type Electric and Other Logs Run			27. Was Well Cored
S.P. Res. Gamma Ray, Directional Survey			Yes
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE
10 3/4"	40.5#	60'	12 1/2"
5 1/2"	14.0#	1746'	7 7/8"
CEMENTING RECORD		AMOUNT PULLED	
30 Sx. 3% CaCl ₂ circ 3 Sx.		None	
130 Sx Pozmix A		None	
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP	BOTTOM	SACKS CEMENT
			SCREEN
			SIZE
			DEPTH SET
			PACKER SET
			2 3/8
			1772'
			none
			(Coated w/ Fiber glass)
31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
Open hole completion.		DEPTH INTERVAL	
		AMOUNT AND KIND MATERIAL USED	
		1749'-1774'	
		25,000# Size 20-40 Sand with	
		17,090 gal. water with 2% KCl	
33. PRODUCTION			
Date First Production	Production Method (Flowing, gas lift, pumping - Size and type pump)		Well Status (Prod. or Shut-in)
Dec. 31, 1977	Pumping--1 3/4" insert		Prod.
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period
Jan. 4-7, 1978	72	Open	Oil - Bbl.
			Gas - MCF
			Water - Bbl.
			Gas-Oil Ratio
			123
			12.3 Est.
			189
			0.1 MCF/Bbl.
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.
0	125#		Gas - MCF
			Water - Bbl.
			Oil Gravity - API (Corr.)
			41
			4.1
			63
			46
34. Disposition of Gas (Sold, used for fuel, vented, etc.)			Test Witnessed By
Vented-Plan to use on Heater treater			Douglass F. Wilson
35. List of Attachments			
Elect. Logs (4) Directional Survey			
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.			
SIGNED <u>Gene D. Wilson</u>		TITLE <u>President</u>	
		DATE <u>January 16, 1978</u>	

Fairfax Exploration, Inc.

301 B Graceland, S.E.
Albuquerque, New Mexico 87108
Telephone (505) 268-9570



Ms. Mary P. Clark
Oil Conservation Commission
State of New Mexico
1000 Rio Brazos Road
Aztec, N.M. 87410

January 21, 1978
Re: Deviation Tabulation
Fairfax Exploration
Bullseye #7
D-19-16N-9W

Dear Ms. Clark:

In answer to your request of January 20, 1978, the deviation Tabulation of the Bullseye #7 is as follows:

500' -- 1.1°
1000' -- 1.1°
1500' -- 0.6°
1750' -- 0.6°

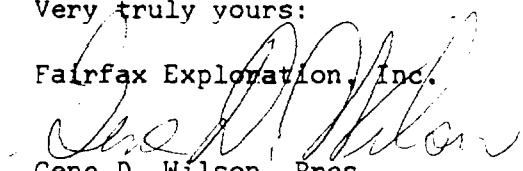
I witnessed the above directional drift survey done in the open hole by Wilson Logging Co. of Grants, N.M. using a Gearhart-Owens drift tool.

I certify that the above information is true and accurate to the best of my knowledge.

The original will be kept in our file.

Very truly yours:

Fairfax Exploration, Inc.


Gene D. Wilson, Pres.

Attach: Drift Plot
Drift Compilation

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108	9. Well No. 7
4. Location of Well UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE <u>West</u> LINE AND <u>330</u> FEET FROM THE <u>North</u> LINE, SECTION <u>19</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.	10. Field and Pool, or Wildcat Marcelina-Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 7187 GR	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Sand Frac</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Treated Dakota "A" sand 1749'-1774' with 25,000# of size 20-40 sand and 17,090 gal. water with 51 sacks of Kcl (2%). Halliburton completed job October 24, 1977.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE Nov. 7, 1977

Original Signed by A. J. [Signature]

APPROVED BY _____ TITLE _____ DATE _____

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Fairfax Exploartion, Inc.		8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108		9. Well No. 7
4. Location of Well UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE <u>West</u> LINE AND <u>330</u> FEET FROM THE <u>North</u> LINE, SECTION <u>19</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.		10. Field and Pool, or Wildcat Marcelina Dakota
15. Elevation (Show whether DF, RT, CR, etc.) 7187 GR		12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Drilled 7 7/8" hole to 1754' Top of Dakota "A" @ 1749'.
Set 1746' of 5 1/2" Casing: Weight 14.00#, Cemented With 130 sacks Pozmix A 65/35
(85 sx. class B Bulk cement mixed with 1625# Gilsonite w/2% Howcogel, 2% CaCl)
followed by 75 sx. Class B bulk cement w/ 2% CaCl.

Circulated 12 sx.to surface.

Job done by Halliburton

Completed June 23, 1977.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gene D. Wilson TITLE President DATE June 27, 1977

APPROVED BY Supervisor TITLE SUPERVISOR DATE

CONDITIONS OF APPROVAL, IF ANY:

Bullseye #1

[illegible]



OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO
1000 RIO BRAZOS RD. • AZTEC

87410

DIRECTOR
JOE D. RAMEY

LAND COMMISSIONER
PHIL R. LUCERO

October 21, 1977



STATE GEOLOGIST
EMERY C. ARNOLD

Fairfax Exploration
103 B Graceland S. E.
Albuquerque, New Mexico 87108

Re: Operator- Fairfax Exploration
Well- Bullseye #7
Location- D-19-16N-9W

Gentlemen:

Our records for the subject well indicate the well to have been drilled.

File reports as indicated:

- (X) C-103 or 9-331 , casing
- (X) C-103 or 9-331, intent to Plug and abandon
- (X) C-105 or 9-330, well record report
- (X) C-103 or 9-331, subsequent report of abandonment
- (X) One copy of each wire line log run

Rule 202 allows drilling wells to be shut down up to 60 days without temporary abandonment.

Please cause this well be be a useful well or plug and abandon it.

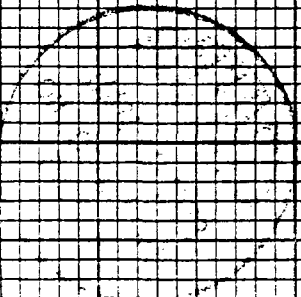
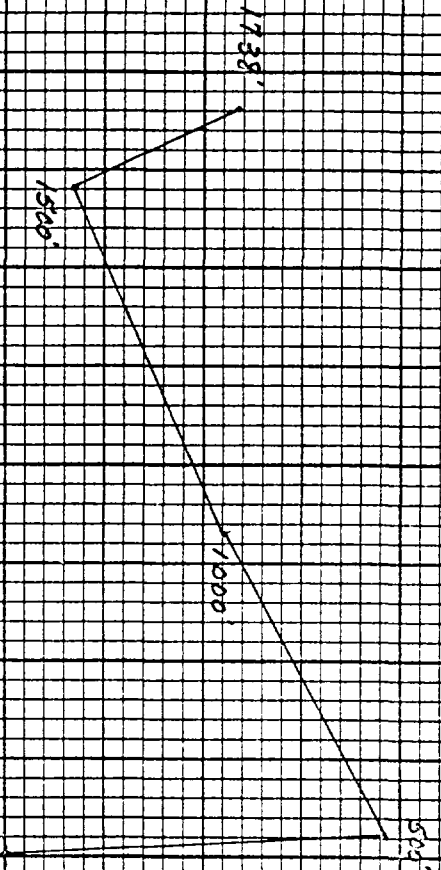
Yours very truly,

A. R. Kendrick
A. R. Kendrick
Supervisor, District #3

ARK:mc

xc: Oil Conservation Commission
Santa Fe, New Mexico

TRUE NORTH



Plan View Directional Drift Survey

1-16-10
Hole Number 6-22-77
Date 6-22-77
Client Fairfax Exploration

Scale: 1 inch = 5' FT.
Resultant Drift 199'
True Bearing 287.1°

Unit 01 Operator Tyraboe
Office Time 2.0 Field Time 4.0

Wilson's Logging Co.

108113000 24/

[illegible]

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

All distances must be from the outer boundaries of the Section.

Owner Fairfax Exploration, Inc.			Lease Bullseye		Well No. 7
Letter D	Section 19	Township 16 North	Range 9 West	County McKinley	

Actual Footage Location of Wells

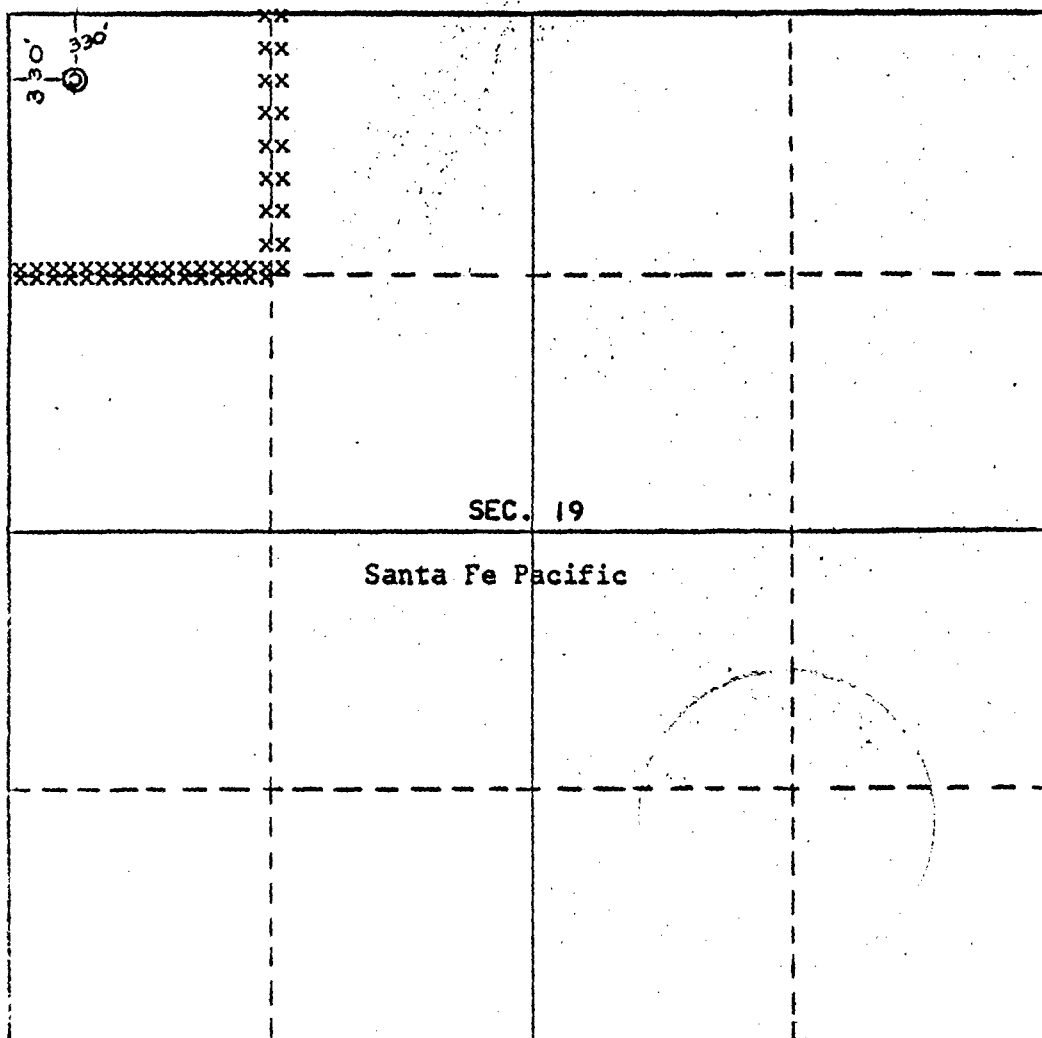
330 feet from the North line and 330 feet from the West line	Producing Formation Dakota	Pool Marcelina Dakota	Dedicated Acreage 40 Acres
Ground Level Elev. 7187			

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name
Gene D. Wilson

Position
President

Company
Fairfax Exploration, Inc

Date
March 4, 1977

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 knowledge and belief.

Date Surveyed
December 10, 1975

Registered Professional Engineer and/or Land Surveyor
E.V. Echobawk

Certificate No. **3602**
E.V. Echobawk

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2	
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OR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Effective 1-1-66

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL	2. <input type="checkbox"/> GAS WELL	3. <input type="checkbox"/> OTHER
---	--------------------------------------	-----------------------------------

4. Name of Operator

Fairfax Exploration Inc.

5. Address of Operator

301-B Graceland S.E., Albuquerque, N.M. 87108

6. Location of Well

INITIAL LETTER D, 330 FEET FROM THE West LINE AND 330 FEET FROM THE North LINE, SECTION 19 TOWNSHIP 16 N RANGE 9 W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Bullseye

9. Well No.

7

10. Field and Pool, or Wildcat

Marcelina Dakota

11. Elevation (Show whether DF, RT, GR, etc.)

7187 GR

12. County

McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

ALTERING CASING	<input type="checkbox"/>
PLUG AND ABANDONMENT	<input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Commenced Drilling 4:00 P.M. March 16, 1977.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE March 20, 1977

Original Signed by A. R. Yandrick

APPROVED BY _____ TITLE _____ DATE _____

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LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

30-031-20507
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Bullseye
9. Well No. 7
10. Field and Pool, or Wildcat Marcelina Dakota
12. County McKinley

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Bullseye
2. Name of Operator Fairfax Exploration Inc.		9. Well No. 7
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108		10. Field and Pool, or Wildcat Marcelina Dakota
4. Location of Well UNIT LETTER D LOCATED 330 FEET FROM THE West LINE AND 330 FEET FROM THE North LINE OF SEC. 19 TWP. 16 N RGE. 9 W NMPM		12. County McKinley
19. Proposed Depth 1800'		19A. Formation Dakota "A"
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) 7187' GR	21A. Kind & Status Plug. Bond \$10,000 Blanket on file	21B. Drilling Contractor Fairfax Exploration
22. Approx. Date Work will start March 15, 1977		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	9 5/8"	40.0#	100'	Cement to Surf.	
8 3/4"	5 1/2"	15.5#	1800'	385	Surface

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 6/13/77

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed [Signature] Title President Date March 4, 1977

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE MAR 14 1977

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	5
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SANTA FE	1
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U.S.G.S.	
LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Bullseye
9. Well No. 7
10. Field and Pool, or Wildcat Marcelina - Dakota
12. County McKinley

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Fairfax Exploration Inc.

3. Address of Operator
301-B Graceland S.E. Albuquerque, N.M. 87108

4. Location of Well
UNIT LETTER D, 330 FEET FROM THE West LINE AND 330 FEET FROM THE North LINE, SECTION 19 TOWNSHIP 16 N RANGE 9 W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
7187 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER Sand Frac <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Intend to Sand Frac Dakota "A" sand 1749 - 1774'. With 25,000# sand and 500 bbl water. Halliburton will do the job @ 2:00 P.M. Monday, October 24, 1977.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

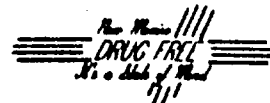
SIGNED Gene M. Wilson TITLE President DATE Oct. 20, 1977

APPROVED BY CR Gendreau TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6174

March 3, 1993

Mr. Eric H. Olsen
Nerdlihc Company, Inc.
337 E. San Antonio Dr.
Long Beach, CA 90804

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W (GP)
Bullseye #10, O-18-16N-09W (DK)
Bullseye #7, D-19-16N-09W (DK)
Marcelina #5, A-24-16N-10W (DK)
Marcelina #1, A-24-16N-10W (DK)
Marcelina #6, H-24-16N-10W (DK)

Dear Mr. Olsen:

On March 16, 1992 Nerdlihc Company responded to NMOCD Memorandum 3-91-10 dated December 27, 1991 in reference to the above mentioned TA wells. Nerdlihc was required to complete work on these wells by December 31, 1992. Our records indicate that these wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203.

Nerdlihc is hereby directed to submit plans to bring these wells into compliance by April 1, 1993. Your failure to respond will result in violation of Rule 201 and we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

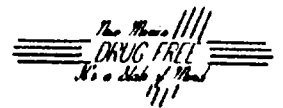
XC: TA File
Well File



BRUCE KING
GOVERNOR

STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

ANITA LOCKWOOD
CABINET SECRETARY



1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

May 25, 1993

Mr. Tom E. Knowlton
Nerdlihc Company, Inc.
337 E. San Antonio Drive
Suite 101
Long Beach, CA 90807

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W
Bullseye #10, O-18-16N-09W
Bullseye #7, D-19-16N-09W

Dear Mr. Knowlton:

According to Sundries submitted by Nerdlihc, the Bullseye #6 was to be returned to production by April 15, 1993, and casing inspection logs were to be run on the Bullseye #10 and the Bullseye #7 by May 1, 1993. To date, this office has not received notification that any of this work has been performed. Your failure to comply is in violation of Rule 201. If you do not comply by June 25, 1993, a case will be docketed for hearing to show cause why referenced wells should not be plugged and abandoned in accordance with a Division approved plugging program.

Yours Truly,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

xc: TA File
Well File



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

Bullseye 12
m-18-16-9

RECEIVED
OIL CONSERVATION DIVISION
OCD
CASE NO. 12344

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator
Paul Slayton

Address
P.O. Box 1936, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well



Change in Transporter of:

Recompletion



Oil



Dry Gas



Change in Ownership



Casinghead Gas



Condensate



Other (Please explain)

If change of ownership give name and address of previous owner
Fairfax Exploration, Inc., 425 Washington S.E., Albuquerque, NM

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 12	Pool Name, including Formation Marcelina-Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter M	330	Feet From The South	Line and 910	Feet From The West	
Line of Section 18	Township 16N	Range 9W	, NMPM, McKinley		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg, Farmington, N.M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 16N	Rge. 9W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 2-27-80	Date Compl. Ready to Prod. 12-17-80		Total Depth 1828		P.B.T.D. 1828			
Elevations (DF, RKB, RT, GR, etc.) 7218 GR	Name of Producing Formation Dakota "A"		Top Oil/Gas Pay 1765		Tubing Depth 1761			
Perforations Open Hole 1765-1828					Depth Casing Shoe 1761			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8		82		50 SX.			
7 7/8	5 1/2		1761		285 SX.			
--	2 7/8		1761		--			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12-19-80	Date of Test 12-21-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure Open	Choke Size --
Actual Prod. During Test 11.7 bbls	Oil-Bbls. 8.4	Water-Bbls. 3.3	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Geologist

1-6-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 21 1981

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

ANTA FE		
ILE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-85

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator
Slayton Oil Corp.

Address
P. O. Box 2035 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner
Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 12	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	Fee	Lease M
Location					
Unit Letter M	330	Feet From The S0	Line and 910	Feet From The West	
Line of Section 18	Township 16N	Range 9 W	NMPM,	McKinley	Coun

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corp. Permian (EN. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg. Farmington, N M					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> none	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 16N	Pge. 9W	Is gas actually connected? no	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Re
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Operator
Paul Slayton
(Signature)
Jan. 1, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED
APR 02 1984
BY
Original Signed by FRANK T. CHAVEZ
TITLE
SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

345-5123

Operator Evans Production Co.

Address 1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bullseye</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>M</u>	<u>330</u> Feet From The <u>South</u> Line and <u>910</u> Feet From The <u>West</u>			
Line of Section <u>18</u>	Township <u>16 N</u>	Range <u>9 W</u>	NMPM, <u>McKinley</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation Permian (Eff. 9 / 1 / 87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702 Farmington, N.M. 87401</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u> Sec. <u>18</u> Twp. <u>16N</u> Rge. <u>9W</u>	Is gas actually connected? <u>NO</u> When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Ed Evans
(Signature)

Operator
(Title)

October 1, 1984
(Date)

OIL CONSERVATION COMMISSION

1-30-85
APPROVED JAN 30 1985

BY Frank J. Davis
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NERDLIHC COMPANY, INC.	Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 12	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter M : 330 Feet From The S Line and 910 Feet From The W Line Section 18 Township 16N Range 9W , NMPM , McKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 16N	Rge. 9W	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Flow - S
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - M

RECEIVED
JUN 4 1990

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

OIL CON. DIV.
DIST. 3

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By **TOM E. KNOWLTON**
Signature
TOM E. KNOWLTON PRESIDENT
Printed Name
Date **6/5/90** (213)422-1271 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 22 1990**
By **James J. Chang**
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 12	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter M	330	Feet From The S	Line and 910	Feet From The W Line
Section 18	Township 16N	Range 9W	NMPM, MCKINLEY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18
	Twp. 16N	Rge. 9W
	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

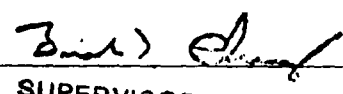
VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
TOM E. KNOWLTON PRESIDENT
Printed Name
Title
(213) 422-1271
Date **12-3-90** Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**

By 
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

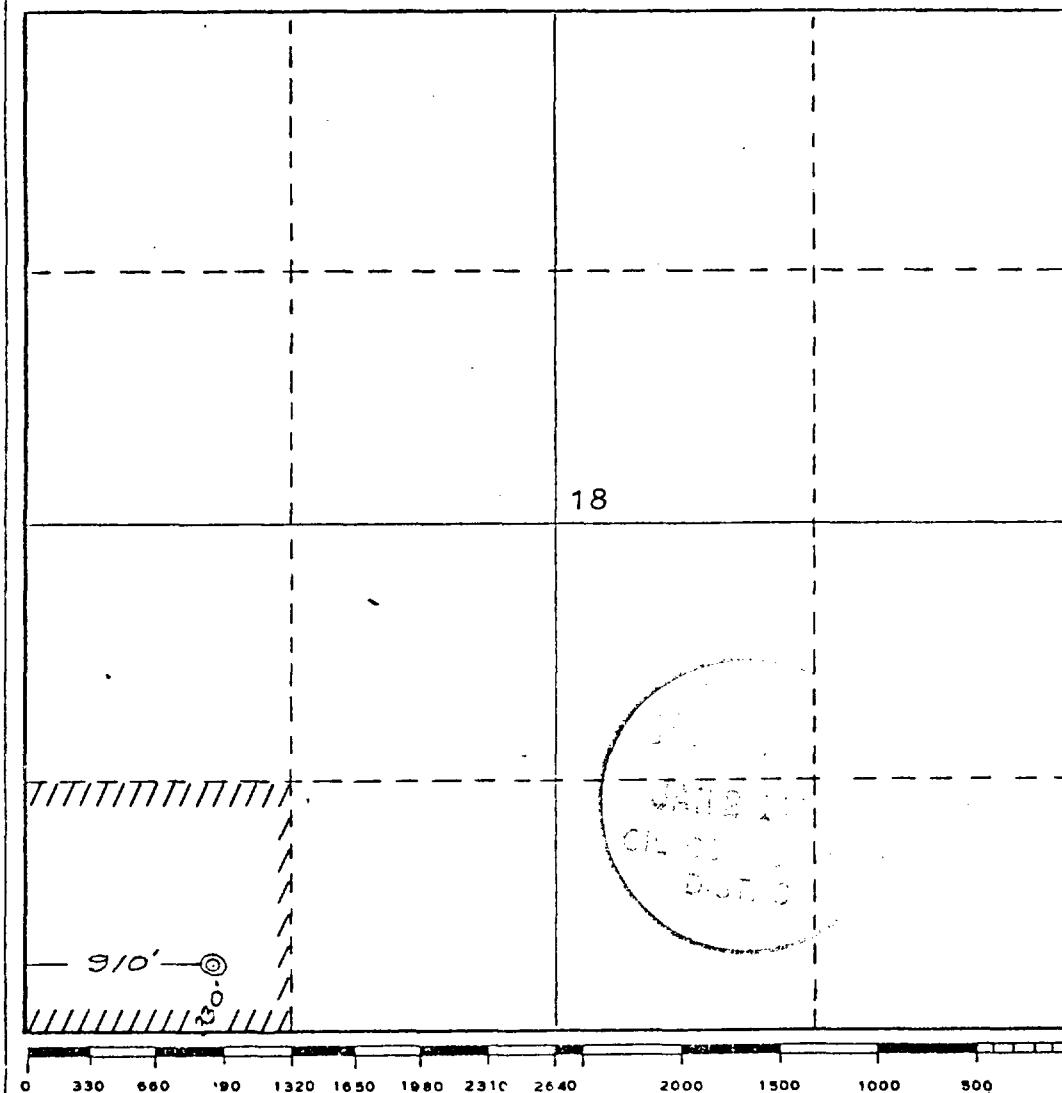
Operator Fairfax Exploration, Inc. NEW MEXICO OIL CONSERVATION COMMISSION			Lease Bullseye		Well No. 12
Unit Letter M	Section 18	Township 16 NORTH	Range 9 WEST	County MCKINLEY	
Actual Footage Location of Well: 330 feet from the SOUTH line and 910 feet from the WEST line					
Ground Level Elev. 7218	Producing Formation Dakota "A"		Pool Marcelina-Dakota	Dedicated Acreage 40	Acreage

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name **Gene D. Wilson**

Position **President**

Company **Fairfax Exploration, Inc.**

Date **January 15, 1980**

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 knowledge and belief.

Date Surveyed **September 18, 1979**

Registered Professional Engineer and/or Land Surveyor
James P. Leese

Certificate No. **1463**

30-031-20593

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OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Bullseye	
2. Name of Operator Fairfax Exploration, Inc.		9. Well No. 12	
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108		10. Field and Pool, or Wildcat Marcelina Dakota	
4. Location of Well UNIT LETTER M LOCATED 330 FEET FROM THE South LINE AND 910 FEET FROM THE West LINE OF SEC. 18 TWP. 16 N RGE. 9 W NMPM		12. County McKinley	
19. Proposed Depth 1800'		19A. Formation Dakota "A"	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 7218 GR	
21A. Kind & Status Plug. Bond \$50,000 Blanket on		21B. Drilling Contractor Chesney Drilling - Grants	
22. Approx. Date Work will start January-25, 1980			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
10 3/4"	8 5/8"	32#	100'	Cement to surf.	Surface
7 7/8"	5 1/2"	15.5#	1750"	Cement to surf.	"

Intend to set 5 1/2" casing at top of Dakota "A" sand, cement to surface, then complete "Open-Hole" with 4 7/8" hole.

EXP. 4-20-80

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM. IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Gene A. Wilson Title President Date January 15, 1980

(This space for State Use)

APPROVED BY Frank S. Dewey TITLE Secretary DATE Jan 21, 1980

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL ☒ GAS ☐ OTHER ☐

7. Unit Agreement Name

8. Farm or Lease Name

Bullseye

9. Well No.

12

10. Field and Pool, or Wildcat

Marcelina, Dakota

15. Elevation (Show whether DF, RT, GR, etc.)

7218 GR

12. County

McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☒

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

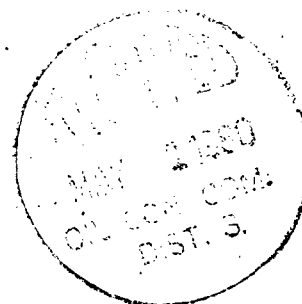
CHANGE PLANS ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Commenced drilling at 2:30 PM February 27, 1980



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gene D. Wilson TITLE President

DATE April 29, 1980

Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

DATE 1 1980

19. SIGNATURE OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - A" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	
2. Name of Operator Fairfax Exploration, Inc.	
3. Address of Operator 301-B Graceland S.E., Albuquerque, NM 87108	
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>910</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16N</u> RANGE <u>9W</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 7218 GR	
12. County McKinley	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 12 3/4" hole to 104' Feb. 27, 1980
Set 82' of 8 5/8" surface casing. 32# with 80 Sx.
Cemented to surface, 5 Sx Circ. Feb. 28, 1980.



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

SIGNED Frank T. Chavez TITLE President DATE April 29, 1980

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 DATE 1 1980

CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

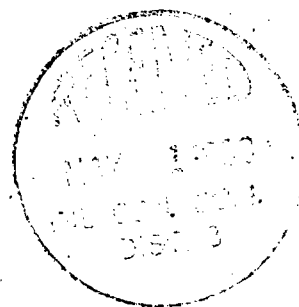
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.		8. Form or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E., Albuquerque, NM 87108		9. Well No. 12
4. Location of Well UNIT LETTER <u>M</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>910</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16N</u> RANGE <u>9W</u> NMPM.		10. Field and Pool, or Wildcat Marcelina, Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 7218 GR		12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1505.

Drilled 7 7/8" hole to 1765' Mar. 4, 1980
Set 1760.51' of 15.5# 5 1/2 casing.
Cemented with 200 Sx Econofill and 85 Sx Class "A" cement Mar. 5, 1980
Allowed cement to set 36 hrs. then drilled out to 1793' with 4 7/8" hole.
T. D. reached Mar. 8, 1980.



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

SIGNED Gene W. Wilson TITLE President DATE April 29, 1980

APPROVED BY John L. Graves TITLE SUPERVISOR DISTRICT # 1 DATE MAY 1 1980

APPROVAL OF APPROVAL, IF ANY:

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LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

3a. Indicate Type of Lease

State ☐Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUS BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL
WELL ☒GAS
WELL ☐OTHER ☐

2. Name of Operator

Fairfax Exploration, Inc.

3. Address of Operator

425 Washington S. E., Albuquerque, New Mexico 87108

4. Location of Well

UNIT LETTER M 330 FEET FROM THE South LINE AND 910 FEET FROM
West 18 16N 9W
THE West LINE, SECTION 18 TOWNSHIP 16N RANGE 9W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Bullseye

9. Well No.

12

10. Field and Pool, or Wildcat

Marcelina-Dakota

15. Elevation (Show whether DF, RT, GR, etc.)

7218 GR

12. County

McKinley

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐PLUS AND ABANDON ☐REMEDIAL WORK ☐ALTERING CASING ☐TEMPORARILY ABANDON ☐COMMENCE DRILLING OPNS. ☐PLUS AND ABANDONMENT ☐PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐ Deepening well to open addition payOTHER ☐

interval within the same zone

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Moved in cable tool drilling rig.
Drilled 4 7/8" hole to 1828' on June 5, 1980.
Ran 2 7/8" tubing.
Waiting on swabbing equipment and electricity.



8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

TITLE Operation Superintendent

DATE 10-1-80

COPIED BY

Original Signed by FRANK T. CHAVEZ

TITLE

DATE

NOV 5 1980

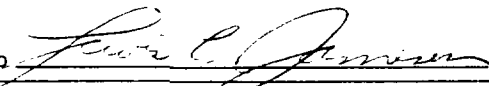
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OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105
Revised 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL						7. Unit Agreement Name	
b. TYPE OF COMPLETION OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____ NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____						8. Farm or Lease Name Bullseye	
2. Name of Operator Paul Slayton						9. Well No. 12	
3. Address of Operator P.O. Box 1936, Roswell, N.M. 88201						10. Field and Pool, or Wildcat Marcelina-Dakota	
4. Location of Well						12. County McKinley	
UNIT LETTER M LOCATED 330 FEET FROM THE South LINE AND 910 FEET FROM THE West LINE OF SEC. 18 TWP. 16N RGE. 9W NMPM							
15. Date Spudded 2-27-80		16. Date T.D. Reached 6-5-80		17. Date Compl. (Ready to Prod.) 12-17-80		18. Elevations (DF, RKB, RT, GR, etc.) 7218Gr	
19. Elev. Casinghead 7219		20. Total Depth 1828		21. Plug Back T.D. 1828		22. If Multiple Compl., How Many	
23. Intervals Drilled By		Rotary Tools 0-1793		Cable Tools 1793-1828			
24. Producing Interval(s), of this completion — Top, Bottom, Name Open Hole 1765-1828 Dakota "A"						25. Was Directional Survey Made Yes	
26. Type Electric and Other Logs Run Ind.-Electrical, Gamma Ray						27. Was Well Cored No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
9 5/8	40	82	12 1/4	50 sx-Cement to surface		None	
5 1/2	15.5	1761	7 7/8	285 sx		None	
29. LINER RECORD							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	30. TUBING RECORD		
					SIZE 2 7/8	DEPTH SET 1761	PACKER SET --
31. Perforation Record (Interval, size and number) Open Hole 1765-1828				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
				DEPTH INTERVAL None		AMOUNT AND KIND MATERIAL USED	
33. PRODUCTION							
Date First Production 12-19-80		Production Method (Flowing, gas lift, pumping — Size and type pump) Pumping				Well Status (Prod. or Shut-in) Shut-in	
Date of Test 12-21-80	Hours Tested 24	Choke Size	Prod'n. For Test Period 8.4	Oil — Bbl. TSTM	Gas — MCF 3.3	Water — Bbl. --	Gas — Oil Ratio 40
Flow Tubing Press. --	Casing Pressure -0-	Calculated 24-Hour Rate --	Oil — Bbl.	Gas — MCF	Water — Bbl.	Oil Gravity — API (Corr.) 40	
34. Disposition of Gas (Sold, used for fuel, vented, etc.) N/A (Not enough gas to operate a heated separator)						Test Witnessed By Jacky Slayton	
35. List of Attachments							
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.							
SIGNED 				TITLE Geologist		DATE 1-6-81	

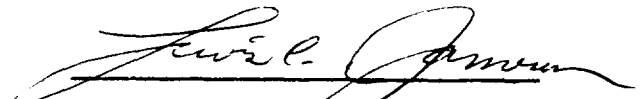
Tabulation of Deviation Tests
Paul Slayton No. 12 Bullseye
Sec. 18, T-16N, R-9W
McKinley County, New Mexico

Date	Depth	Deviation
03-04-80	1100'	3.0°
03-13-80	1793'	2.5°



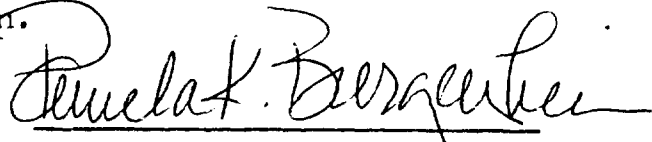
A F F I D A V I T

This is to certify that the above deviation tests
are correct to the best of my knowledge.


Lewis C. Jameson
Geologist - Paul Slayton

STATE OF NEW MEXICO)
) ss:
COUNTY OF BERNALILLO)

The above and foregoing instrument was
acknowledged before me this 15th day of June,
1981 by Lewis C. Jameson.


Pamela K. Berger
Notary Public

My Commission Expires:
November 25, 1984

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Devcon Oper. Co. Inc. - Olsen Energy Associates - Co - Operators</u>	
Address <u>1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gashead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate N/A

If change of ownership give name and address of previous owner Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-1399

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bullseye</u>	Well No. <u>12</u>	Pool Name, including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. <u>N/A</u>
Location				
Unit Letter <u>M</u>	<u>330</u>	Feet From The <u>South</u> Line and	<u>910</u>	Feet From The <u>West</u>
Line of Section <u>18</u>	Township <u>16 North</u>	Range <u>9 West</u>	<u>NMPM</u>	County <u>McKinley</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P.O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Gashead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>NONE</u>	<u>N/A</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>M</u> Sec. <u>18</u> Twp. <u>16N</u> Rge. <u>9W</u>	<u>NO</u> <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Erin Hansen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 22 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 2

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6176

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Salisbury 13
0-13-16-10

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT
OCD
FILE NO. 12344

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 13	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter 0	: 330	Feet From The S Line and 1650	Feet From The E Line	
Section 13	Township 1N	Range 1W	NMPM, MCKINLEY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	0	13
	Twp.	Rge.
	16N	10W
Is gas actually connected?	When?	
NO		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Tom E. Knowlton
Signature
TOM E. KNOWLTON
Printed Name
PRESIDENT
Title
(213) 422-1271
Telephone No.
Date **12-3-90**

OIL CONSERVATION DIVISION

DEC 10 1990

Date Approved

By

Barry J. Chang

SUPERVISOR DISTRICT 13

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) This form must be filled out for any change in well name or number, transporter or other such changes.

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.	Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 13	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter 0 : 330 Feet From The S Line and 1650 Feet From The E Line Section 13 Township 16N Range 10W , NMPM , McKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 13	Twp. 16N	Rge. 10W	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth to be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Pressure	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By:

Signature
TOM E. KNOWLTON

PRESIDENT

Printed Name

Title

Date

6/5/90 (213) 422-1271

Telephone No.

OIL CONSERVATION DIVISION

JUN 22 1990

Date Approved

By

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		
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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator Evans Production Co.

Address 1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 13	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>0</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line of Section <u>13</u> Township <u>16 N</u> Range <u>10 W</u> , NMPM, <u>McKinley</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (EN. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 13	Twp. 16N	Pge. 10W	Is gas actually connected? no	When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, Gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Adrian
(Signature)

Operator
(Title)

October 1, 1984
(Date)

OIL CONSERVATION COMMISSION

130-85
APPROVED JAN 30 1985

BY Frank J. [Signature]
SUPERVISOR DISTRICT # 3

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE
ANDSupersedes Old C-104
Effective 1-1-85

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

ANTATE		
LE		
S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

Slayton Oil Corp.

Address

P. O. Box 2035 Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 13	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	Fee	Lease
Location					
Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East					
Line of Section 13 Township 16 N Range 10 W , NMPM, McKinley Co					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permain Corp.	202 Pet. Plaza Bldg. Farmington, NM874
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
none	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 0 13 16N 10W
Is gas actually connected?	When
no	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. F
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation
Commission have been complied with and that the information given
above is true and complete to the best of my knowledge and belief.Paul Slayton
(Signature)

Operator

(Title)

Jan. 1, 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for a
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of o
well name or number, or transporter, or other such change of cond

Separate Form C-104 must be filed for each test to and

NO. OF COPIES RECEIVED		
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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

1. Operator
Paul Slayton

Address
P. O. Box 1936, Roswell, New Mexico 88201

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 13	Pool Name, Including Formation Marcelina-Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East					
Line of Section 13 Township 16N Range 10W, NMPM, McKinley County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation	202 Pet. Plaza Bldg., Farmington, NM	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		
Unit 0	Sec. 13	Twp. 16N Rge. 10W
Is gas actually connected?		When
No		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 4-20-81	Date Compl. Ready to Prod. 7-20-81	Total Depth 1758	P.B.T.D. 1758					
Elevations (DF, RKB, RT, GR, etc.) 7164 GR	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1732	Tubing Depth 1724					
Perforations Open Hole 1732-1758			Depth Casing Shoe 1726					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	64	50 SX.					
7 7/8	5 1/2	1726	205 SX					
--	2 3/8	1724	--					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

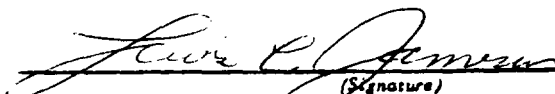
Date First New Oil Run To Tanks 7-6-81	Date of Test 7-20-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 20#	Casing Pressure Open	Choke Size --
Actual Prod. During Test 12.3 bbls.	Oil - Bbls. 4.1	Water - Bbls. 8.2	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
Geologist
(Title)
7-21-81
(Date)

APPROVED

BY

TITLE Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT #

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF LOTS/ACRES	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Devcon Operations Company, Inc., & ~~Olsen Energy Associates Co~~ Operators

Address: 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box):

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain): N/A
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

If change of ownership give name and address of previous owner: Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-1399

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 13	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee FEE	Lease No. N/A
Location				
Unit Letter: 0, 330 Feet From The South Line and 1650 Feet From The East				
Line of Section: 13, Township: 16 North, Range: 10 West, NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent): P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent): N/A
If well produces oil or liquids, give location of tanks:	Unit: 0, Sec: 13, Twp: 16N, Rge: 10W
Is gas actually connected? NO	When: N/A

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 22 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE _____

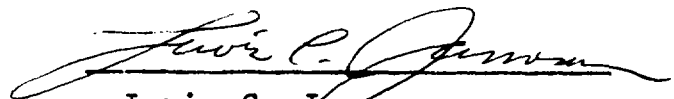
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

Tabulation of Deviation Tests
Paul Slayton No. 13 Bullseye
Sec. 13, T-16N, R-10W
McKinley County, New Mexico

Date	Depth	Deviation
4-23-81	1461	2.0°
4-26-81	1758	3.5°


A F F I D A V I T

This is to certify that the above deviation tests
are correct to the best of my knowledge.


Lewis C. Jameson
Geologist - Paul Slayton

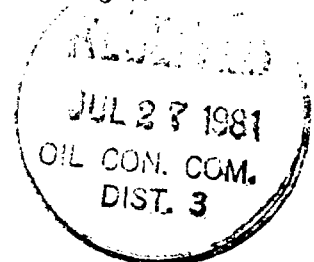
STATE OF NEW MEXICO)
COUNTY OF BERNALILLO } ss:

The above and foregoing instrument was
acknowledged before me this 21ST day of July,
1981 by Lewis C. Jameson.


Notary Public

My Commission Expires:

November 25, 1984



**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

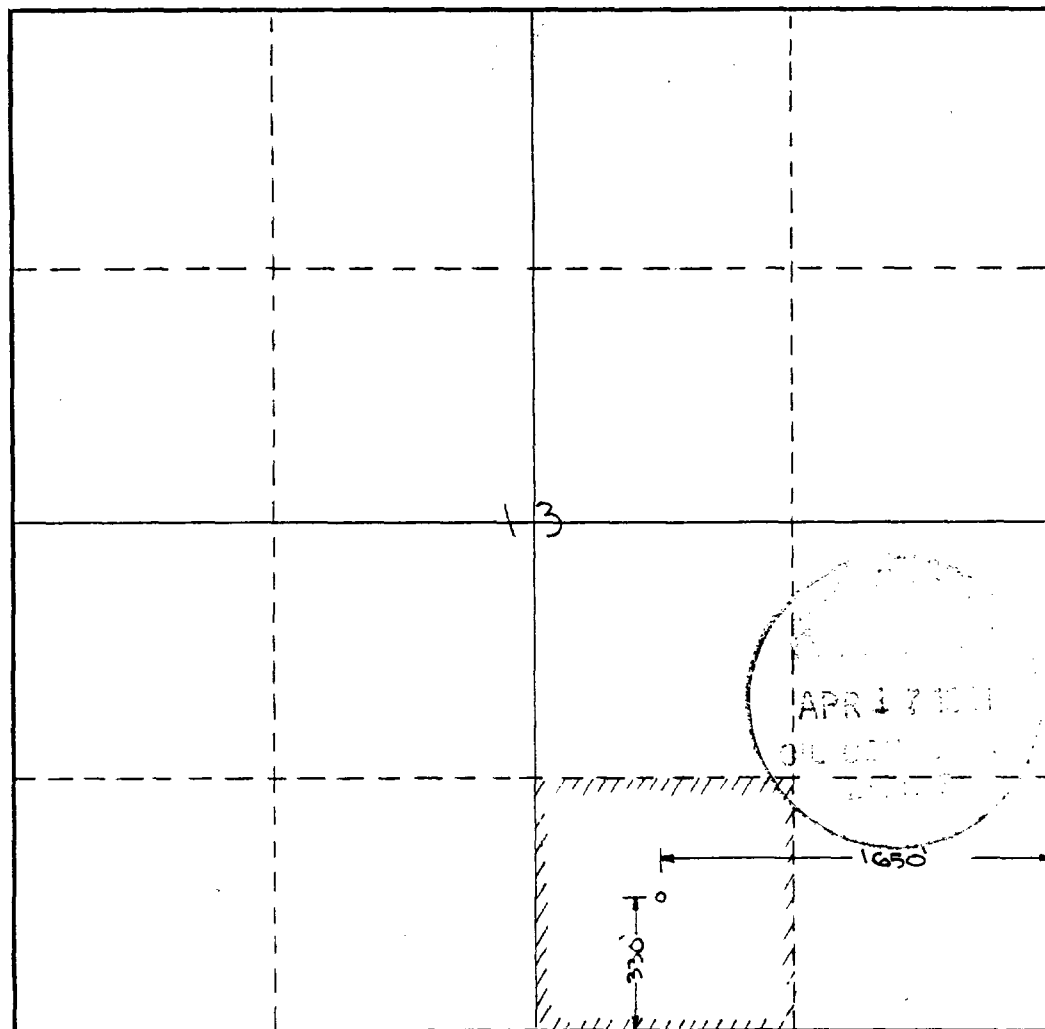
Operator Paul Slayton			Lease Bullseye		Well No. 13
Unit Letter 0	Section 13	Township 16North	Range 10West	County McKinley	
Actual Footage Location of Well: 330. feet from the South line and 1650 feet from the East line					
Ground Level Elev. 7164	Producing Formation Dakota "A"		Pool Marcelina-Dakota		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Lewis C. Jameson
Name
Lewis C. Jameson

Position
Geologist

Company
Paul Slayton

Date
April 14, 1981

I hereby certify that the well location shown on this plat was plotted on 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 knowledge and belief.

Date Surveyed
April 14, 1981

Registered Professional Engineer and/or Land Surveyor

Garry P. Hugg
Certificate No. **5823**

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name	
2. Name of Operator Paul Slayton		8. Farm or Lease Name Bullseye	
3. Address of Operator P.O. Box 1936, Roswell, New Mexico 88201		9. Well No. 13	
4. Location of Well UNIT LETTER <u>0</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>16N</u> RANGE <u>10W</u> NMPM.		10. Field and Pool, or Wildcat	
15. Elevation (Show whether DF, RT, GR, etc.) 7164 GR		12. County McKinley	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Drilled 12 1/4" hole to 65' and set 64' of 32# 8 5/8" casing with 50 sx regular. Cement circulated to surface.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Frank L. Chavez</u>	TITLE <u>Geologist</u>	DATE <u>4-27-81</u>
APPROVED BY <u>Original Signed by FRANK L. CHAVEZ</u>	TITLE <u>SUPERVISOR DISTRICT # 1</u>	DATE <u>APR 28 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		

NO. OF COPIES RECEIVED	
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

With C-101
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Paul Slayton	8. Farm or Lease Name Bullseye
3. Address of Operator P. O. Box 1936, Roswell, New Mexico 88201	9. Well No. 13
4. Location of Well UNIT LETTER 0, 330 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 13 TOWNSHIP 16N RANGE 10W NMPM.	10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7164 GR	12. County McKinley

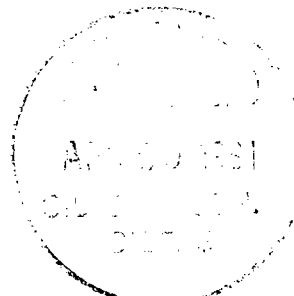
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Commenced drilling at 2:40 pm 4-20-81



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Frank T. Chavez</u>	TITLE <u>Geologist</u>	DATE <u>4-27-81</u>
APPROVED BY <u>Original Signed by FRANK T. CHAVEZ</u>	TITLE <u>SUPERVISOR DISTRICT # 1</u>	DATE <u>APR 27 1981</u>
CONDITIONS OF APPROVAL, IF ANY:		

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

3a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Paul Slayton	8. Farm or Lease Name Bullseye
3. Address of Operator P. O. Box 1936, Roswell, New Mexico 88201	9. Well No. 13
4. Location of Well UNIT LETTER <u>0</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>13</u> TOWNSHIP <u>16N</u> RANGE <u>10W</u> NMPM.	10. Field and Pool, or Wildcat Marcelina-Dakota
15. Elevation (Show whether DF, RT, GR, etc.) 7164 GR	12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Drilled 7 7/8" hole to 1758'.
Set 1726.12' of 15.5# 5 1/2" casing with an Arrow Oil Tools Type B cementing shoe.
Cemented with 105 Sx Econofill and 100 Sx Class "A" cement.
Calculated top of cement at surface. POB at 11:50 pm 4-26-81.
Tagged cement 1715 at 3:00pm on 4-29-81.
Drilled out cement and casing shoe and displaced mud with foam to T.D. 1758.
Released rig at 4:30 am 4-30-81.
Waiting on completion rig.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Frank I. Chavez TITLE Geologist DATE 5-10-81

APPROVED BY Original Signed by FRANK I. CHAVEZ SUPERVISOR DISTRICT # 3 DATE MAY 20 1981

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	
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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

Form C-105
Revised 1-1-85

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL				7. Unit Agreement Name			
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>				8. Farm or Lease Name			
b. TYPE OF COMPLETION				Bullseye			
NEW WELL <input type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>				9. Well No.			
2. Name of Operator				13			
Paul Slayton				10. Field and Pool, or Wildcat			
3. Address of Operator				Marcelina-Dakota			
P. O. Box 1936, Roswell, N. M. 88201							
4. Location of Well							
UNIT LETTER <u>0</u> LOCATED <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM				12. County			
THE <u>East</u> LINE OF SEC. <u>13</u> TWP. <u>16N</u> RGE. <u>10W</u> NMPM				McKinley			
15. Date Spudded		16. Date T.D. Reached		17. Date Compl. (Ready to Prod.)		18. Elevations (DF, RKB, RT, GR, etc.)	
4-20-81		4-30-81		7-20-81		7164 GR	
20. Total Depth		21. Plug Back T.D.		22. If Multiple Compl., How Many		23. Intervals Drilled By	
1758		1758				Rotary Tools 0-1758 Cable Tools	
24. Producing Interval(s), of this completion - Top, Bottom, Name							25. Was Directional Survey Made
Open Hole 1732-1758							Yes.
26. Type Electric and Other Logs Run							27. Was Well Cored
Ind.-Electrical, Gamma Ray, Compensated Density, Caliper							No
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
8 5/8	32	64	12 1/4	50 sx-Cement to Surf.		None	
5 1/2	15.5	1726	7 7/8	205 sx.		None	
29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8	1724	--
31. Perforation Record (Interval, size and number)				32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
Open hole 1732-1758				DEPTH INTERVAL			
				AMOUNT AND KIND MATERIAL USED			
				None			
33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
7-6-81		Pumping				Producing	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
7-20-81	24			4.1	TSTM	8.2	--
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
--	-0-					40	
34. Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By	
N/A (Not enough gas to operate a heated separator)						Roger Slayton	
35. List of Attachments							
CDL, GR, IEL, SP Logs and Tabulation of of Deviation Surveys							
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.							
SIGNED <u>Paul Slayton</u>				TITLE <u>Geologist</u>		DATE <u>7-21-81</u>	

NO. OF COPIES RECEIVED	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

30-031-2067

Form C-101
Revised 1-1-85

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Bullseye	
2. Name of Operator Paul Slayton		9. Well No. 13	
3. Address of Operator P.O. Box 1936, Roswell, New Mexico 88201		10. Field and Pool, or Wildcat Marcelina Dakota	
4. Location of Well UNIT LETTER <u>0</u> LOCATED <u>330</u> FEET FROM THE <u>South</u> LINE <u>1650</u> East <u>13</u> TWP. <u>16N</u> RGE. <u>10W</u> NMPM		12. County McKinley	
19. Proposed Depth 1800'		19A. Formation Dakota "A"	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 7164 GR	
21A. Kind & Status Plug. Bond Blanket Bond on		21B. Drilling Contractor Salazar Drilling	
22. Approx. Date Work will start April 20, 1981			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
10 3/4	8 5/8	28#	66'	Cement to Sur.	Surface
7 7/8	5 1/2	15.5#	1710'	180 Sx.	707'

Intend to drill into the Dakota "A" sand, cement 5 1/2" casing at top of Dakota "A" and complete open-hole.

APPROVAL VALID
FOR 6 mo.
DRAFTED BY [Signature]
DATE [Signature]

EXPIRES 10-17-81

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed [Signature] Title Geologist Date April 14, 1981

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT # 3 DATE APR 17 1981

CONDITIONS OF APPROVAL, IF ANY:



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

BEFORE EXAMINER SPOONER
OIL CONSERVATION DIVISION
OCD EXHIBIT NO. 1 I
CASE NO. 12344

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 10	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter 0	330	Feet From The S Line and 2310 Feet From The E Line		
Section 18	Township 16N	Range 9W	NMPM, McKinley County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18
	Twp. 16N	Rge. 9W
	Is gas actually connected? NO	
	When?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
TOM E. KNOWLTON PRESIDENT
Printed Name
Date **12-3-90** Telephone No. **(213) 422-1271**

OIL CON. DIV.

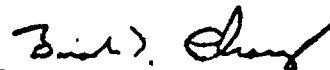
DIST. 3

OIL CONSERVATION DIVISION

DEC 10 1990

Date Approved

By



SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies -
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 10	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>O</u> : <u>330</u> Feet From The <u>S</u> Line and <u>2310</u> Feet From The <u>E</u> Line Section <u>18</u> Township <u>16N</u> Range <u>9W</u> , <u>NMPM</u> , <u>McKINLEY</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit o	Sec. 18	Twp. 16N	Rge. 9W	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By:

Signature

TOM E. KNOWLTON

Printed Name

Date

PRESIDENT

(213) 422-1271

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 22 1990

By

Supervisor

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Sections I, II, III, IV, V, VI for changes of operator, well name or number, transporter, or other such changes

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Evans Production Co.

Address
1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner
Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bullseye	10	Marcelina/Dakota	State, Federal or Fee	Fee
Location				
Unit Letter	0	330 Feet From The	South Line and	2310 Feet From The
Line of Section	18	Township	16 N	Range 9 W, NMPM, McKinley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation Permian (EX. 9 / 1 / 87)	P.O. Box 1702 Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	0	18	16N	9W	no	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Sid Frank
(Signature)

Operator
(Title)

October 1, 1984
(Date)

OIL CONSERVATION COMMISSION

1-30-85
APPROVED
BY Frank J. [Signature], 19
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

ANTA FE		
ILE		
.S.G.S.		
..AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-83

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator	Slayton Oil Corp.
Address	P. O. Box 2035 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
Bullseye	10	Marcelina/Dakota	State, Federal or Fee Fee	
Location				
Unit Letter	0	330, Feet From The So	Line and 2310	Feet From The East
Line of Section	18	Township 16N	Range 9 W	NMPM, McKinley Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form ⁸⁷⁴⁸ is sent)					
Permain Corp.	202 Pet. Plaza Bldg. Farmington N M					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
none						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Fqe.	Is gas actually connected?	When
	0	18	16N	9W	no	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Paul Slayton *by rw*
(Signature)
Operator
(Title)
Jan. 1, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.
Supersedes Form C-104 and is to be used for such tests as are

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

B.K.

Operator Paul Slayton	
Address P. O. Box 1936, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Add	

If change of ownership give name and address of previous owner
Fairfax Exploration, Inc., 425 Washington S.E., Albuquerque, NM 87108

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 10	Pool Name, including Formation Marcelina-Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter 0 : 330 Feet From The South Line and 2310 Feet From The East					
Line of Section 18 Township 16N Range 9W, NMPM, McKinley County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg., Farmington, NM					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 18	Twp. 16N	Rge. 9W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-25-79	Date Compl. Ready to Prod. 8-26-80	Total Depth 1916		P.B.T.D. 1862					
Elevations (DF, RKB, RT, GR, etc.) 7211 GR	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1790		Tubing Depth 1742					
Perforations 1790-1812		Depth Casing Shoe 1901							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	9 5/8		116		70 sx- circulated				
7 7/8	5 1/2		1901		350 sx-circulated				
	2 7/8		1742		---				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 8-26-80	Date of Test 8-27-80	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure -0-	Casing Pressure -0-	Choke Size --
Actual Prod. During Test 28.5	Oil-Bbls. .5	Water-Bbls. 28.0	Gas-MCF -

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Paul Slayton
OWNER
8-31-81
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Bullseye
9. Well No. 10
10. Field and Pool, or Wildcat Wildcat
12. County McKinley

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Fairfax Exploration, Inc.

Address of Operator
301-B Graceland S.E., Albuquerque, New Mexico 87108

Location of Well
UNIT LETTER 0, 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 16N RANGE 9W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
7211 GR

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER Perforate and acidize <input checked="" type="checkbox"/>

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Repair 5½" casing -- cemented top joint via 1" pipe on outside with 35 Sx cement with 2 Sx chloride
- Perforated Dakota 'A' sand
- Acidized with 1000 gals MCA swabbed acid water
- Re-acidized with 2000 gals MCA -- swabbed acid water with show of oil
- Installed pump and rods, and production equipment
Awaiting electrical connection.

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

SIGNED [Signature] TITLE President DATE Nov 21, 1979

PROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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U.S.G.S.	
LAND OFFICE	
OPERATOR	5

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

3a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
3. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108	9. Well No. 10
4. Location of Well UNIT LETTER <u>0</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7211 GR	12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Set 1901' 5 1/2" 14# Casing with 350 sx cement, 5 - 10 sx to surface.

Job completed 8:00 A.M. October 3, 1979. National Cementers.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE October 3, 1979

APPROVED BY Original Signer TITLE SUPERVISOR DATE 10/3/79

CONDITIONS OF APPROVAL, IF ANY:

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FILE	
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LAND OFFICE	
OPERATOR	5

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.		8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, New Mexico 87108		9. Well No. 10
4. Location of Well UNIT LETTER 0 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 16N RANGE 9W NMPM.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7211 GR		12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Commenced Drilling at 10:45 A.M. Tues. Sept. 25, 1979
(Verbal O.K. by telephone from Mr. Frank Chavez.)



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE Sept. 26, 1979

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

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SANTA FE	1
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LAND OFFICE	
OPERATOR	7

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, New Mexico 87108	9. Well No. 10
4. Location of Well UNIT LETTER 0, 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 16N RANGE 9W NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7211 GR	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Drilled 6 3/4" hole to Hospah Sand at 965'.
Hospah Sand was wet.

Intent to Alter program as follows:

1. Ream 7 7/8" hole to 965'.
2. Drill 7 7/8" hole to Dakota "A" Sand at 1850'.
3. Will Set 1850' 5 1/2" production Casing & Cement to Surface.
4. Perforate Dakota "A" Sand and Complete as Dakota Well.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gene D. Wilson TITLE President DATE Sept. 26, 1979

APPROVED BY W. R. Benrick TITLE DATE 1001

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small></p>	
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, New Mexico 87108	9. Well No. 10
4. Location of Well UNIT LETTER <u>0</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16N</u> RANGE <u>9W</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
--------------------------------	------------------------------

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Drill 105' 12 3/4" hole.
2. Set 100' 10 3/4" surface casing 41#.
3. Drill 7 7/8" hole to Hospah-Gallup Sand at 838', Core Hospah-Gallup Sand, if oil bearing, drill out to 880' and set 5 1/2" 14.5# Casing.
4. Complete as Hospah-Gallup Well.
5. If Hospah-Gallup is not oil bearing, drill on to Dakota "A" Sand. Set 5 1/2" 14.5# production casing.
6. Complete as Dakota "A" Well.
7. Change Farm or Lease name to Bullseye to conform with overall Lease name (Requested by Mr. Frank Chavez).

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gene D. Wilson TITLE President DATE Sept. 25, 1979

APPROVED BY _____ TITLE _____ DATE _____

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OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

30-031-20578
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Marcelina Bullseye	
2. Name of Operator Fairfax Exploration, Inc.		9. Well No. 10	
3. Address of Operator 301-B Graceland S.E. Albuquerque, New Mexico 87108		10. Field and Pool, or Wildcat Wildcat Gallye	
4. Location of Well UNIT LETTER 0 LOCATED 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE OF SEC. 18 TWP. 16N RGE. 9W NMPM		12. County McKinley	
19. Proposed Depth 650'		19A. Formation Dalton	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DP, RT, etc.) 7211' GR	
21A. Kind & Status Plug. Bond 50000 Blanket on file		21B. Drilling Contractor White Exploration, Inc.	
22. Approx. Date Work will start Sept. 23, 1979			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
6 3/4"	4 1/2"	10.5#	650	Cement to surface	

ABOVE SPACE DESCRIBE PROPOSED PROGRAM. IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Gene D. Wilson Title President Date Sept. 18, 1979

(This space for State Use)

APPROVED BY Frank J. Chavez TITLE DEPUTY OIL CONSERVATION COMMISSIONER DATE

CONDITIONS OF APPROVAL, IF ANY:

Obtain approved casing program from Aztec office before spudding

1-3-80

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OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-4-85

5a. Indicate Type of Lease

State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, New Mexico 87108	9. Well No. 10
4. Location of Well UNIT LETTER 0 330 FEET FROM THE South LINE AND 2310 FEET FROM THE East LINE, SECTION 18 TOWNSHIP 16N RANGE 9W NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7211 GR	12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1193.

Set 116'-9 5/8" Surface Casing 40#.
Cemented with 70 SX Circ. 15 SX to Surface.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE Sept. 28, 1979

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

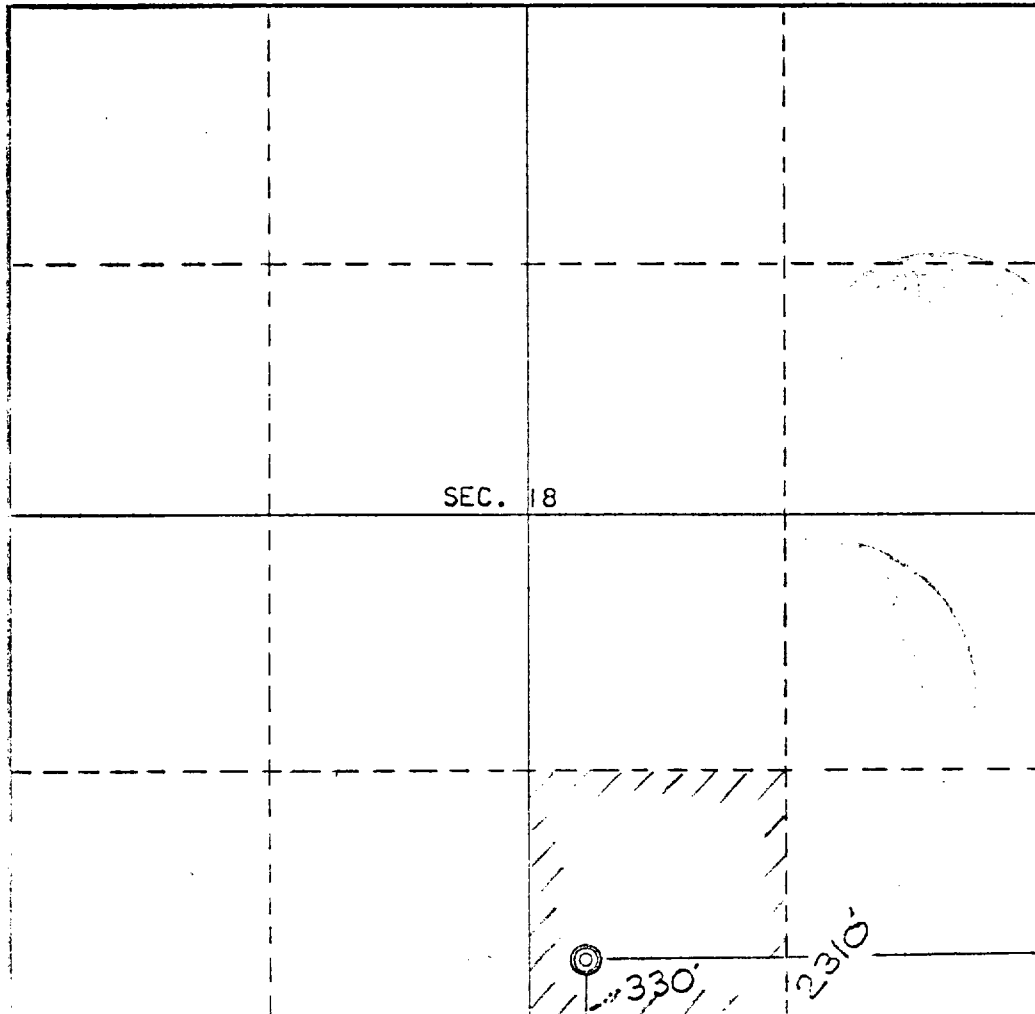
Operator Fairfax Exploration, Inc.			Lease Bullseye		Well No. 10
Unit Letter 0	Section 18	Township 16 North	Range 9 West	County McKinley	
Actual Footage Location of Well: 330 feet from the South line and 2310 feet from the East line					
Ground Level Elev. 7211	Producing Formation Gallup	Pool Wildcat		Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name
Gene D. Wilson
Position
President
Company
Fairfax Exploration, Inc.
Date
Sept. 18, 1979

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 it is same, true and correct to the best of my knowledge and belief.

Date Surveyed
July 6, 1978
Registered Professional Engineer
and/or Land Surveyor

Certificate No. **3602**
E.V. Echohawk LS

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600 6930 7260 7590 7920 8250 8580 8910 9240 9570 9900 0

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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>		
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Fairfax Exploration, Inc.		8. Farm or Lease Name Bullseye
3. Address of Operator 425 Washington S. E., Albuquerque, New Mexico 87108		9. Well No. 10
4. Location of Well UNIT LETTER <u>0</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM <u>East</u> <u>18</u> <u>16N</u> <u>9W</u> THE LINE, SECTION TOWNSHIP RANGE NMPM.		10. Field, Pool, or Wildcat Wildcat-Dakota 12. County McKinley
15. Elevation (Show whether DF, RT, GR, etc.) 7211 GR		

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>
		RE-acidize	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

Re-acidized w/3,000 gal. 7 1/2% HCl acid, 80 7/8" frac balls, 30 gals. foamer and 80,000 scf N₂, Flushed with 39 bbls. water.
Re-installed rods and pump.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

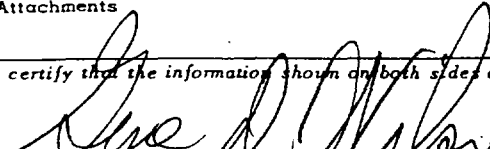
SIGNED <u>Frank T. Chavez</u>	TITLE <u>Operation Superintendent</u>	DATE <u>10-1-80</u>
APPROVED BY	TITLE	DATE <u>NOV 5 1980</u>
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Form C-105
Revised 1-1-75

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

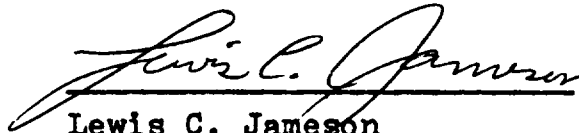
1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____										7. Unit Agreement Name	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____										8. Farm or Lease Name Bullseye	
2. Name of Operator Fairfax Exploration, Inc.										9. Well No. 10	
3. Address of Operator 425 Washington S. E., Albuquerque, New Mexico 87108										10. Field and Pool or Wildcat Wildcat-Dakota	
4. Location of Well UNIT LETTER 0 LOCATED 330 FEET FROM THE South LINE AND 2310 FEET FROM East 18 TWP. 16N RGE. 9W NMPM										12. County McKinley	
15. Date Spudded -25-79		16. Date T.D. Reached 10-1-79		17. Date Compl. (Ready to Prod.) 8-26-80		18. Elevations (DF, RKB, RT, GR, etc.) 7211 GR		19. Elev. Casinghead 7212			
20. Total Depth 1916		21. Plug Back T.D. 1862		22. If Multiple Compl., How Many		23. Intervals Drilled By Rotary Tools 0-1916		Cable Tools --			
24. Producing Interval(s), of this completion - Top, Bottom, Name 1790-1812 Dakota "A" Sand									25. Was Directional Survey Made Yes		
26. Type Electric and Other Logs Run Ind-Electrical, Comp.-Density, Cement Bond-Gamma Ray									27. Was Well Cored Yes		
28. CASING RECORD (Report all strings set in well)											
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
9 5/8		40		116		12 1/4		70 SX-Cement to Surf.		None	
5 1/2		14		1901		7 7/8		350 SX-Cement to Surf.		None	
29. LINER RECORD											
SIZE		TOP		BOTTOM		SACKS CEMENT		SCREEN			
30. TUBING RECORD											
SIZE		DEPTH SET		PACKER SET							
2 7/8		1742		--							
31. Perforation Record (Interval, size and number) 1790-96, 1800-12 w/4 shots/ft.(72 shots)						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL						AMOUNT AND KIND MATERIAL USED					
1790-1812						1000 gals 15%MCA					
1790-1812						2000 gals 15%MCA					
1790-1812						3000 gals 7 1/2% HCl, 80Mscf N ² , 80 frac balls					
33. PRODUCTION											
Date First Production 8-26-80		Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping						Well Status (Prod. or Shut-in) Shut-in			
Date of Test 8-27-80		Hours Tested 24		Choke Size 2"		Prod'n. For Test Period Oil - Bbl. 1/2		Gas - MCF None		Water - Bbl. 28	
Flow Tubing Press. --		Casing Pressure -0-		Calculated 24-Hour Rate Oil - Bbl.		Gas - MCF Water - Bbl.		Oil Gravity - API (Corr.) 41			
34. Disposition of Gas (Sold, used for fuel, vented, etc.) N/A (Not enough gas to operate a dump valve)									Test Witnessed By Lewis C. Jameson		
35. List of Attachments											
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.											
SIGNED 						TITLE President		DATE 10-1-80			

Tabulation of Deviation Tests
Fairfax Exploration, Inc. No. 10 Bullseye
Sec. 18, T-16N, R-9W
McKinley County, New Mexico

Date	Depth	Deviation
9-29-79	965	4.00
10-1-79	1916	3.50

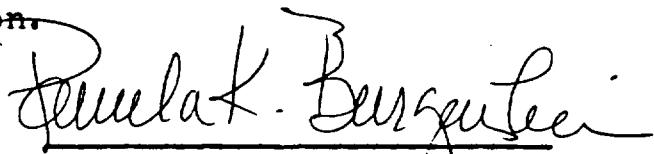
A F F I D A V I T

This is to certify that the above deviation tests
are correct to the best of my knowledge.


Lewis C. Jameson
Geologist-Fairfax Exploration, Inc.

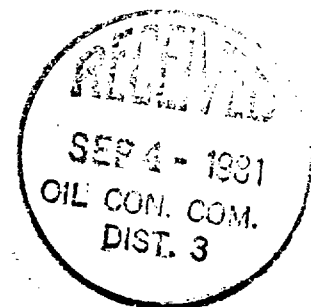
STATE OF NEW MEXICO }
COUNTY OF BERNALLO } ss

The above and foregoing instrument was
acknowledged before me this 1ST day of OCTOBER,
1980 by Lewis C. Jameson.


Notary Public

My Commission Expires:

NOVEMBER 22, 1980



RECEIVED

MAY 04 1989

OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devcon Operations Company, Inc.
Devcon Land Corporation and Olsen Energy Associates - Co-Operators

Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) N/A
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Evans Production Company

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bullseye</u>	Well No. <u>10</u>	Pool Name, including Formation <u>Marcelina/Dakota</u>	Kind of Lease State, Federal or Fee <u>FEE</u>	Lease No. <u>N/A</u>
Location				
Unit Letter <u>0</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u>				
Line of Section <u>18</u> Township <u>16 North</u> Range <u>9 West</u> , NMPM. <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, TX 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>18</u>
	Twp. <u>16N</u>	Rge. <u>9W</u>
	Is gas actually connected? <u>NO</u> when <u>N/A</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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


(Signature)
President-Olsen Energy Associates
(Title)
5/1/89
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 04 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiply completed wells.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

WELL API NO.
30031 - 20578

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Nerdlihc Company, Inc.

3. Address of Operator
337 E. San Antonio Drive, Ste. 101, Long Beach, CA 90807

4. Well Location
Unit Letter 0 : 330 Feet From The south Line and 2310 Feet From The East Line
Section 18 Township 16N Range 9W NMFM McKinley County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Rig up Schlumberger Well Service
Run in hole with casing inspection tool
Inspect casing from total depth to surface
Start date - May 1, 1993

RECEIVED
APR 5 1993
OIL CONSERVATION

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

SIGNATURE

Tom E. Knowlton

TITLE

President

DATE

3-21-93
(310)

TYPE OR PRINT NAME

Tom E. Knowlton

TELEPHONE NO. 422-1271

(This space for State Use)

APPROVED BY

Dianna Fairhurst

TITLE

DATE

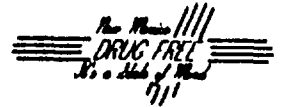
4/6/93

CONDITIONS OF APPROVAL, IF ANY:

ALL WORK MUST BE COMPLETED BY 6/1/93.



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6174

March 3, 1993

Mr. Eric H. Olsen
Nerdlihc Company, Inc.
337 E. San Antonio Dr.
Long Beach, CA 90804

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W (GP)
Bullseye #10, O-18-16N-09W (DK)
Bullseye #7, D-19-16N-09W (DK)
Marcelina #5, A-24-16N-10W (DK)
Marcelina #1, A-24-16N-10W (DK)
Marcelina #6, H-24-16N-10W (DK)

Dear Mr. Olsen:

On March 16, 1992 Nerdlihc Company responded to NMOCD Memorandum 3-91-10 dated December 27, 1991 in reference to the above mentioned TA wells. Nerdlihc was required to complete work on these wells by December 31, 1992. Our records indicate that these wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203.

Nerdlihc is hereby directed to submit plans to bring these wells into compliance by April 1, 1993. Your failure to respond will result in violation of Rule 201 and we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: TA File
Well File

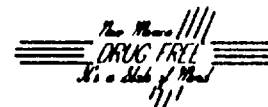


BRUCE KING
GOVERNOR

STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6176



May 25, 1993

Mr. Tom E. Knowlton
Nerdlihc Company, Inc.
337 E. San Antonio Drive
Suite 101
Long Beach, CA 90807

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W
Bullseye #10, O-18-16N-09W
Bullseye #7, D-19-16N-09W

Dear Mr. Knowlton:

According to Sundries submitted by Nerdlihc, the Bullseye #6 was to be returned to production by April 15, 1993, and casing inspection logs were to be run on the Bullseye #10 and the Bullseye #7 by May 1, 1993. To date, this office has not received notification that any of this work has been performed. Your failure to comply is in violation of Rule 201. If you do not comply by June 25, 1993, a case will be docketed for hearing to show cause why referenced wells should not be plugged and abandoned in accordance with a Division approved plugging program.

Yours Truly,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

xc: TA File
Well File



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

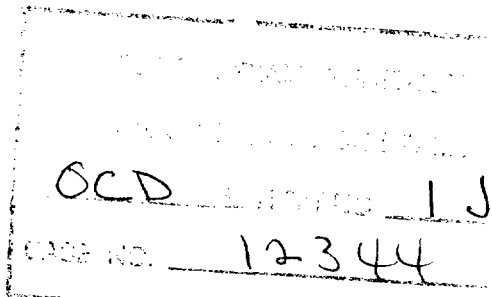
Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

Ballage IV
C-19-16N-09W



Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 1Y	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter C	1750	Feet From The W Line and 430	Feet From The N Line	
Section 19	Township 16N	Range 9W	NMPM, MCKINLEY	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19
	Twp. 16N	Rge. 9W
	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		DEC 10 1990	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Moist. Condensate - Bbls.	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Tom E. Knowlton
Signature
TOM E. KNOWLTON PRESIDENT
Printed Name
Date **12-3-90** Telephone No. **(213) 422-1271**

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**
By *[Signature]*
Title **SUPERVISOR DISTRICT 13**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 1Y	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 1750 Feet From The W Line and 430 Feet From The N Line Section 19 Township 16N Range 9W , NMPM , McKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19
	Tw. 16N	Rge. 9W
	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Formation (DF, RKB, RT, GR, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Coke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

OIL CON. DIV
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By *Tom E. Knowlton*

Signature **TOM E. KNOWLTON** **PRESIDENT**

Printed Name **6/15/90** **(213)422-1271** Title

Date **6/15/90** Telephone No.

OIL CONSERVATION DIVISION

JUN 22 1990

Date Approved

By *Bill J. Shurt*

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Evans Production Co.

Address
1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner
Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 1Y	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter C ; 430 Feet From The North Line and 1750 Feet From The West					
Line of Section 19 Township 16 N Range 9 W NMPM, McKinley County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permian Corporation Permian (Eff. 9/1/87)	P.O. Box 1702 Farmington, N.M. 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
NONE						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	19	16N	9W	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Edw. Cant
(Signature)

Operator
(Title)

October 1, 1984
(Date)

OIL CONSERVATION COMMISSION

1-30-85
APPROVED JAN 30 1985

BY Frank J. Quigg
TITLE SUPERVISOR DISTRICT #0

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

ANTAFE			
ILE			
S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-65

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator Slayton Oil Corp.	
Address P. O. Box 2035 Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 1Y	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter	C	430	Feet From The	North	Line and
Line of Section	19	Township	16 N	Range	9 W
			, NMPM, McKinley		

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Permain Corp.	202 Pet. Plaza Bldg. Farmington, N M					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
None						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	19	16N	9W	no	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Paul Slayton by rev
(Signature)
Operator
(Title)
Jan. 1, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

STATE OF NEW MEXICO
OIL AND GAS DEPARTMENT
DISTRICT OFFICE
SANTA FE
NEW MEXICO
OIL AND GAS
TRANSPORTER
OPERATOR
REGISTRATION OFFICE

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

B.K.

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Capital Oil & Gas Corporation

Address
P. O. Box 1038 Kilgore, Texas 75662

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

Change of ownership give name and address of previous owner
Fairfax Exploration
Tri-Cont'l Oil & Gas, Box #12542, Vancouver, Canada - V6E3X2

DESCRIPTION OF WELL AND LEASE
Lease Name: Bullseye Well No.: 1-Y Pool Name, including Formation: Marcelina - Dakota Kind of Lease: Fee Lease No.:
Location: Unit Letter C : 430 Feet From The FNL Line and 1750' Feet From The FWL
Line of Section 19 Township 16N Range R9W , NMPM , McKinley County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
The Permian Corp. Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected? When

Completion Data
Designate Type of Completion - (X) Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Res'v. ☐ Diff. Res'v. ☐
Date Spudded 11-30-78 Date Compl. Ready to Prod. 3-05-81 Total Depth 1935' P.B.T.D. 1835
Elevations (DF, RHH, RT, GR, etc.) 7200' GL Name of Producing Formation Dakota Top Oil/Gas Pay 1776' Tubing Depth 1780'
Perforations Depth Casing Shoe

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4	8 5/8	98'	50 sx
6 1/4	4 1/2	1935'	200 sx lite 310 sx CI-H
4 1/2	2 7/8	1780'	-

TEST DATA AND REQUEST FOR ALLOWABLE
L WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 3-06-81 Date of Test 3-06-81 Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24 hr Tubing Pressure 0 Casing Pressure 60 psi Choke Size Full
Actual Prod. During Test 92 Oil - Bbls. 12 Water - Bbls. 80 Gas - MCF

AS WELL
Actual Prod. Test - MCF/D 92 Length of Test 24 hr Bbls. Condensate/MMCF 80 Gravity of Condensate 50
Flowing Method (pilot, back pr.) Back pr. Tubing Pressure (Shut-in) 0 Casing Pressure (Shut-in) 60 Choke Size Full

CERTIFICATE OF COMPLIANCE
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.
Cathie Pullin (Signature)
Agent (Title)
3-11-81 (Date)
OIL CONSERVATION DIVISION
MAY 19 1981
APPROVED Frank J. Ching
BY Supervisor District #3
TITLE Supervisor District #3
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Paul Slayton	
Address P. O. Box 1936, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner Capital Oil & Gas, Inc.
Fairfax Exploration, Inc., 425 Washington S.E., Albuquerque, NM 87108

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 1-Y	Pool Name, Including Formation Marcelina-Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter C	430	Feet From The North Line and 1750	Feet From The West	
Line of Section 19	Township 16 N	Range 9 W	NMPM, McKinley	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation	202 Pet. Plaza Bldg., Farmington, NM	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19
	Twp. 16N	Rge. 9W
	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-30-78	Date Compl. Ready to Prod. 3-5-81	Total Depth 1935	P.B.T.D. 1835					
Elevations (DF, RKB, RT, GR, etc.) 7200 GL	Name of Producing Formation Dakota "A"	Top Oil/Gas Pay 1778	Tubing Depth 1780					
Perforations 1778-84 and 1794-1801 w/1 jet/ft			Depth Casing Shoe 1935					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
10 3/4	8 5/8	98'	50 sx- circulated					
6 1/4	4 1/2	1935'	200 sx Lite, 4% gel &					
	2 3/8	1780'	110 sx Class C Neat					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Paul Slayton
(Signature)
OWNER
(Title)
8-31-81
(Date)

OIL CONSERVATION COMMISSION
SEP 4 - 1981

APPROVED _____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

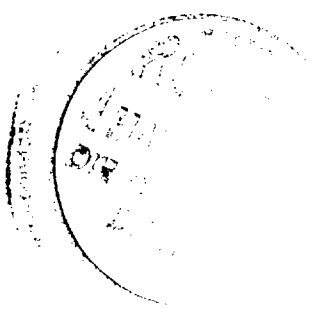
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator <u>Iri-Con Sanifox Expl</u> 3. Address of Operator 4. Location of Well UNIT LETTER <u>C</u> 430' FEET FROM THE <u>FNL</u> LINE AND 1750' FEET FROM THE <u>FWL</u> LINE, SECTION <u>19</u> TOWNSHIP <u>T16N</u> RANGE <u>9W</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <u>7200' GL</u>	7. Unit Agreement Name <u>Marcelina</u> 8. Farm or Lease Name <u>Bullseye</u> 9. Well No. <u>1-Y</u> 10. Field and Pool, or Wildcat <u>Dakota</u> 12. County <u>McKinley</u>
---	---

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

See attached copy of complete drilling and completion report.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Frank T. Chavez TITLE Agent DATE 3-11-81

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE RECEIVED DATE MAR 1 1981

CONDITIONS OF APPROVAL, IF ANY:



Capital Oil and Gas Corporation

214 - 984-1201

P. O. Box 1038

Kilgore, Texas 75662

214 - 984-2256

WORKOVER REPORT BULLS EYE #1Y

Contractor: Joe Salavar Drilling
Supervisors: Jim Pepper & B. J. Clark

2-28-81 M. I. Salavar Rig - R. U. Rig on Bulls Eye #1-Y

3-01-81 Did not work Sunday

3-02-81 R. D. well head assembly. Could not unseat pump. Start stripping rods and tubing out of hole. Couldn't back off pump or rods. S.I.

3-03-81 Crew didn't arrive due to snow.

3-04-81 OOH w/ 2 3/8 tubing. Had to cut most rods.
RIH w/ 1810' 2 7/8 tubing cir. paraffin solvent and inhibitor for 4 hrs. S.I. for night.

3-05-81 Pulled 1 JT tubing. Bt of tubing @ 1780'
RIH w/ new 2" pump and 3/4" rods. R.U. 2 7/8 head and new stuffing box. S.I. for night

3-06-81 Put well on production.
3:00 P.M. Good oil cut fluid to surface. Prepare to put well in test tank.

3-08-81 9:00 A.M. Start test on Bulls Eye #1-Y

DAILY DRILLING REPORT
Bullseye #1-Y
McKinley County, New Mexico
430' FNL & 1750' FWL, Sec. 19, T16N. R9W

11-30-78 Spudded 9:30 am 11-30-78

12-01-78 Set 8-5/8" 24# casing @ 98'. Cemented w/50 sx. 2% CaCl₂ circ. out 20 sx. cement. Plug down 4:45 pm

12-02-78 820' dlg., MW 8.8#, Vis. 32, Bit #2 (6 1/4" Barel) made 600' in 20 hrs.

12-03-78 1460' dlg., MW 8.9, Vis 34, Wl 15 cc, lost 70 bbls mud @ 1120', Bit #3 (6 1/4 Barel) made 420' in 15 1/2 hrs.

12-04-78 1915' TD, preparing to log. MW 8.8, Vis 41, Bit #4 (6 1/4 Barel) made 480' in 16 1/2 hrs., Bit #5 (6 1/4" Barel) made 315' in 14 1/2 hrs. Lost 70 bbls. of mud @ 1610'

12-05-78 1935 TD, 1923 PBTD ran Laser log @ 1915', drilled to 1935" ran 50 jts. of 4 1/2" 9.5# J55 casing, set @1935", cemented with 200sx. Lite, 4% gel plus 110 sx. Class "C" Neat cement, circulated plugged down @ 8 am WOC

12-08-78 Waiting on Pulling Unit.

12-13-78 Moved Pulling Unit in, waiting for Anchors.

12-14-78 Set Anchors Rigged up - Perforated 1883-88, 1892-96. Two swab runs. SION

12-15-78 Swabbed well dry, no show, PT SD waiting for frac water.

12-16-78 SD waiting for frac water. Preparing to frac.

12-17-78 Filled the 500 bbl. tank with water heated to 95⁰, pumped in 200 gal. 15% MCA, 2000 gal. gelled pad. Pressured to 1900 psi, top collar split, welded collar would not hold pressure. SION.

12-18-78 Cut off collar, welded on belled nipple; Howco rigged up, pumped additional 1900 gal. pad, fractured with total of 16000 gal. gelled 1% KCl water and 20,200# of 10-20 mesh sand @ 18 bbls./min. @1050 psi. Pressure increased to 1600 psi at end of flush, indicating partial sandout. Lack 9 bbls. of flush. ISIP 250 psi bled to 0 in 40 min. (water temp. 80⁰F) ran tubing, found top of sand @ 1780' (145" of fill or 1400# of sand). Pulled up 1 jt. made 2 swab run to seating nipple, sand can in and stuck swab. SION.

12-19-78 Reversed circ. sand off top of swab, pulled swab; reversed circ. sand from hole to TD, used 105 bbls. water, reheaded swab, 1 swab run pulled into oil saver, broke line, reheaded swab line. SION

12-20-78 Swabbed 60 bbls. of fluid in 7 hrs., stabilizing @ 3 1/2 to 4 bbls. hr., very slight oil sheen, no gas, still swabbing.

Daily Drilling Report
 Bullseye #1-Y
 McKinley County, New Mexico
 430' FNL & 1750' FWL, Sec. 19, T16N, R9W

12-21-78 Swabbed 30 bbls water in 4 hrs. Rigged down Unit.

12-28-78 MIRUSU, swabbed 80 bbls water in 9 hrs., fluid level 600' @ start, Swabbed fluid level to 1200', no show oil or gas.

12-29-78 Fluid level 800', swabbed 70 bbls fluid in 38 runs. Fluid level 1700' last 6 runs, flowing small amount of gas between swab runs.

1-03-79 Swabbed 35 bbls. fluid; good show of gas with each swab run. Fluid level 700'. SITP 10#.

1-04-79 Fluid level 700' SITP 10#; swabbed 50 bbls. fluid w/fair gas show.

1-05-79 Fluid level 700'; SITP 20#; swabbed 15 bbls. jelled water and 20 bbls. formation water with good show gas; no show oil.

1-06-79 Rigged down and moved out swab unit. Preparing to complete in "A" zone.

2-06-79 Weather so unpredictable holding up completion.

3-14-79 MI & RUPU. Filled how w/16 bbls. water. Pulled tubing. Installed new belled nipple to straighten head. Set CIBP @ 1865'. Pressure tested to 1000 psi - held OK.

3-15-79 PBTD 1835". Dumped 30' cement on top of BP. Perforated 1778-84 and 1794-1801' w/1 jsp (13 holes). Ran 56 jts. of 2-3/8" tubing SN, landed at 1777'. Swabbed dry in 6 runs, no show.

3-16-79 SD - waiting on hot oil unit.

3-17-79 PBTD 1835". Ran swab twice, found 100' fresh water, slight show of gas. PT. Dowell fracture-treated w/18,300 gal. water @ 100°F, containing 1% KCl and 150# J-84 FLA, 21000# 10-20 mesh sand @ avg. 1300 psi at 22 BPM. Max. press. 1500 psi, max. rate 28 BPM. On 2500 gal. pre-pad press. broke 900 psi and 500 psi at 9 BPM. Increased rate to 24 BPM, no additional breaks. San conc. 1/2#/gal increasing to 1 1/2#/gal., last 7000 gal. was 1 1/2#/gal. Dropped 8 ball sealer at 16,000 gal., pressure increased 1175 to 1500 psi, dropped rate to 10 BPM. JC 10:45 am. ISIP 200 psi, SIP 200 psi. Flowed back 30 BW in 1 hr. Died. Ran sand line to PBTD, no fill. Ran 55 jts. 2-3/8" J-55 tubing, SN, perforated sub, BP & C landed @ 1750. Tagged top of sand fill at 1774. Swabbed 40 Bw in 3 hrs. SSG, FL 500'. Good loads sand runs 3, 4, 5, SION. Load to recover 464 bbls.

3-18-79 PBTD 1835. Swabbed 80 BW in 6 hrs. FL 800'. Fair show of gas. Lowered tubing, tagged top of sand fill at 1784. Shut down 2:30 because of snow storm. LTR 384 bbls.

Daily Drilling Report
 Bullseye #1-Y
 McKinly County, New Mexico
 430' FNL & 1750' FWL, Sec. 19, T16N, R9W

3-19-79	Shut Down
3-20-79	PBTD 1835. FL 300'-800'. PT, ran sand pump 6 times, recovered trace of, frac sand and several ball sealers. Re-ran tubing. Swabbed 20 BW in 1½ hrs. Increase in gas. LTR 364 bbls.
3-21-79	PBTD 1835'. FL 400'-1000'. Swabbed 100 BW in 8 hrs. Increase in gas, good show oil last 2 hrs. LTR 264 bbls.
3-22-79	1835 PBTD. Swabbed 120 bbls. water in 8½ hrs., good show oil, no increase. Slight increase in gas. LTR 144 bbls.
3-23-79	1835 PBTD. SICP 40#. Swabbed 110 bbls. water in 8½ hrs., trace to 10% oil, good blow of gas. FL 600-1300'. LTR 34 bbls.
3-24-79	1835 PBTD. SICP 75#. Swabbed 100 BW in 8½ hrs. Trace to 10% oil, good blow gas. FL 9--'1300'. Lower tubing one joint to 1782.
3-25-79	SD
3-26-79	SD
3-27-79	SICP 50 psi. Swabbed 100 BF in 8½ hrs. Trace to 10% oil, average 3% oil. Small blow gas before fluid on each run. FL 900'-1300'. Released pulling unit, will move in swab unit.
4-05-79	FL 700'-1100'. Swabbed 109 bbls. fluid in 34 runs. Trace of frac sand. 1-4% oil, CP 30 psi.
4-06-79	CP 40#, FL 700'. Swabbed 151 bbls. fluid in 59 runs, FL 1200' 1-8% oil. At end of day 10% oil. CP 50#.
4-07-79	CP 50 psi. Swabbed 132 bbls. fluid in 54 runs, 8% oil throughout. FL 1300', CP 70 psi.
4-08-79	CP 80 psi. Swabbed 100 bbls. fluid in 43 runs. FL 800' @ start, 1300' at end. 8-10% oil. 20% on 2 runs. CP 90 psi
4-09-79	CP 90 psi. Swabbed 121 bbls. fluid in 47 runs. Fluid level 800 to 1300'. 2-5% oil. CP 80 psi, moving out swab unit
4-10-79	Prepare well for production.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

NAME OF OPERATOR	
DISTRIBUTION	
DATE	
FILE	
WELL	
DATE OF WELL	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. Date of 2nd Lease Term

1. TYPE OF WELL

OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER ☐

2. TYPE OF COMPLETION

NEW WELL ☒ RE-DRILL ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESER. ☐ OTHER ☐

3. Name of Operator

Capital Oil & Gas Corporation *Fairfax Exploration*

4. Address of Operator

P. O. Box 1038 Kilgore, Texas 75662

6. Location of Well

WELL LETTER _____ LOCATED 430' FEET FROM THE FNL LINE AND 1750' FEET FROM _____

FWL LINE OF SEC. 19 TWP. 16N SEC. 9W

County
McKinley

13. Date Spudded 11-30-78 16. Date T.D. Reached 12-5 17. Date Compl. (Ready to Prod.) 3-05-81 18. Elevations (LIF, HALL, RT, CR, etc.) 7200' GL 19. Elev. Casinghead 7201

20. Total Depth 1935' 21. Plug Back T.D. 1835' 22. If Multiple Compl., How Many - 23. Intervals Drilled By: Rotary Tools Yes Cable Tools

24. Producing Interval(s), of this completion - Top, Bottom, Name

1778' - 1802' Dakota

25. Was Directional Survey Made

26. Type Electric and Other Logs Run
E-Log, G/R, CBL

27. Was Well Cored
No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24#	98'	10 3/4	50 sx	
4 1/2	9.5#	1935'	6 1/4	200 sx lite - 110 sx C-H	
2 7/8	4.5#	1770'	4 1/2		

29. LINER RECORD

SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN

30. TUBING RECORD

SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)

1778 - 84' 1 JSPF

1794 - 1801 1 JSPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
1778-1801	21,000# 10-20 sand

PRODUCTION

3. Date First Production 3-06-81	4. Production Method (Flowing, gas lift, pumping - Size and type pump) Pump	5. Well Status (Prod. or Shut-in) Prod
6. Date of Test	7. Hours Tested 24	8. Choke Size full
9. Flow Tubing Press. 60 psi	10. Casing Pressure 60 psi	11. Calculated 24-Hour Rate
12. Disposition of Gas (Sold, used for fuel, vented, etc.)	13. Oil - Bbl. Gas - MCF Water - Bbl. Oil Gravity - API (Corr.)	14. Test Witnessed by

15. List of Attachments

I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

WELL COMPLETION OR RE-COMPLETION REPORT AND LOG

NO. OF COPIES DESIRED	
INSTRUCTIONS	
DATE	
NAME	
ADDRESS	
PHONE	
OPERATOR	

30. Indicate Type of Lease
State ☐ Fee ☒

31. Unit Agreement Name
Marcelina

32. Farm or Lease Name
Bulls Eye

33. Well No.
1-Y

34. Field and Permit, or Wildcat
Marcelina-Dakota

35. County
McKinley

1. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ HOT ☐ OTHER ☐

2. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. DESIG. ☐ OTHER ☐

3. Name of Operator
Capital Oil & Gas Corporation *Fairfax Exploration*

4. Address of Operator
P. O. Box 1038 Kilgore, Texas 75662

5. Location of Well
NE 1/4 Sec. 19 Twp. 16N R. 9W
LOCATED 430' FEET FROM THE FNL LINE AND 1750' FEET FROM FWL

13. Date Spudded 11-30-78	14. Date T.D. Reached 12-5	15. Date Compl. (Ready to Prod.) 3-05-81	16. Elevations (D.F., R.H., RT, GR, etc.) 7200' GL	17. Elev. Casinghead 7201
18. Total Depth 1935'	19. Plug Back T.D. 1835'	20. If Multiple Compl., How Many -	21. Intervals Drilled By Hotary Tools Yes	22. Cable Tools

23. Producing Interval(s), of this completion - Top, Bottom, Name
1778' - 1802' Dakota

24. Type Electric and Other Logs Run
E-Log, G/R, CBL

25. Was Directional Survey Made
No

26. Was Well Cored
No

27. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24#	98'	10 3/4	50 sx	
4 1/2	9.5#	1935'	6 1/4	200 sx lite - 110 sx C-H	
2 7/8	4.5#	1770'	4 1/2		

28. LINER RECORD				29. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET

30. Perforation Record (Interval, size and number)		31. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL	NUMBER	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
1778 - 84	1 JSPF	1778-1801	21,000# 10-20 sand
1794 - 1801	1 JSPF		

32. PRODUCTION

33. Date First Production
3-06-81

34. Production Method (Flowing, gas lift, pumping - size and type pump)
Pump

35. Well Status (Prod. or Shut-in)
Prod

36. Date of Test	37. Hours Tested	38. Choke Size	39. Prod'n. for Test Period	40. Oil - bbl.	41. Gas - MCF	42. Water - bbl.	43. Gas - Oil Ratio
	24	full					

44. Flow Tubing Press.	45. Casing Pressure	46. Calculated 24-Hour Rate	47. Oil - bbl.	48. Gas - MCF	49. Water - bbl.	50. Oil Gravity - API (Corr.)
	60 psi					

51. Disposition of Gas (Sold, used for fuel, vented, etc.)

52. Test Witnessed By
BO. Clark



BRUCE KING
GOVERNOR
LARRY KEHOE
SECRETARY

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

January 18, 1980

Fairfax Exploration, Incorporated
301-B Graceland S. E.
Albuquerque, New Mexico 87108

Re: Bullseye #1Y
C-19-16N-9W

Gentlemen:

Our records indicate that the referenced well has been completed in the Dakota formation. We have not received reports of this completion, nor of the Gallup recompletion, approved on 9-17-79. These reports are delinquent. Please file these reports immediately to avoid shut-in orders and fines.

If you have any questions, please call this office.

Yours truly,

A handwritten signature in cursive script, appearing to read "Frank T. Chavez".

Frank T. Chavez

FTC:dh

NO. OF COPIES RECEIVED	5
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SANTA FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator Fairfax Exploration, Inc.	8. Farm or Lease Name Bullseye
Address of Operator 301-B Graceland S.E. Albuquerque, New Mexico 87108	9. Well No. 1-Y
Location of Well UNIT LETTER C 430 FEET FROM THE North LINE AND 1750 FEET FROM THE West LINE, SECTION 19 TOWNSHIP 16N RANGE 9W NMPM.	10. Field and Pool, or Wildcat Marcelina Oak
15. Elevation (Show whether DF, RT, GR, etc.) 7200' GR	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Complete as producing oil well	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

OPERATOR NAME CHANGE from *Petroleum Development Co.*

1. Pull tubing.
2. Run cement bond log.
3. Set bridge plug 150' below top of Gallup.
4. If necessary, perforate and squeeze cement below Hospah sand (Upper Gallup).
5. WOC 48 hrs.
6. Perforate Hospah (Upper Gallup).
7. Run tubing with pump seat.
8. Swab well.
9. Run pump and rods.
10. Test well.

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

SIGNED *[Signature]* TITLE President DATE Sept. 13, 1979

Original Signed by A. J. [Signature]

PROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	4
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	2

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator PETROLEUM DEVELOPMENT CORPORATION 3. Address of Operator 9720 B Candelaria NE, Albuquerque, New Mexico 87112 4. Location of Well UNIT LETTER <u>C</u> <u>1750</u> FEET FROM THE <u>west</u> LINE AND <u>430</u> FEET FROM THE <u>north</u> LINE, SECTION <u>19</u> TOWNSHIP <u>16N</u> RANGE <u>9W</u> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 7201 GL	7. Unit Agreement Name -- 8. Farm or Lease Name Lee 19 9. Well No. 1-Y 10. Field and Pool, or Wildcat Marcellina Dakota 12. County McKinley
--	--

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>surface casing & oil string</u> <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Spudded @ 9:30am, 11/30/78.
 - Set 8-5/8" casing @ 98'; (24#) cemented w/50 sx. cement, 2% CaCl₂; circ. out 20 sx. cement. WOC 8 hrs. Pressure tested to 600# for 30". Held ok.
 - Set 4 1/2" 9.5# J55 casing (50 jts) @ 1935; cemented w/200 sx. Lite, 4% gel plus 110 sx. Class "C" neat cement; circulated. WOC 24 hrs. Pressure tested to 600# for 30". Held ok.
- Completion in progress.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Charlotte M. Perry TITLE Secretary DATE 1/19/79

APPROVED BY Original Signed by A. R. Kendrick TITLE SUPERVISOR DATE 1/19/79

CONDITIONS OF APPROVAL, IF ANY:

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OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

30-031-20556
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

--

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Lee 19	
2. Name of Operator PETROLEUM DEVELOPMENT CORPORATION		9. Well No. 1-Y	
3. Address of Operator 9720B Candelaria, NE, Albuquerque, New Mexico 87112		10. Field and Pool, or Wildcat Marcellina Dakota	
4. Location of Well UNIT LETTER C LOCATED 1750 FEET FROM THE West LINE AND 430 FEET FROM THE North LINE OF SEC. 19 TWP. 16N RGE. 9W NMPM		12. County McKinley	
19. Proposed Depth 1900		19A. Formation Dakota	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 7201 GL	
21A. Kind & Status Plug. Bond Blanket - active		21B. Drilling Contractor White Exploration	
22. Approx. Date Work will start 11-27-78			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8-5/8"	24#	100'	50	Circ. to surface
6 1/4"	4-1/2"	9.5#	1900'	325	Circ. to surface

Set 8-5/8" 24# casing at approximately 100'. WOC 8 hrs. Pressure test to 600# for 30 minutes.

After logging at TD approximately 1900', set 4-1/2" 9.5# casing. WOC 24 hrs. Pressure test to 600# for 30 minutes.

Complete by jet perforating Dakota "A" Zone, or other zones of interest. Acidize and/or frac as need is indicated.

2-25-79

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Lloyd G. Wayne Title Vice President Date 11/24/78

(This space for State Use)

APPROVED BY Frank E. Chavz TITLE DEPUTY COMMISSIONER DATE 11/24/78

CONDITIONS OF APPROVAL, IF ANY:

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Supersedes C-12
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

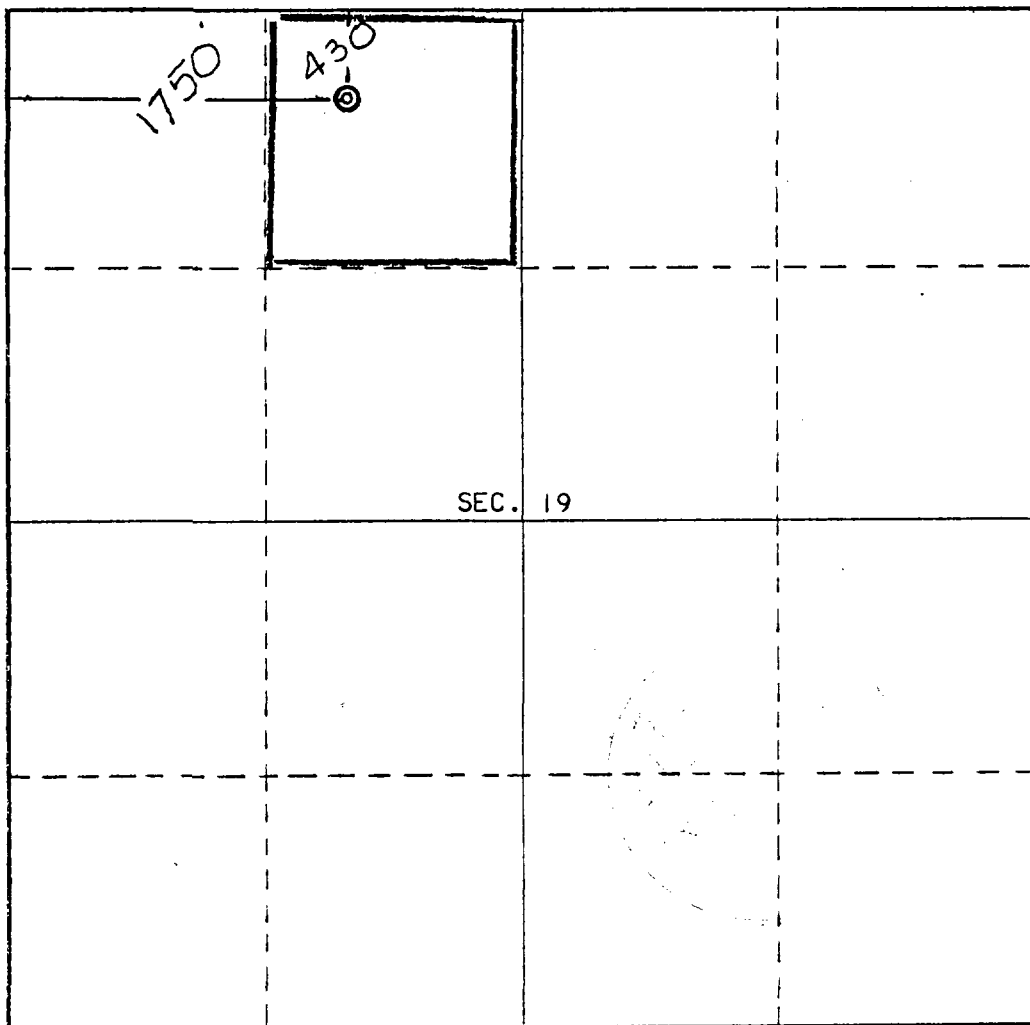
Operator Petroleum Development Corp.		Lease Lee 19		Well No. 1-Y	
Unit Letter C	Section 19	Township 16 North	Range 9 West	County McKinley	
Actual Footage Location of Well:					
430 feet from the North line and		1750 feet from the West line			
Ground Level Elev. 7200	Producing Formation Dakota	Pool Marcelling - Dakota	Dedicated Acreage: 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

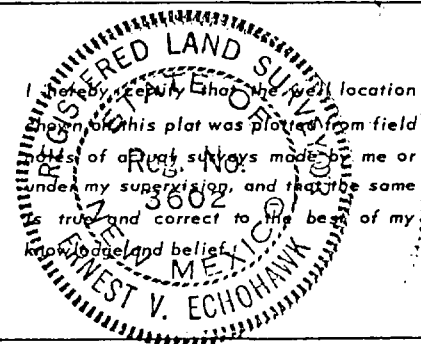
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Position _____

Company _____

Date _____



Date Surveyed

November 23, 1978

Registered Professional Engineer
and/or Land Surveyor

E.V. Echohawk

Certificate No. **3602**
E.V. Echohawk LS

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Devcon Operations Company, Inc., & Olsen Energy Associates Co - Operators	
Address	1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834	
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Condensate	N/A

If change of ownership give name and address of previous owner: Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154 - 1

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bullseye	1Y	Marcelina/Dakota	State, Federal or Fee FEE	N/A
Location				
Unit Letter <u>C</u> : <u>1750</u> Feet From The <u>West</u> Line and <u>430</u> Feet From The <u>North</u>				
Line of Section <u>19</u> Township <u>16 North</u> Range <u>9 West</u> NMPM. <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183 Houston Texas 77001
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	C 19 16N 9W NO N/A

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Elin H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED March 20, 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

Ballou 3
N-18-160-09W

RECEIVED	DATE
OCD	1 K
CASE NO.	12344

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 3	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter N	700	Feet From The S Line and 1650	Feet From The W Line	
Section 18	Township 9N	Range 9W	NMPM, McKinley	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	N	18
		16N
		9W
Is gas actually connected?	When?	
NO		

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

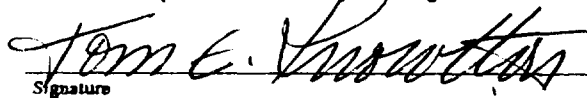
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	RECEIVED DEC 10 1990	Choke Size
Actual Prod. During Test	Oil - Bbls.		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. of Gas Produced	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
TOM E. KNOWLTON PRESIDENT
Printed Name
Title
Date **12-3-90** Telephone No. **(213) 422-1271**

OIL CONSERVATION DIVISION
DEC 10 1990

Date Approved

By 
SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NERDLIHC COMPANY, INC.	Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 3	Pool Name, Including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter N : 700 Feet From The S Line and 1650 Feet From The W Line Section 18 Township 16N Range 9W , NMPM , McKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 18
	Twp. 16N	Rge. 9W
	Is gas actually connected?	When?
	NO	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By:

Signature

TOM E. KNOWLTON

PRESIDENT

Printed Name

Title

Date

6/15/90

(213)422-1271

Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 22 1990**

By

Bill D. Chung

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

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	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Evans Production Co.

Address
1109 El Alhambra Cir., N.W., Albuquerque, New Mexico 87107

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name and address of previous owner
Slayton Oil Corp. P.O. Box 2035 Roswell, New Mexico 882

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 3	Pool Name, Including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N : 700 Feet From The South Line and 1650 Feet From The West Line of Section 18 Township 16 N Range 9 W , NMPM, McKinley County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702 Farmington, N.M. 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When N 18 16N 9W No

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Did Pratt
(Signature)

Operator
(Title)

October 1, 1984
(Date)

OIL CONSERVATION COMMISSION

1-30-85
APPROVED JAN 30 1985

BY Frank J. [Signature]
SUPERVISOR DISTRICT # 3

TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.

ANTAF E		
ILE		
.S.G.S.		
AND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes Old C-104 and
Effective 1-1-65

RECEIVED
APR 02 1984
OIL CON. DIV.
DIST. 3

Operator	Slayton Oil Corp.
Address	P. O. Box 2035 Roswell, New Mexico 88201
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Paul Slayton P. O. Box 1936 Roswell, New Mexico 88201

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease N
Bullseye	3	Marcelina/Dakota	State, Federal or Fee Fee	
Location				
Unit Letter <u>N</u>	: <u>700</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>			
Line of Section <u>18</u>	Township <u>16 N</u>	Range <u>9 W</u>	NMPM, <u>McKinley</u>	Count

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is <u>to be sent</u>)
<u>Permian Corp.</u>	<u>202 Pet. Plaza Bldg. Farmington N M</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>none</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>N</u> Sec. <u>18</u> Twp. <u>16N</u> Rge. <u>9W</u> Is gas actually connected? <u>No</u> When

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Paul Slayton by rw
Operator (Signature)
Jan. 1, 1984 (Date)
(Title)

OIL CONSERVATION COMMISSION

APPROVED APR 02 1984, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditions.

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Paul Slayton	
Address P. O. Box 1936, Roswell, New Mexico 88201	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Fairfax Exploration, Inc., 425 Washington S.E., Albuquerque, NM 87108

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 3	Pool Name, including Formation Marcelina-Dakota	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>N</u> ; <u>700</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>16 N</u> Range <u>9 W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg, Farmington, NM			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 18	Twp. 16N	Pge. 9W
	Is gas actually connected?		When	
	No			

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-15-74	Date Compl. Ready to Prod. 5-1-76		Total Depth 1952		P.B.T.D. 1885			
Elevations (DF, RKB, RT, GR, etc.) 7248 GR	Name of Producing Formation Dakota "A"		Top Oil/Gas Pay 1797		Tubing Depth 1802			
Perforations 1797-1805, 1809-1817, 1822-1828, 1888-1844 / 4 shots/ft.					Depth Casing Shoe 1952			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11 1/2	8 5/8		106		Cemented to surface			
6 1/4	4 1/2		1952		165			
--	2 3/8		1802					

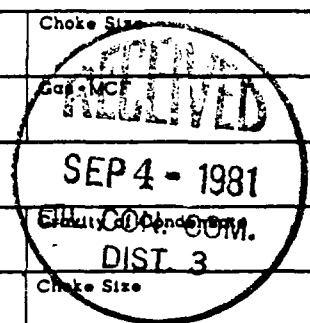
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size



VI. CERTIFICATE OF COMPLIANCE

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

OIL CONSERVATION COMMISSION

APPROVED SEP 4 - 1981
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Paul Slayton
(Signature)
OWNER
(Title)
8-31-81
(Date)

U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL /	
	GAS	
OPERATOR		3
PRORATION OFFICE		

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

B.K.

I.

Operator	Fairfax Exploration, Inc.
Address	301-B Graceland S.E., Albuquerque, N.M. 87108
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Bullseye	3	Undesignated- Dakota	State, Federal or Fee Fee	
Location				
Unit Letter	N	700 Feet From The	South Line and	1650 Feet From The
Line of Section	18	Township	16 North	Range 9 West
				NMPM, McKinley County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
The Permian Corporation	202 Petroleum Plaza Bldg. Farmington, N.M.					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
October 15, 1974	May 1, 1976	1952	1885					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7248 GR	Dakota "A"	1805	1864					
Perforations	Depth Casing Shoe							
1797-1805, 1809-1817, 1822-1828, 1833-1844 -- 4 shots/ft.	1952							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11 1/2	8 5/8	106	Cemented to surface					
6 1/4	4 1/2	1952	165					
4	2 3/8 EUE	1864						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
May 1, 1976	May 10, 1976	Pump
Length of Test	Tubing Pressure	Casing Pressure
24 Hrs.	15-25#	265#
Actual Prod. During Test	Oil-Bble.	Water-Bble.
	22	66
		Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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

Joe D. Wilson
(Signature)

president
(Title)

May 25, 1976
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 25 1976
BY Original Signed by A. H. Kendrick
TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form O-102
Supersedes O-128
Effective 1-4-65

All distances must be from the outer boundaries of the Section.

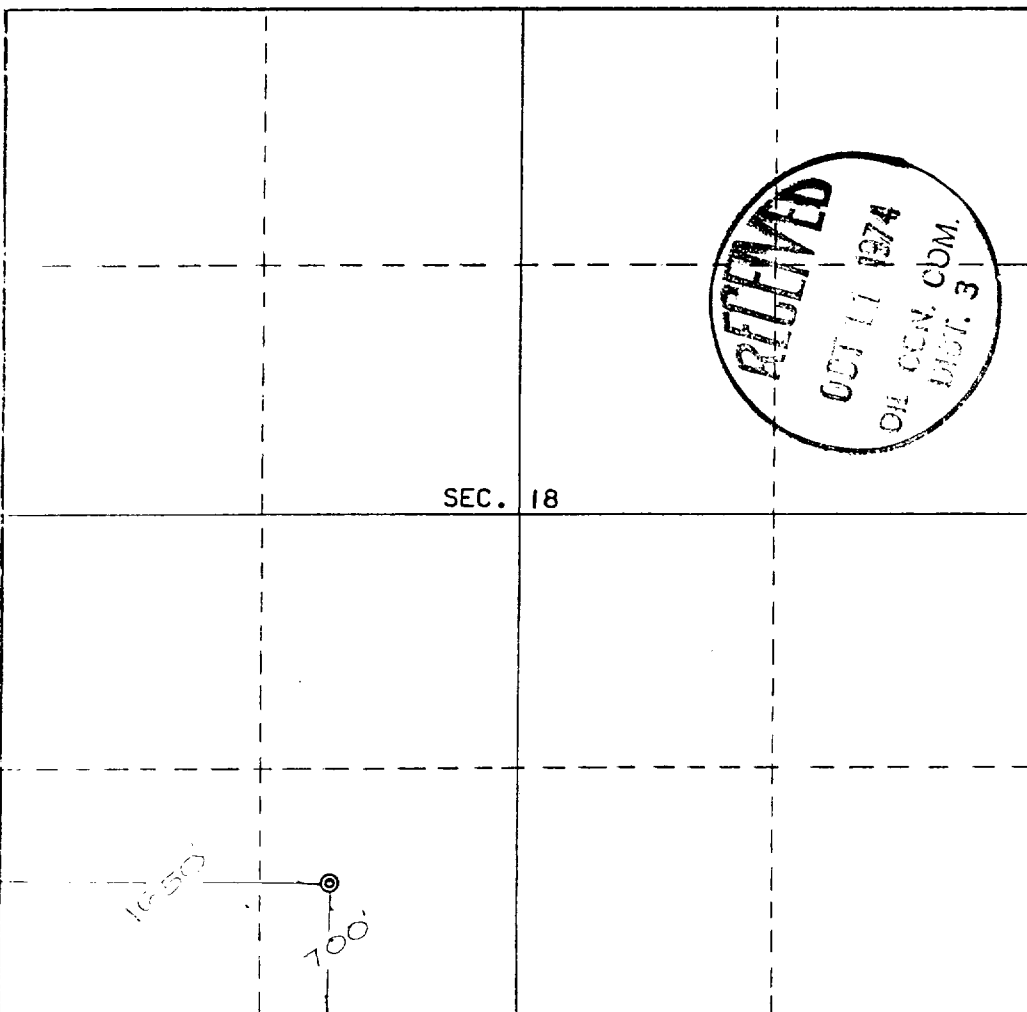
Fairfax Exploration, Inc.		Lease Bull's Eye		Well No. 3
Section N	18	Township 16 North	Range 9 West	County McKinley
Well Location of Well:				
700 feet from the	South	line and	1650 feet from the	West
Surface Elev. 7248	Producing Formation	Pool WC	Dedicated Acreage 40	Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

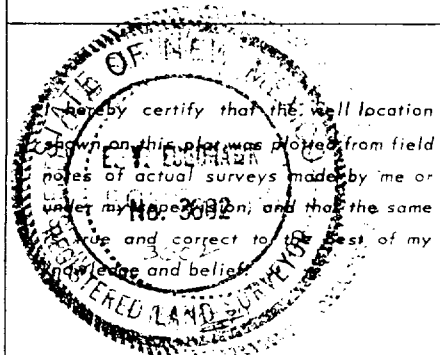
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name
President
Position
Fairfax Exploration, Inc.
Company
October 9, 1974
Date



Date Surveyed
September 26, 1974
Registered Professional Engineer
and/or Land Surveyor

Certificate No. 3602
E.V.Echohawk LS

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SAN ANTONIO

U.S.G.S.

LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

30-031-20424

Form O-111
Revised 1-1-65

5A. Indicate Type of Lease

STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

a. Type of Work

DRILL ☒ DEEPEN ☐ PLUG BACK ☐

b. Type of Well

GAS WELL ☐ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐

c. Name of Operator

Fairfax Exploration Inc.

d. Address of Operator

301-B Graceland S.E.

e. Location of Well

UNIT LETTER N LOCATED 700 FEET FROM THE South LINE

AND 1650 FEET FROM THE West LINE OF SEC. 18 TWP. 16 N RGE. 9 W NMPM

7. Unit Agreement Name

8. Farm or Lease Name

Bullseve

9. Well No.

3

10. Field and Pool, or Wildcat

Wildcat

11. County

McKinley

19. Proposed Depth

2200

19A. Formation

Morrison

20. Rotary or C.T.

Rotary

21A. Kind & Status Plug. Bond

\$10,000.00 Blanket on file

21B. Drilling Contractor

Chesnev- Grants

22. Approx. Date Work will start

October 12, 1974

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
1 1/2	8 5/8	21.2	100'	Cement to surface	
1 1/4	4 1/2	8.0	1720'	175	800



APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 1-13-75

USE THIS SPACE TO DESCRIBE PROPOSED PROGRAM. IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION. GIVE FLOWOUT PREVENTION PROGRAM, IF ANY.

I certify that the information above is true and complete to the best of my knowledge and belief.

Steve N. Wilson Title President Date October 9, 1974

(This space for state use)

APPROVED BY George A. Lewis TITLE SUPERVISOR, DIST. #3 DATE OCT 15 1974

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-102
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Free <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseve
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108	9. Well No. 3
4. Location of Well UNIT LETTER <u>N</u> <u>700</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.	10. Field and Pool, or Wildcat Wildcat

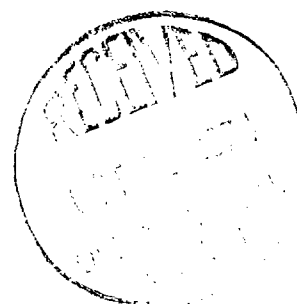
15. Elevation (Show whether DF, RT, GR, etc.) 7248	12. County McKinley
---	------------------------

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Commenced Drilling operations 6:00 P.M. October 15, 1974.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

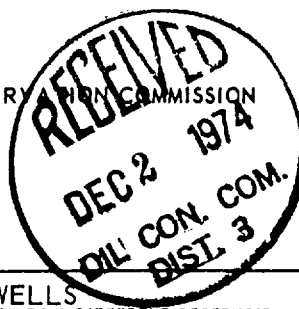
SIGNED Joe H. Wilson TITLE President DATE October 18, 1974

APPROVED BY _____ TITLE _____ DATE OCT 21 1974

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NEW MEXICO OIL CONSERVATION COMMISSION



Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Bullseye
9. Well No. 3
10. Field and Pool, or Wildcat Wildcat
12. County McKinley

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.

WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
Operator Fairfax Exploration Inc.
Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108
Location of Well NE 1/4 Section 18, TOWNSHIP 16 N, RANGE 9 W, NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
7248 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
WELL ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Set Casing <input checked="" type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed operations. SEE RULE 1103.

October 29, 1974.

Set 4 1/2" Casing to 1952' Cemented with 165 sacks. Estimated fill up to 250' below surface.

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

Gene D. Wilson

TITLE President

DATE Nov. 18, 1974

Original Signed by Emory J. Arnold

SUPERVISOR DIST. #3

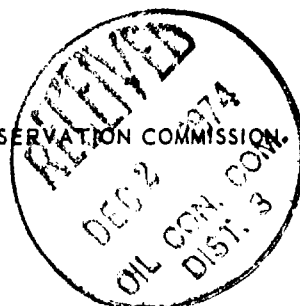
TITLE

DATE

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NEW MEXICO OIL CONSERVATION COMMISSION.



Form C-111
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Name of Lease Name	
9. Well No.	
10. Field and Pool, or Wildcat	
11. County	
McKinley	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

<input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/>	OTHER <input type="checkbox"/>
Name of Operator	
Fairfax Exploration Inc.	
Address	
301-B Graceland S.E. Albuquerque, N.M. 87108	
Location	
N 700 FEET FROM THE South LINE AND 1650 FEET FROM West LINE, SECTION 18 TOWNSHIP 16 N RANGE 9 W N.M.P.M.	

15. Elevation (Show whether DE, RT, GR, etc.)
7248 GR

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PROBABLY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
ALTERED CASING <input type="checkbox"/>	Complete Well <input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

Describe proposed or completed operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. SEE RULE 1103.

Plan to move in Bit "A" pulling unit, rig up and complete well.
Propose to drill out cement plug, perforate Dakota "B" zone, acidize and swab.
Propose to perforate Dakota "A" zone, acidize and swab.
Will commence work Nov. 27, 1974.

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

Ernest C. Arnold

TITLE President

DATE Nov. 27, 1974

Original Signed by Ernest C. Arnold

TITLE

DEC 2 1974 SUPERVISOR DIST. #3

DATE

DEC 2 1974

COPIES OF APPROVAL, IF ANY:

Fairfax Exploration, Inc.

301 B Graceland, S.E.
Albuquerque, New Mexico 87108
Telephone (505) 268-9570

January 30, 1975

Mr. Emory C. Arnold
Supervisor District #3
New Mexico Oil Conservation Commission
1000 Rio Brazos Rd.
Aztec, N.M. 87410

Fairfax Bullseye #3
Sec. 18 T16N R9W
McKinley Co. N.M.

Dear Mr. Arnold:

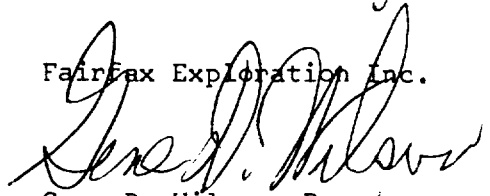
We have performed a Totco drift Survey on the Bullseye #3 with the following results:

500'	0°	drift
1000'	1/2°	drift
1500'	1°	"
1800'	3°	"

See attached sheet for copy of drift records. The records will be kept on file in this office.

I certify that the above statement is accurate to the best of my knowledge.

Fairfax Exploration Inc.


Gene D. Wilson, Pres.

Attach:

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Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name Bullseye	
2. Name of Operator Fairfax Exploration Inc.		9. Well No. 3	
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108		10. Field and Pool, or Wildcat Wildcat - Dakota	
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>700</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>18</u> TWP. <u>16 N.</u> RGE. <u>9 W</u> NMPM		12. County McKinley	
15. Date Spudded 10-15-74	16. Date T.D. Reached 10-30-74	17. Date Compl. (Ready to Prod.) 1-06-75	18. Elevations (DF, RKB, RT, GR, etc.) 7248 GR
19. Elev. Casinghead 7250		20. Total Depth 1952	
21. Plug Back T.D. 1885-GO elite BP		22. If Multiple Compl., How Many Many	
23. Intervals Drilled By Surf.- TD		24. Producing Interval(s), of this completion - Top, Bottom, Name Dakota A 1797 - 1844	
25. Was Directional Survey Made Yes - Totco		26. Type Electric and Other Logs Run GR - Res., Bond log, Temp. Diff. log, G.R. correlation thru 4 1/2" Casing	
27. Was Well Cored No		28. CASING RECORD (Report all strings set in well)	
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE
8 5/8	21.2	106	11 1/2
4 1/2	8.0	1952	6 1/4
CEMENTING RECORD		AMOUNT PULLED	
Cemented to surface		None	
165 sx.-		None	
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP	BOTTOM	SACKS CEMENT
			SCREEN
			SIZE
			DEPTH SET
			PACKER SET
31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
1797 - 1805	3 1/8 DML	28 Shots	DEPTH INTERVAL
1809 - 1817	" "	32 "	AMOUNT AND KIND MATERIAL USED
1833 - 1844	" "	44 "	1797 - 1817
1822 - 1828	" "	24 "	750 gal MCA - 7 1/2%
1908 - 1920	" "	48 "	1822 - 1844
			500 " " "
			1907 - 1919
			500 " " "
33. PRODUCTION			
Date First Production 1-15-75	Production Method (Flowing, gas lift, pumping - Size and type pump) Pumping - GOT #131- 2" X 1 1/2" X 8'		Well Status (Prod. or Shut-in) Prod.
Date of Test Jan. 25-28, 1975	Hours Tested 4 days	Choke Size open	Prod'n. For Test Period 16
Flow Tubing Press. 0	Casing Pressure 0 - 2#	Calculated 24-Hour Rate 4	Oil - Bbl. TLTM
			Gas - MCF 30
			Water - Bbl. TLTM
			Gas - Oil Ratio 51 @ 60° F.
34. Disposition of Gas (Sold, used for fuel, vented, etc.) Vented			Test Witnessed By Gene D. Wilson
35. List of Attachments 3 Logs (GR-Res., Cement Bond, GR Correlation) DST chart, Directional Survey			
36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.			
SIGNED <u>Gene D. Wilson</u>		TITLE <u>President</u>	
		DATE <u>Jan. 30, 1975</u>	

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OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

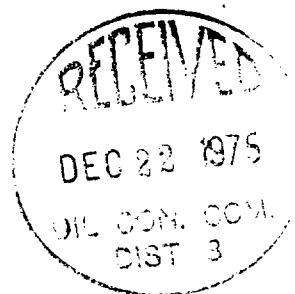
SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT --" (FORM C-101) FOR SUCH PROPOSALS.)</small>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
		5. State Oil & Gas Lease No.
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.		8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108		9. Well No. 3
4. Location of Well UNIT LETTER <u>N</u> <u>700</u> FEET FROM THE <u>South</u> LINE AND <u>1650</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 North</u> RANGE <u>9 West</u> N.M.P.M.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7248 GR		12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Intend to Fracture treat the Dakota "A" zone with 15,000# Sand and 15,000 gal. water. Halliburton will do the "Fracturing".



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gene D. Wilson TITLE President DATE Dec. 10, 1975

APPROVED BY ORIGINAL SIGNED BY N. E. MAXWELL, JR. TITLE PETROLEUM ENGINEER DIST. NO. 3 DATE DEC 22 1975

CONDITIONS OF APPROVAL, IF ANY:

Fairfax Exploration, Inc.

301 B Graceland, S.E.
Albuquerque, New Mexico 87108
Telephone (505) 268-9570

January 30, 1975

Mr. Emory C. Arnold
Supervisor District #3
New Mexico Oil Conservation Commission
1000 Rio Brazos Rd.
Aztec, N.M. 87410

Fairfax Bullseye #3
Sec. 18 T16N R9W
McKinley Co. N.M.

Dear Mr. Arnold:

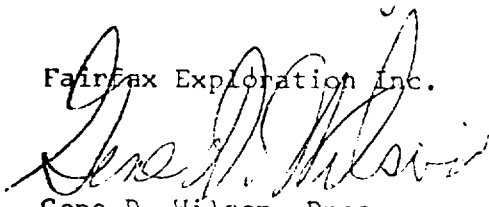
We have performed a Totco drift Survey on the Bullseye #3 with the following results:

500'	0°	drift
1000'	1/2°	drift
1500'	1°	"
1800'	3°	"

See attached sheet for copy of drift records. The records will be kept on file in this office.

I certify that the above statement is accurate to the best of my knowledge.

Fairfax Exploration Inc.


Gene D. Wilson, Pres.

Attach:



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Devcon Operations Company, Inc., & Olsen Energy Associates - Co-Operators	
Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter oil: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate N/A

If change of ownership give name and address of previous owner: Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-139

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 3	Pool Name, including Formation Marcelina/Dakota	Kind of Lease State, Federal or Fee FEE	Lease No. N/A
Location Unit Letter N : 700 Feet From The South Line and 1650 Feet From The West Line of Section 18 Township 16 North Range 9 West NMPM McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE	N/A
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	N 18 16N 9W NO N/A

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filled for each pool in multiply completed wells.

MAR 22 1989
OIL CON. DIV
DIST. 3



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6170

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

Handwritten: 16-18-16-9

OCD	16
CASE NO.	12344

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NERDLIHC COMPANY, INC.	Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202	

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 16	Pool Name, including Formation MARCELINA/DAKOTA	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter M	960	Feet From The S	Line and 360	Feet From The W Line
Section 18	Township 16N	Range 9W	NMPM	McKINLEY County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 16N	Rge. 9W	Is gas actually connected? NO	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLIHC COMPANY, INC.

By: TOM E. KNOWLTON
Signature
TOM E. KNOWLTON
Printed Name
6/5/90
Date
PRESIDENT
Title
(213) 422-1271
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUN 22 1990**
By: [Signature]
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.
N/A

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Devcon Operations Company, Inc./ Olsen Energy Associates 3. Address of Operator 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834 4. Location of Well UNIT LETTER M 960 FEET FROM THE South LINE AND 360 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 16 North RANGE 9 West N.M.P.M. 15. Elevation (Show whether DF, RT, CR, etc.) 7232 KB 7228 GL 12. County McKinley	7. Unit Agreement Name N/A 8. Farm or Lease Name Bullseye 9. Well No. 16 10. Field and Pool, or Wildcat Marcelina
---	--

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER Spud <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3/28/89

- MIRU Salazar Drilling.
- Spud well at 3.00 P.M.
- Drill 12½" Hole to 84 feet
- Run and cement 81 feet of 24 #, 8 5/8" casing to surface with 50 sx

RECEIVED

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Eric Olsen TITLE President DATE 4/14/89

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 2 3

APPROVED BY _____ TITLE _____ DATE _____

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.
N/A

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

6. Name of Operator

Devcon Operations Company, Inc.,/ Olsen Energy Associates

7. Address of Operator

1801 Broadway, Suite 600, Denver, Colorado 80202-3834

8. Location of Well

UNIT LETTER M 960 FEET FROM THE South LINE AND 360 FEET FROM
THE West LINE, SECTION 18 TOWNSHIP 16 North RANGE 9 West N.M.P.M.

7. Unit Agreement Name

N/A

8. Farm or Lease Name

Bullseye

9. Well No.

16

10. Field and Pool, or Wildcat

Marcelina

15. Elevation (Show whether DF, RT, GR, etc.)

7232 KB

7228 GL

12. County

McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CHANGE PLANS ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Drill 7 7/8" hole to 1872'
- Ran 4 1/2", 10.5# and 11.6# casing to 1871' with stage collar at 1251 feet
- Cemented first stage with 20 bbl mud clean followed by 140 sx class B 50:50 cement
- Bumped plug and float, held at 2:10 P.M., 4/6/89
- Cemented second stage with 20 bbl mud clean, followed by 300 sx class B, 50:50 cement. Circulated to surface
- Plug down and float held @ 7:10 P.M., 4/6/89
- Released rig. Waiting on completion

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

Signed Eric H. Olsen

TITLE President

DATE 4/14/89

Original Signed by FRANK T. CHAVEZ

Supervisor Date

APPROVED BY D L I

TITLE A I

DATE 4/14/89

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-75

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
N/A

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
Name of Operator	N/A
Devcon Operations Co., Inc./Olsen Energy Associates	8. Farm or Lease Name
Address of Operator	Bullseye
1801 Broadway, Suite 600, Denver, CO 80202-3834	9. Well No.
Location of Well	16
UNIT LETTER M 960 FEET FROM THE South LINE AND 360 FEET FROM West 18 TOWNSHIP 16 North RANGE 9 West N.M.P.M.	10. Field and Pool, or Wildcat
	Marcelina
15. Elevation (Show whether DF, RT, CR, etc.)	12. County
7232 KB 7228 GL	McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
ILL OR ALTER CASING	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
Amended to include casing test.			

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOBS	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- Drill 7 7/8" hole to 1872'.
- Ran 4 1/2", 10.5# and 11.6# casing to 1871' with stage collar at 1251 feet.
- Cemented first stage with 20 BBL mud clean followed by 140 sx Class B 50:50 cement.
- Bumped plug and float held at 2:10 P.M., 4/6/89.
- Cemented second stage with 20 BBL mud clean, followed by 300 sx Class B 50:50 cement. Circulated cement to surface.
- Plug down and float held at 7:10 P.M., 4/6/89.
- Pressured casing to 1800 psi. No Bleed off.
- Released rig. Waiting on completion.

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

CO. Elin Olsen TITLE President DATE 5/23/89

COPIED BY Original Signed by FRANK T. CHAVEZ TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

Submit to Appropriate
District Office
State Lease -- 6 copies
Fee Lease -- 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

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

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

API NO. (assigned by OCD on New Wells)

30-031-20942

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

N/A

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Bullseye ~~XXXX~~

2. Name of Operator

Devcon Operations Company, Inc., and
~~Olsen Energy Associates Co-Operators~~

8. Well No.

16

3. Address of Operator

1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

9. Pool name or Wildcat

Marcelina Dakota

4. Well Location

Unit Letter M : 960 Feet From The South Line and 360 Feet From The West Line

Section 18

Township

16 North Range 9 West

NMPM

McKinley

County

10. Proposed Depth

1950 feet

11. Formation

Dakota

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

7228 GR

14. Kind & Status Plug Bond

15. Drilling Contractor

Joe Salazar

16. Approx. Date Work will start

3 -13- 89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24	85	50	Surface
7 7/8	4 1/2	9.5	1950	400	Surface

- 1) Drill 12 1/4 inch hole to 85 feet.
- 2) Cement 8 5/8 inch casing to surface with 50 sx.
- 3) Install 3000 PSI bladder type BOP.
- 4) WOC 18 hrs., Test casing and BOP to 1000 PSI.
- 5) Drill 7 7/8 inch hole to 850 feet.
- 6) Core 40 feet with 4 7/8 inch X 3.0 inch core barrel.
- 7) Ream core hole and drill 7 7/8 inch hole to TD.
- 8) Log and run 4 1/2 inch casing to TD.
- 9) Cement to surface with 400 sx.

RECEIVED

MAR 21 1989

OIL CON. DIV.
DIST. 3

APPROVAL EXPIRES
UNLESS DRILLING IS COMPLETED
SPUD NOTICE MUST BE SUBMITTED
WITHIN 10 DAYS

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

Eric H. Olsen

TITLE

President

DATE

3/7/89

(303)

TYPE OR PRINT NAME

Devcon Operations Company, Inc., and Olsen Energy Associates

TELEPHONE NO. 297 - 8811

(This space for State Use)

APPROVED BY

[Signature]

TITLE

SUPERVISOR DISTRICT # 3

DATE

MAR 21 1989

CONDITIONS OF APPROVAL, IF ANY:

Hold C-104 for greater change on all wells

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

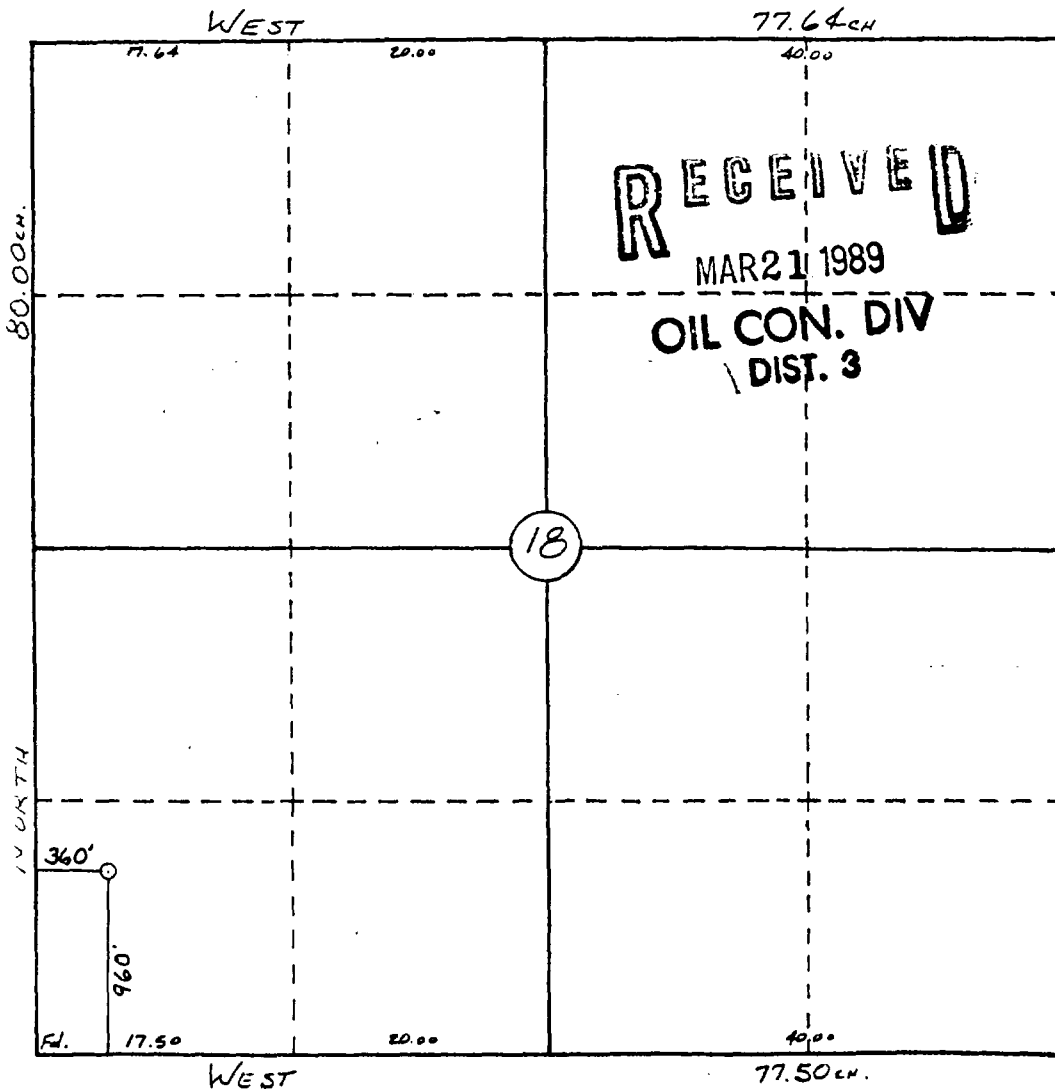
Operator Devcon Operations Company, Inc., and Olsen Energy Associates-Co-Operators				Well No. 16	
Unit Letter M	Section 18	Township 16 N	Range 9 W	County MCKINLEY	
Actual Footage Location of Well: 960 feet from the South line and 360 feet from the West line					
Ground Level Elev: 7228	Producing Formation Dakota "A"	Pool Marcelina	Dedicated Acreage - 40 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

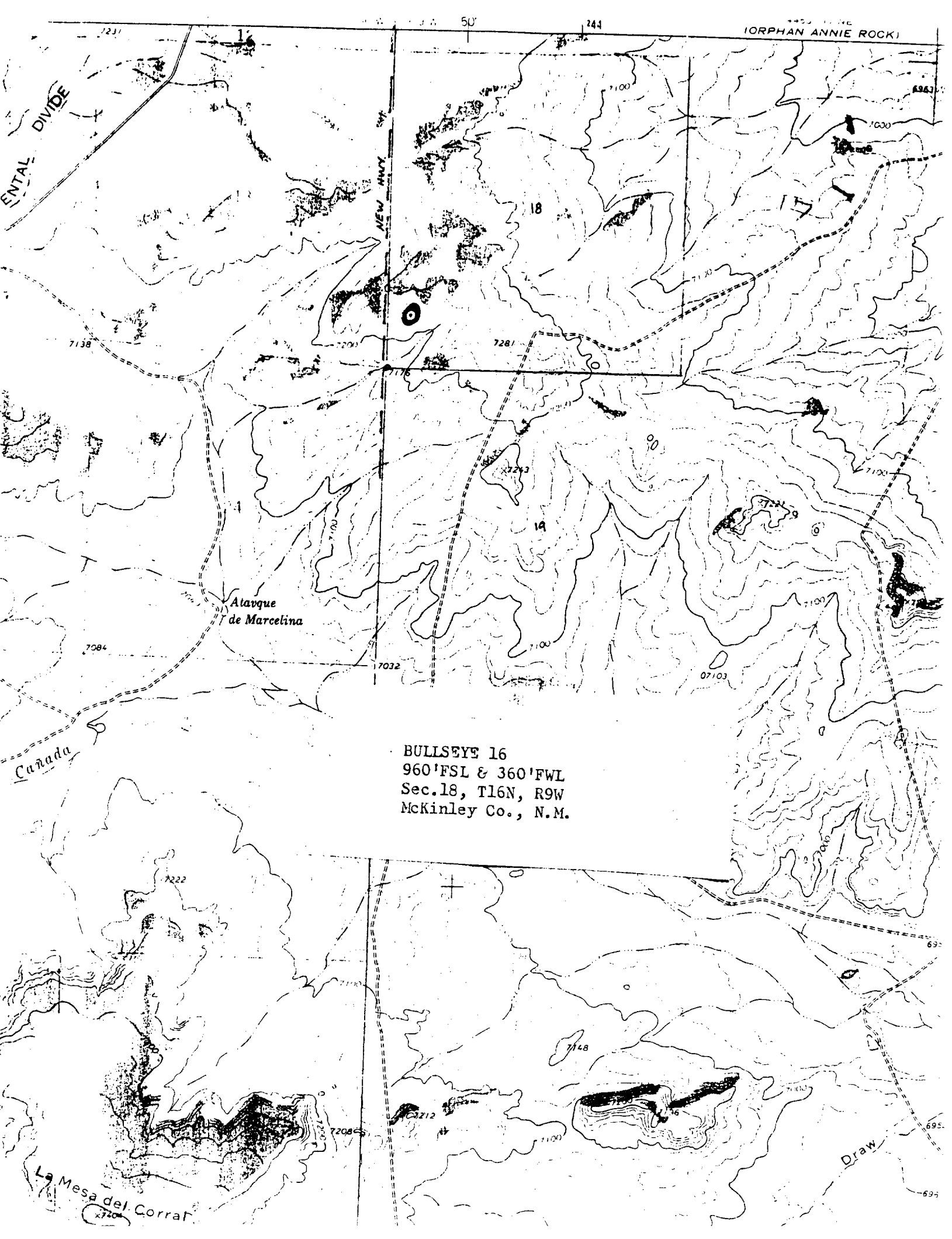
☐ Yes ☒ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION	
I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
Name	<i>Eric H. Olsen</i>
Position	<i>President</i>
Company	<i>Olsen Energy</i>
Date	<i>3/18/89</i>
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 knowledge and belief.	
Date Surveyed	<i>3-18-89</i>
<div style="text-align: center;"> </div>	
<div style="text-align: center;"> </div>	
Certificate No.	<i>8466</i>



BULLSEYE 16
960' FSL & 360' FWL
Sec. 18, T16N, R9W
McKinley Co., N.M.

ENTAL DIVD.

7138

Atavque
de Marcelina

7084

Canada

ILLEGIBLE

Bt
96L
Sec.
McKil

7222

1898

7100

7208

7212

7100

La Mesa del Corral

DEVCON LAND CORPORATION

DEVCON OPERATIONS COMPANY INCORPORATED
A Wholly Owned Subsidiary of
DEVCON LAND CORPORATION

August 29, 1989

RECEIVED
AUG 31 1989
OIL CON. DIV.
DIST. 3

Oil Conservation Division of
New Mexico
Aztec District
Attention: Frank Chavez
1000 Rio Brazos Road
Aztec, NM 87410

Re: Depth - Inclination report, Bullseye #16 McKinley County

Dear Mr. Chavez:

The undersigned, John H. Peters, President of Devcon Operations Company Incorporated hereby swears the following directional survey is true and correct,

Well: Bullseye #16 *m-18-16N-9W*
Field: Marcelina - Dakota "A" field
County: McKinley

DEPTH	INCLINATION
800 FEET	1 DEGREE
1000 FEET	1.25 DEGREE
1500 FEET	1.25 DEGREE
1870 FEET	2.25 DEGREE

The actual
your discretior

in our files for you to inspect at

ATTEST:

[Signature]
John H.
DEVCON
INCOR

3002 (6/82) — (Corporation) First American Title Insurance Company

STATE OF CALIFORNIA
COUNTY OF Los Angeles

On August 29, 1989

ss. John H. Peters, before me, the undersigned, a Notary Public in and for said State, personally appeared *****

*****, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons who executed the within instrument as

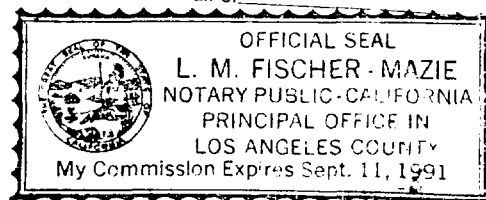
President and ***** Secretary, on behalf of Devcon Operations Company, Inc.

the corporation therein named, and acknowledged to me that such corporation executed the within instrument pursuant to its by-laws or a resolution of its board of directors.

WITNESS my hand and official seal.

Signature

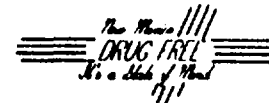
[Signature]
L. M. Fischer-Mazie



(This area for official notarial seal)



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

May 25, 1993

Mr. Tom E. Knowlton
Nerdlihc Company, Inc.
337 E. San Antonio Drive
Suite 101
Long Beach, CA 90807

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W
Bullseye #10, O-18-16N-09W
Bullseye #7, D-19-16N-09W

Dear Mr. Knowlton:

According to Sundries submitted by Nerdlihc, the Bullseye #6 was to be returned to production by April 15, 1993, and casing inspection logs were to be run on the Bullseye #10 and the Bullseye #7 by May 1, 1993. To date, this office has not received notification that any of this work has been performed. Your failure to comply is in violation of Rule 201. If you do not comply by June 25, 1993, a case will be docketed for hearing to show cause why referenced wells should not be plugged and abandoned in accordance with a Division approved plugging program.

Yours Truly,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

xc: TA File
Well File

OCD - SUBMITTAL	
OCD - SUBMITTAL	
OCD	1 M
CASE NO	12344

Bullseye #1Y	C-19-16N-09W	#30-031-20556
Bullseye #3	N-18-16N-09W	#30-031-20424
Bullseye #5	K-18-16N-09W	#30-031-20465
Bullseye #7	D-19-16N-09W	#30-031-20507
Bullseye #6	K-18-16N-09W	#30-031-20471 ✓
Bullseye #12	M-18-16N-09W	#30-031-20593
Bullseye #10	O-18-16N-09W	#30-031-20578
Bullseye #15	D-13-16N-10W	#30-031-20674
Bullseye #13	O-13-16N-10W	#30-031-20673
Bullseye #16	M-18-16N-09W	#30-031-20942
Marcelina #1	A-24-16N-10W	#30-031-20446
Marcelina #5	A-24-16N-10W	#30-031-20513
Marcelina #6	H-24-16N-10W	#30-031-20514

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLIHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 6	Pool Name, Including Formation WC GAL.	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter K 1654 Feet From The S Line and 1673 Feet From The W Line Section 18 Township 16N Range 9W , NMPM, MCKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> NONE	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 18
	Twsp. 16N	Rge. 9W
	Is gas actually connected? NO	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water -	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

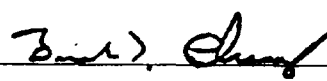
VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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
TOM E. KNOWLTON PRESIDENT
Printed Name
Title
Date **12-3-90** Telephone No. **(213) 422-1271**

OIL CONSERVATION DIVISION

Date Approved **DEC 10 1990**

By 
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NERDLHC COMPANY, INC.		Well API No.
Address 337 E. SAN ANTONIO DRIVE, LONG BEACH, CALIFORNIA 90807		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator DEVCON OPERATIONS COMPANY, INC., 1801 BROADWAY, STE. 600, DENVER, CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name BULLSEYE	Well No. 6	Pool Name, including Formation WC GAL.	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter K : 1654 Feet From The S Line and 1673 Feet From The W Line				
Section 18 Township 16N Range 9W , NMPM , McKINLEY County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1183, HOUSTON, TX 77001	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
NONE		
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 18
	Twp. 16N	Rge. 9W
	Is gas actually connected? NO	
	When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Water - Bbls.
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gas - MCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

NERDLHC COMPANY, INC.

By:

Signature

TOM E. KNOWLTON

PRESIDENT

Printed Name

Title

Date

6/5/90 (213)422-1271

Telephone No.

OIL CONSERVATION DIVISION

JUN 22 1990

Date Approved

By

Barry J. Chang

SUPERVISOR DISTRICT #3

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Evans Production Comcoany

Address
1109 El Alhambra Cir. N.W., Albuquerque, N.M. 87107

RECEIVED
JAN 16 1985

Reason(s) for filing (Check proper box)

New Well ☒
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other (Please explain)

OIL CON. DIV
DIST 3

If change of ownership give name
and address of previous owner

~~Permian~~ Slayton ^{Oil Corp.} P.O. Box 2035 Roswell, N.M. 88201

DESCRIPTION OF WELL AND LEASE

Lease Name Bullseye	Well No. 6	Pool Name, including Formation Gallup-Gallup	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter K ; 1654 Feet From The South Line and 1673 Feet From The West Line of Section 18 Township 16N Range 9W , NMPM, McKinley County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) 202 Pet. Plaza Bldg., Farmington, N.M.
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When K 18 16N 9W No

If this production is commingling with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 12-15-75	Date Compl. Ready to Prod. 2-15-77	Total Depth 921	P.B.T.D. 913
Elevations (DF, RKB, RT, GR, etc.) 7253 GR	Name of Producing Formation Gallup	Top Oil/Gas Pay 857	Tubing Depth 866
Perforations 857-868 - - 4 shots/ft			Depth Casing Shoe 913

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE 8 5/8 6 1/4	CASING & TUBING SIZE 7" 4 1/2" 2 3/8"	DEPTH SET 60' 913' 866'	SACKS CEMENT cement of surface 95 sx --
-----------------------------	--	----------------------------------	--

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-15-77	Date of Test 2-15-77	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 10 psi	Casing Pressure -0-	Choke Size -0-
Actual Prod. During Test 2.2 BOPD	Oil-Bble. 2.1 BOPD	Water-Bble. .1 BOPD	Gas-MCF None

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

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

Sid Evans
(Signature)

Operator
(Title)

10-1-84
(Date)

OIL CONSERVATION COMMISSION

1-30-85 JAN 30 1985
APPROVED _____, 19

BY Frank J. Dwyer
SUPERVISOR DISTRICT # 3

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.



STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



GARY E. JOHNSON
GOVERNOR

JENNIFER A. SALISBURY
CABINET SECRETARY

1800 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178 FAX: (505) 334-6178

April 20, 1995

Certified: P-987-892-139

W F Wood
Norwest Bank of NM
PO Box 1081
Albuquerque NM 87103

Tom Knowlton
Nerdhlic Co Inc
337 E San Antonio Dr
Ste 101
Long Beach CA 90807

RE: Nerdhlic Co Inc

Dear W F:

The wells on the attached list have had no reported production since December, 1993, and are in violation of rule #201 and #203. You are hereby directed to plug and abandon, return wells to production, or temporarily abandon the wells under rule #203 within 30 days.

If you fail to bring the wells into compliance, we will schedule a show cause hearing as to why they should not be plugged and abandoned.

Sincerely,

Johnny Robinson
Deputy Oil & Gas Inspector

JR/sh

attach

cc: Tom Knowlton, Nerdhlic Co Inc
Rand Carroll
well files
P&A file

*Bullseye 6
K-18-16-9*



OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO
1000 RIO BRAZOS RD. - AZTEC

87410

DIRECTOR
JOE D. RAMEY

LAND COMMISSIONER
PHIL R. LUCERO



STATE GEOLOGIST
EMERY C. ARNOLD

December 30, 1975

Mr. Gene Wilson
Fairfax Exploration, Inc.
301 - B Graceland, S. E.
Albuquerque, New Mexico 87108

Re: Fairfax Exploration, Inc.
Bullseye #6
K-18-16N-9W

Dear Mr. Wilson:

Please notice that the attached form C-101 has been approved
subject to approval of the non-standard location.

Also, please file two copies of a letter showing the blowout
prevention program to be used during drilling operations.

If there are questions, please contact us.

Yours very truly,

A. R. Kendrick
Supervisor, District #3

ARK:mc

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

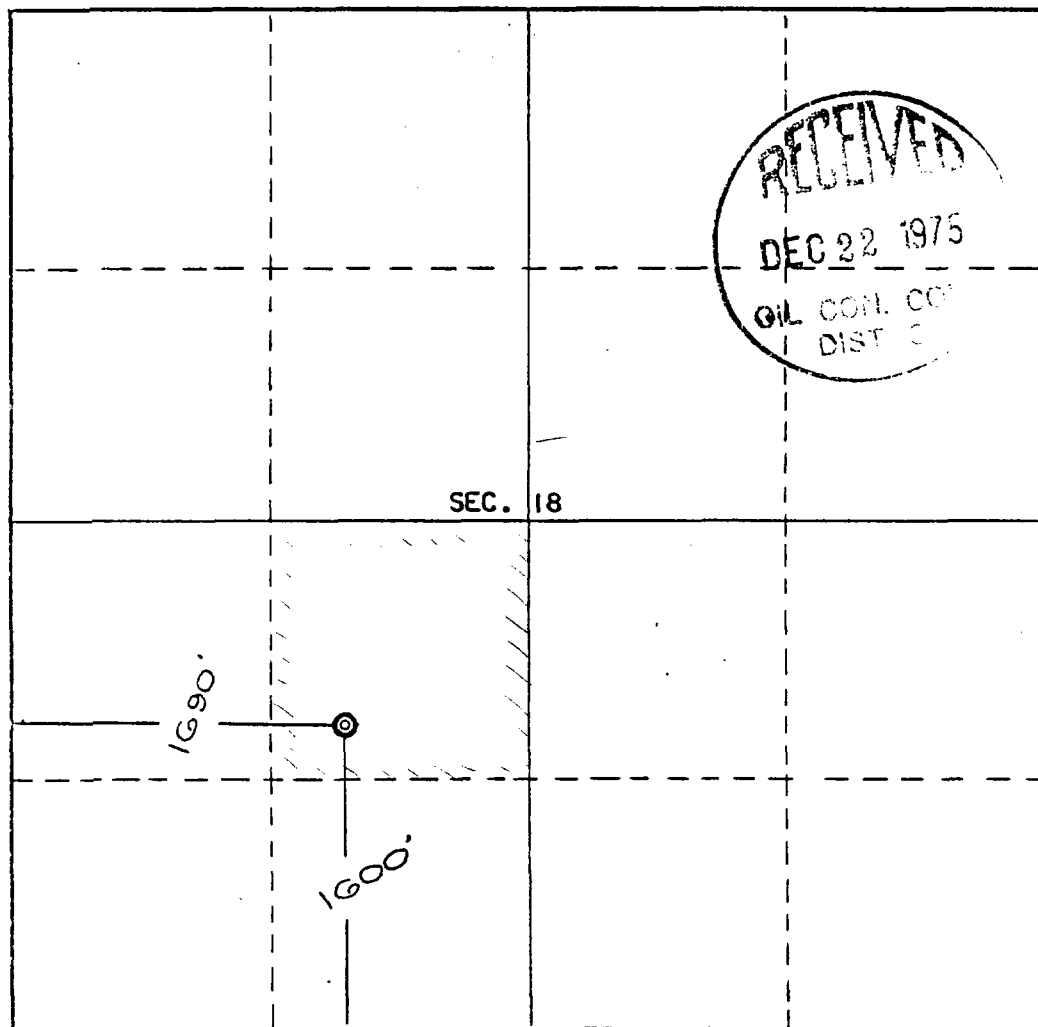
Operator Fairfax Exploration, Inc.			Lease Bullseye		Well No. 6
Unit Letter K	Section 18	Township 16 North	Range 9 West	County McKinley	
Actual Footage Location of Well: 1600 feet from the South line and 1690 feet from the West line					
Ground Level Elev. 7253	Producing Formation Hospan-Gallup		Pool Wildcat		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Gene D. Wilson
Name

Gene D. Wilson

Position

President

Company

Fairfax Exploration, Inc.

Date

Dec. 11, 1975

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 knowledge and belief.

Date Surveyed

December 10, 1975

Registered Professional Engineer
and/or Land Surveyor

E.V. Echshawk

Certificate No. 3602

E.V. Echshawk LS

NO. OF COPIES RECEIVED	5
DIST. LOCATION	
SANTA FE	1
FILE	1
U.S.G.S.	2
LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

30-031-20471
Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☐ FEE ☒
5. State Oil & Gas Lease No.

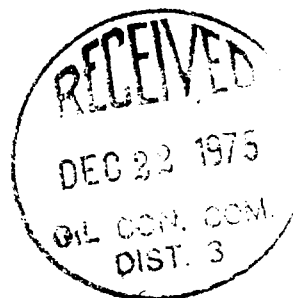
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Bullseye
2. Name of Operator Fairfax Exploration Inc.		9. Well No. 6
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108		10. Field and Pool, or Wildcat Wildcat Gallup
4. Location of Well UNIT LETTER K LOCATED 1600 FEET FROM THE South LINE AND 1690 FEET FROM THE West LINE OF SEC. 18 TWP. 16 N RGE. 9 W NMPM		12. County McKinley
19. Proposed Depth 950'		19A. Formation Hospi-Gallup
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DP, RT, etc.) 7253 Ground	21A. Kind & Status Plug. Bond 10,000 Blanket	21B. Drilling Contractor Stewart Bros.
22. Approx. Date Work will start Dec. 11, 1975		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
9.5"	7"	20#	40'	10	Surface
6.25"	4.5"	10.5	950'	165	surface

APPROVED FOR SO. DIST. 3
OIL CON. COM.
3-20-76
EXPIRES



1. ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed [Signature] Title President Date Dec. 11, 1975

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE DEC 22 1975

CONDITIONS OF APPROVAL, IF ANY:

subject to approval of new standard location

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OPERATOR	3

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.		8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108		9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> <u>1600</u> FEET FROM THE <u>South</u> LINE AND <u>1690</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7253 GR		12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

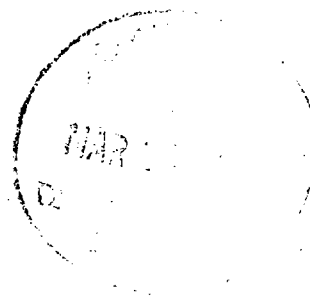
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Set 931" 4 1/2" Casing (11.60#/Ft.)
Cemented with 95 sx cement, cemented to surface. Dec. 18, 1975



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Gene D. Wilson TITLE President DATE Dec. 24, 1975

APPROVED BY H. E. Maxwell TITLE SECRETARY DATE MAR 1976

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108	9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> <u>1600</u> FEET FROM THE <u>South</u> LINE AND <u>1690</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7253 GR	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Commenced drilling operations 8 P.M. Dec. 15, 1975



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Jose V. Wilson TITLE President DATE

APPROVED BY Norman E. Maxwell TITLE DATE MAR 9 1976

CONDITIONS OF APPROVAL, IF ANY:

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LAND OFFICE	
OPERATOR	1

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E. Albuquerque, N.M. 87108	9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> <u>1600</u> FEET FROM THE <u>south</u> LINE AND <u>1690</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> N.M.P.M.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7253 GR	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <u>Perforate and acidize and frac.</u> <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Perforated Upper Hospah (Gallup) Sand 855-866' with 4 shots/ft. -- Welex
Acidized with 1000 gal MCA. -- Halliburton
Fracced with 10,000 gal water gel and 10,000# sand. -- Halliburton
Work completed April 24, 1976.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE May 7, 1976

APPROVED BY ORIGINAL SIGNED BY H. E. MAXWELL JR. TITLE PETROLEUM ENGINEER DATE MAY 10 1976

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Fairfax Exploration Inc.

3. Address of Operator
301-B Graceland S.E., Albuquerque, N.M. 87108

4. Location of Well
UNIT LETTER K 1600 FEET FROM THE South LINE AND 1690 FEET FROM
THE West LINE, SECTION 18 TOWNSHIP 16 N RANGE 9 W N.M.P.M.

7. Unit Agreement Name
8. Farm or Lease Name Bullseye
9. Well No. 6
10. Field and Pool, or Wildcat Wildcat
12. County McKinley

15. Elevation (Show whether DF, RT, GR, etc.)
7253 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1703.

Perforate Upper Hospah sand 855-866' with 4 shots/ft.
Acidize with 500 MCA.

Intend to use Schaeffer BOP while perforating and swabbing.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE March 10, 1976

APPROVED BY [Signature] TITLE DATE MAR 18 1976

CONDITIONS OF APPROVAL, IF ANY:

Fairfax Exploration, Inc.

301 B Graceland, S.E.
Albuquerque, New Mexico 87108
Telephone (505) 268-9570

March 10, 1976

Mr. A.R. Kendrick
Supervisor, District #3
Oil Conservation Commission
State of New Mexico
1000 Rio Brazos Rd.
Aztec, New Mexico 87410

Re: Rule 109-BOP
Bullseye Area
16 N- 9W
McKinley Co.

*Bullseye # 6
K-18-16-9*

Dear Mr. Kendrick:

In order to comply with your memorandum No. 4-74 on Rule 109-blowout prevention we will use a Schaeffer double gate Blow out Preventer on all our drilling and workover operations until such time that we have accumulated enough information to enable you to make a revised decision.

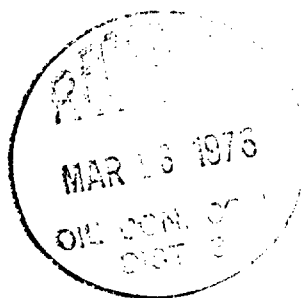
The wells drilled to date in the Bullseye area have encountered very low pressures while drilling, and only moderate pressures after acidizing and fracturing the Dakota sands.

The shallow Hospah-Gallup wells will probably not need a BOP but for now we will use one until we have gathered some information.

Very truly yours:

Fairfax Exploration, Inc.

Gene D. Wilson
Gene D. Wilson, President



Copy to S.F. 3-16-76

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

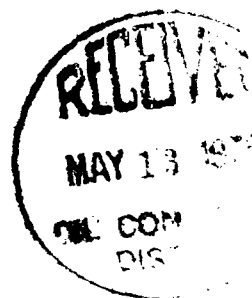
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Fairfax Exploration Inc.	8. Farm or Lease Name Bullseye
3. Address of Operator 301-B Graceland S.E., Albuquerque, N.M. 87108	9. Well No. 6
4. Location of Well UNIT LETTER <u>K</u> <u>1600</u> FEET FROM THE <u>South</u> LINE AND <u>1690</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9 W</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 7253 GR	12. County McKinley

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Install pump</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

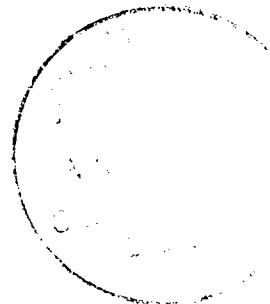
Intend to put well on pump May 17, 1976.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNED <u>[Signature]</u>	TITLE <u>President</u>	DATE <u>May 10, 1976</u>	
APPROVED BY <u>SEAL SIGN BY N. E. MATTEN, R</u>	TITLE <u>PETROLEUM ENGINEER DIST.</u>	DATE <u>MAY 10 1976</u>	
CONDITIONS OF APPROVAL, IF ANY:			

**301 B Graceland, S.E.
Albuquerque, New Mexico 87108
Telephone (505) 268-9570**

12-14-79



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OPERATOR	2

Form C-105
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

1a. TYPE OF WELL		7. Unit Agreement Name	
b. TYPE OF COMPLETION		8. Farm or Lease Name	
OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER <input type="checkbox"/> NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER <input type="checkbox"/>		Bullseye	

2. Name of Operator	9. Well No.
Fairfax Exploration Inc.	6

3. Address of Operator	10. Field and Pool, or Wildcat
301-B Graceland S.E. Albuquerque, N.M. 87108	Wildcat

4. Location of Well		12. County	
UNIT LETTER <u>K</u> LOCATED <u>1600</u> FEET FROM THE <u>South</u> LINE AND <u>1690</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>18</u> TWP. <u>16 N</u> RGE. <u>9 W</u> NMPM		McKinley	

15. Date Spudded	16. Date T.D. Reached	17. Date Compl. (Ready to Prod.)	18. Elevations (DF, RKB, RT, GR, etc.)	19. Elev. Casinghead
Dec. 15, 1975	Dec. 17, 1975	Feb. 15, 1977	7253 GR	7253

20. Total Depth	21. Plug Back T.D.	22. If Multiple Compl., How Many	23. Intervals Drilled By	Rotary Tools	Cable Tools
921			Surf.-921'		

24. Producing Interval(s), of this completion - Top, Bottom, Name	25. Was Directional Survey Made
857'-868' Upper Hospah Sand	Yes TOTCO

26. Type Electric and Other Logs Run	27. Was Well Cored
GR, SP & Res.	Yes

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7"	20	60'	8 5/8	Cement to surface	None
4 1/2"	11.6	913'	6 1/4	95 sacks	

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 3/8"	866'	None

31. Perforation Record (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.								
Perf: 857-868'-- 4 shots/ft. 44 shots 1 5/8" Mod 83 Gun Size 3 1/8 Welex	<table border="1"> <tr> <th>DEPTH INTERVAL</th> <th>AMOUNT AND KIND MATERIAL USED</th> </tr> <tr> <td>857-868</td> <td>1,000 gal HCl, HAI 50, Morflo</td> </tr> <tr> <td>857-868</td> <td>10,000 gal KCl water, 10,000#</td> </tr> <tr> <td></td> <td>10-20 sand fracture treatment</td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	857-868	1,000 gal HCl, HAI 50, Morflo	857-868	10,000 gal KCl water, 10,000#		10-20 sand fracture treatment
DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED								
857-868	1,000 gal HCl, HAI 50, Morflo								
857-868	10,000 gal KCl water, 10,000#								
	10-20 sand fracture treatment								

33. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
2-15-77		Pumping GOT #131-2" x 1 1/2" x 8'				Prod.	
Date of Test	Hours Tested	Choke Size	Prod'n. For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
Feb. 15-25, 77	240			10	None	10	NA
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API (Corr.)	
			1	None	1	40	

34. Disposition of Gas (Sold, used for fuel, vented, etc.)	Test Witnessed By
None	Douglass F. Wilson, V.P.

35. List of Attachments
Electric Log, Core Analysis Dir. Surv. Affidavit

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE President DATE March 11, 1977



TONY ANAYA
GOVERNOR

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

January 24, 1983

Mr. Paul Slayton
P. O. Box 1936
Roswell NM 88701

Re: Bullseye #5, K-18-16N-9W
Bullseye #6, K-18-16N-9W
Bullseye #2, N-18-16N-9W
Bullseye #9, O-18-16N-9W
Bullseye #8, D-19-16N-9W

Dear Mr. Slayton;

This office requested C-104's showing operator change from Fairfax Exploration on October 28, 1981. We have had no response from your company. If you have taken over operation of the entire lease you are directed to file these forms immediately. If Fairfax is still the operator please state so as soon as possible. Also, we have not received C-115's on these wells since August, 1981.

Your application to re-enter and deepen the Elmer H. White Walker Dome 16-10 #1 has expired and is hereby cancelled.

Yours truly,

Charles Gholson
Deputy Inspector

CG:gc

cc: Richard Stamets
Perry Pearce
Reading File
Operator File
Well Files

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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Paul Slayton	8. Farm or Lease Name Bullseye
3. Address of Operator P. O. Box 1936 Roswell, New Mexico 88201	9. Well No. #6
4. Location of Well UNIT LETTER <u>K</u> <u>1600</u> FEET FROM THE <u>South</u> LINE AND <u>1690</u> FEET FROM THE <u>West</u> LINE, SECTION <u>18</u> TOWNSHIP <u>16 N</u> RANGE <u>9W</u> N.M.P.M.	10. Field and Pool, or Wildcat Wildcat Gallun
15. Elevation (Show whether DF, RT, GR, etc.)	12. County McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOBS <input type="checkbox"/> OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TA until Re-work or re-treat

*Change of Operator
Fairfax Explor. Inc. to Paul Slayton

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Paul Slayton</u>	TITLE <u>Operator</u>	DATE <u>08/12/83</u>

Original Signed <u>08/12/83</u>	TITLE	DATE
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

TA expired 2-16-84

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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

6. Name of Operator
Slayton Oil Corp.

7. Address of Operator
P. O. Box 2035 Roswell, New Mexico 88201

8. Location of Well
UNIT LETTER K 1600 FEET FROM THE South LINE AND 1690 FEET FROM
THE West LINE, SECTION 18 TOWNSHIP 16 N RANGE 9 W NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Bullseye

9. Well No.
6

10. Field and Pool, or Wildcat
Wildcat-Gallup

15. Elevation (Show whether DF, RT, GR, etc.)
72.53 GL

12. County
McKinley

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
OTHER <input type="checkbox"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

**** Change of Operator****

From Paul Slayton to Slayton Oil Corp.

APPROVED BY
OIL CON. DIST. 3

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Paul Slayton by rw TITLE Operator DATE Jan. 1, 1984

APPROVED BY Original Signed by FRANK T. CHAVEZ TITLE SUPERVISOR DISTRICT 3 DATE Jan. 1, 1984

CONDITIONS OF APPROVAL, IF ANY:

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-4-65

All distances must be from the outer boundaries of the Section.

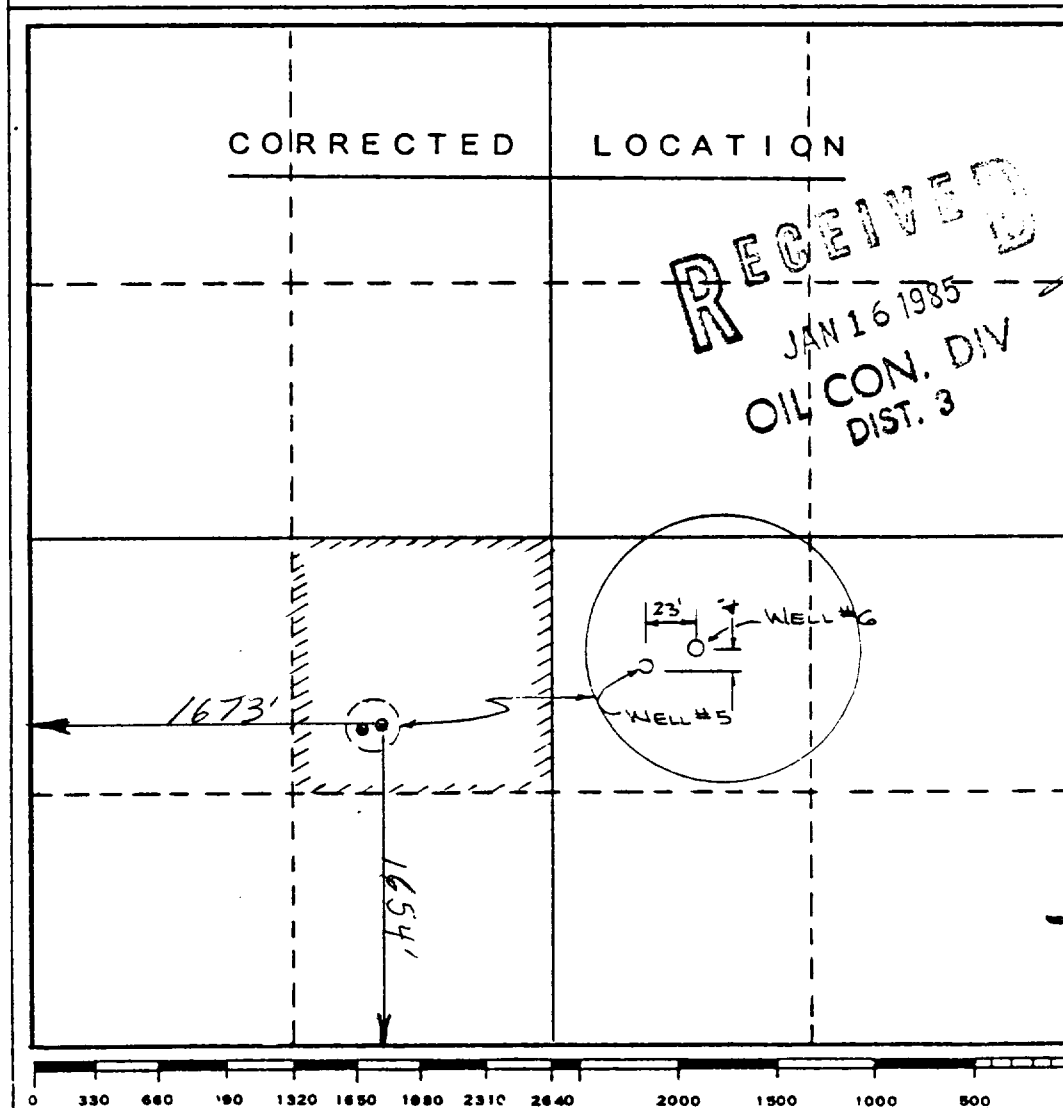
Operator Evans Production Company			Lease Bullseye		Well No. 6
Unit Letter K	Section 18	Township 16N	Range 9W	County McKinley	
Actual Footage Location of Well: 1654 feet from the South line and 1673 feet from the West line					
Ground Level Elev. 7253	Producing Formation Gallup		Pool Wildcat		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Lewis C. Jameson
Name

Lewis C. Jameson

Position

Geologist

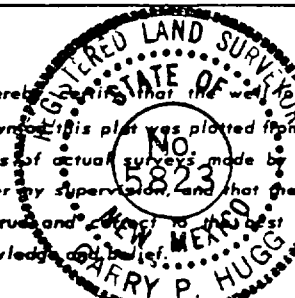
Company

Evans Production Company

Date

Jan. 12. 1985

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 knowledge and belief.



June 14, 1982

Date Surveyed

Garry P. Huggins
Registered Professional Engineer
and/or Land Surveyor

5823

Certificate No.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES DESIRED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Devcon Operations Company, Inc., & Olsen Energy Associates - Co-Operators

Address 1801 Broadway, Suite 600, Denver, Colorado 80202 - 3834

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) N/A
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Castnehead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner Evans Production Company, P.O. Box 21399, Albuquerque, N.M. 87154-1399

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bullseye</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Marcellina/Dakota</u>	Kind of Lease <u>W.C. GAL.</u>	State, Federal or Fee <u>FEE</u>	Lease No. <u>N/A</u>
Location Unit Letter <u>K</u> <u>1654</u> Feet From The <u>South</u> Line and <u>1673</u> Feet From The <u>West</u>					
Line of Section <u>18</u> Township <u>16 North</u> Range <u>9 West</u> . NMPM. <u>McKinley</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Castnehead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent) <u>N/A</u>
If well produces oil or liquids, give location of tanks.	Unit <u>K</u> Sec. <u>18</u> Twp. <u>16N</u> Rge. <u>9W</u>
Is gas actually connected?	When <u>NO</u> <u>N/A</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Eric H. Olsen
(Signature)
President - Olsen Energy
(Title)
3/20/89
(Date)

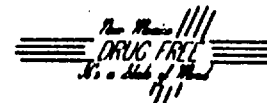
OIL CONSERVATION DIVISION

APPROVED MAR 22 1989, 19
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.



STATE OF NEW MEXICO
ENERGY, MINERALS and NATURAL RESOURCES DIVISION
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

March 3, 1993

Mr. Eric H. Olsen
Nerdlihc Company, Inc.
337 E. San Antonio Dr.
Long Beach, CA 90804

RE: Temporarily Abandoned Wells
Bullseye #6, K-18-16N-09W (GP)
Bullseye #10, O-18-16N-09W (DK)
Bullseye #7, D-19-16N-09W (DK)
Marcelina #5, A-24-16N-10W (DK)
Marcelina #1, A-24-16N-10W (DK)
Marcelina #6, H-24-16N-10W (DK)

Dear Mr. Olsen:

On March 16, 1992 Nerdlihc Company responded to NMOCD Memorandum 3-91-10 dated December 27, 1991 in reference to the above mentioned TA wells. Nerdlihc was required to complete work on these wells by December 31, 1992. Our records indicate that these wells are still inactive and require P&A or TA approval under Rules 201, 202 and 203.

Nerdlihc is hereby directed to submit plans to bring these wells into compliance by April 1, 1993. Your failure to respond will result in violation of Rule 201 and we may assess fines or take other appropriate measures.

Sincerely,

Dianna K. Fairhurst

Dianna K. Fairhurst
Deputy Oil & Gas Inspector

XC: TA File
Well File

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

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

WELL API NO. 30031 - 20471
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Bullseye
8. Well No. 6
9. Pool name or Wildcat WC Gallup

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Nerdlihc Company, Inc.	
3. Address of Operator 337 E. San Antonio Dr., #101, Long Beach, CA 90907	
4. Well Location Unit Letter <u>K</u> : <u>1654</u> Feet From The <u>south</u> Line and <u>1673</u> Feet From The <u>west</u> Line Section <u>18</u> Township <u>16N</u> Range <u>9W</u> NMPM <u>McKinley</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Move in and rig up Hathorn Well Service
Pull out of hole with rods and pump
Test pump
Run in hole with rods and pump
Hang well off on horse head
Prepare to production test Hospah
Start date: 04/15/93

RECEIVED
APR 5 1993
OIL CON. DIV.
DIST. 2

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

SIGNATURE <u>Tom E. Knowlton</u>	TITLE <u>President</u>	DATE <u>3-31-93</u> (310)
TYPE OR PRINT NAME <u>Tom E. Knowlton</u>	TELEPHONE NO. <u>422-1271</u>	

(This space for State Use)

APPROVED BY Dianna Daishurst DEPUTY OIL & GAS INSPECTOR, DIST. # 2 DATE 4/6/93

CONDITIONS OF APPROVAL, IF ANY:

IF WELL PROVES TO BE NON-COMMERCIAL, CASING MUST BE PRESSURED TO 500 PSI FOR 30 MINUTES WITH LESS THAN 10% BLEED OFF IN ORDER TO RETAIN TA STATUS.