

SEP 05 2007

OCD-ARTESIA

P.O. BOX 10523, MIDLAND, TX 79702 (432) 682-1251

30-015 - 10380

September 4, 2007

New Mexico Oil Conservation Division
1301 W. Grand Ave.
Artesia, New Mexico 88210-1729
Attn: Bryan Arrant

Re: Request for Administrative Approval for Water Disposal Well.
Federal U# 1
Section 9K, T-17-S, R-24-E
Eddy County, New Mexico

Dear Mr. Arrant:

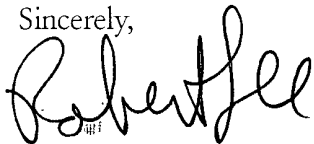
Please find attached a Form C-108 requesting approval to utilize the Federal U# 1 as a salt-water disposal well. If all attachments are satisfactory and no offset Owners object, Thunderbolt Petroleum, LLC respectfully requests approval be granted administratively. I have also sent a copy of this C-108 to Mr. Will Jones with the OCD in Santa Fe.

Thunderbolt requests permission to inject water into the Devonian Formation at 7700-8200'. The 3 1/2" plastic lined injection tubing is to be set at 7650' with a plastic coated Baker Lok-Set Packer.

The maximum anticipated injection rate is 2000 BWPD with an injection pressure not to exceed 1500 psi. If injection pressures need to be increased, a State witnessed step-rate test will be performed.

If you have any questions or if I can be of any assistance, please do not hesitate to call me at (432) 682-1251.

Sincerely,



Robert Lee

SEP 05 2007
OCD-ARTESIA

FEDERAL U # 1

SALT WATER DISPOSAL WELL

OCD FORM C-108

OPERATOR

THUNDERBOLT PETROLEUM, LLC

SEPTEMBER 2007

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: _____ Secondary Recovery _____ Pressure Maintenance X Disposal _____ Storage
Application qualifies for administrative approval? X Yes _____ No
- II OPERATOR: Thunderbolt Petroleum, LLC
ADDRESS: P. O. Box 10523 Midland, TX 79702
CONTACT PARTY: Robert Lee PHONE: 432-682-1251
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? _____ Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

NAME: Robert Lee TITLE: Consulting Engineer

SIGNATURE: Robert Lee DATE: August 15, 2007

E-MAIL ADDRESS: robertlee5@att.net

- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted.
Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

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

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

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

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

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

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

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

[illegible]

FORM	TOP																																										
<div style="text-align: center; font-weight: bold;">FEDERAL U #1</div> <div style="text-align: center; font-weight: bold;">PROPOSED WELLBORE DIAGRAM THUNDERBOLT PETROLEUM LLC</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%;">SU-T-R 1980 FSL & 1980 FWL SEC 9K, T-17-S, R-24-E</td><td style="width: 30%;">API #: 30-15-10380</td></tr><tr><td colspan="2">FIELD:</td></tr><tr><td>CO, ST: EDDY, NEW MEXICO</td><td>LAND TYPE: FEDERAL</td></tr><tr><td colspan="2">STATUS: SWD</td></tr><tr><td colspan="2"> </td></tr><tr><td colspan="2"> </td></tr></table> <div style="margin-top: 20px;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="3" style="text-align: center; font-weight: bold;">CASING</th></tr><tr><td style="width: 30%;">Pipe</td><td style="width: 30%;">9 5/8"</td><td style="width: 40%;">13 3/8"</td></tr><tr><td>Depth</td><td>1950'</td><td>360'</td></tr><tr><td>Cement</td><td>800 sx</td><td>300 sx</td></tr></table><div style="margin-top: 10px;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><th colspan="3" style="text-align: center; font-weight: bold;">PROPOSED</th></tr><tr><td style="width: 30%;">Pipe</td><td style="width: 30%;">7"</td><td style="width: 40%;"></td></tr><tr><td>Depth</td><td>7700'</td><td></td></tr><tr><td>Cement</td><td colspan="2">1100 sx-Circulated</td></tr></table></div></div> <div style="margin-top: 20px;"><table border="1" style="width: 100%; border-collapse: collapse;"><tr><th style="text-align: center; font-weight: bold;">DEVONIAN ZONE HISTORY</th></tr><tr><td>2/14/65 Spud D&A 3/21/65</td></tr><tr><td> </td></tr><tr><td> </td></tr><tr><th style="text-align: center; font-weight: bold;">PROPOSED</th></tr><tr><td>Run 7" csg to 7700' w/1100 sx cmt, circ to surface Set 3-1/2" plastic-coated tbq to 7650' w/Baker Lok-Set pkr</td></tr></table></div>		SU-T-R 1980 FSL & 1980 FWL SEC 9K, T-17-S, R-24-E	API #: 30-15-10380	FIELD:		CO, ST: EDDY, NEW MEXICO	LAND TYPE: FEDERAL	STATUS: SWD						CASING			Pipe	9 5/8"	13 3/8"	Depth	1950'	360'	Cement	800 sx	300 sx	PROPOSED			Pipe	7"		Depth	7700'		Cement	1100 sx-Circulated		DEVONIAN ZONE HISTORY	2/14/65 Spud D&A 3/21/65			PROPOSED	Run 7" csg to 7700' w/1100 sx cmt, circ to surface Set 3-1/2" plastic-coated tbq to 7650' w/Baker Lok-Set pkr
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TD 8,200'																																											

INJECTION WELL DATA SHEET

OPERATOR: _____Thunderbolt Petroleum LLC_____

WELL NAME & NUMBER: _____Federal U #1_____

WELL LOCATION: _____1980' FSL & 1980' FWL_____K_____9_____17S_____24E_____
FOOTAGE LOCATION UNIT LETTER SECTION TOWNSHIP RANGEWELLBORE SCHEMATICWELL CONSTRUCTION DATASurface Casing

Hole Size: _____17 1/2"_____ Casing Size: 13 3/8" set @ 360'

Cemented with: _____300_____ sx. or _____ ft³

Top of Cement: _____Surface_____ Method Determined: __Circulated__

Intermediate Casing

Hole Size: _____12 1/4"_____ Casing Size: 9 5/8" set @ 1950'

Cemented with: _____800_____ sx. or _____ ft³

Top of Cement: __Surface__ Method Determined: __Circulated__

Production Casing

Hole Size: __"_____ Casing Size: __" set @ '

Cemented with: _____ sx. or _____ ft³

Top of Cement: __Surface__ Method Determined: __Calculated__

Total Depth: __'_____

Injection Interval

_____ feet to _____ Perforated _____

(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEET

Tubing Size: 3 1/2" Lining Material: Plastic

Type of Packer: Baker Lok-Set

Packer Setting Depth: 7650'

Other Type of Tubing/Casing Seal (if applicable):

Additional Data

1. Is this a new well drilled for injection? Yes X No
If no, for what purpose was the well originally drilled? Oil & Gas Exploration
dry hole
2. Name of the Injection Formation: Devonian
3. Name of Field or Pool (if applicable):
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. No
5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: There are no deeper producers in the area. There is production from the shallower Atoka horizon at 7100-7200' and the Wolfcamp at 4500-5000'. Wells producing from these horizons are outside the Area of Review.

FEDERAL U # 1
APPLICATION FOR INJECTION
NMOCD Form C-108 Section III

III. Data on injection well(s)

A. Injection well information (see attached schematic)

Tabular data

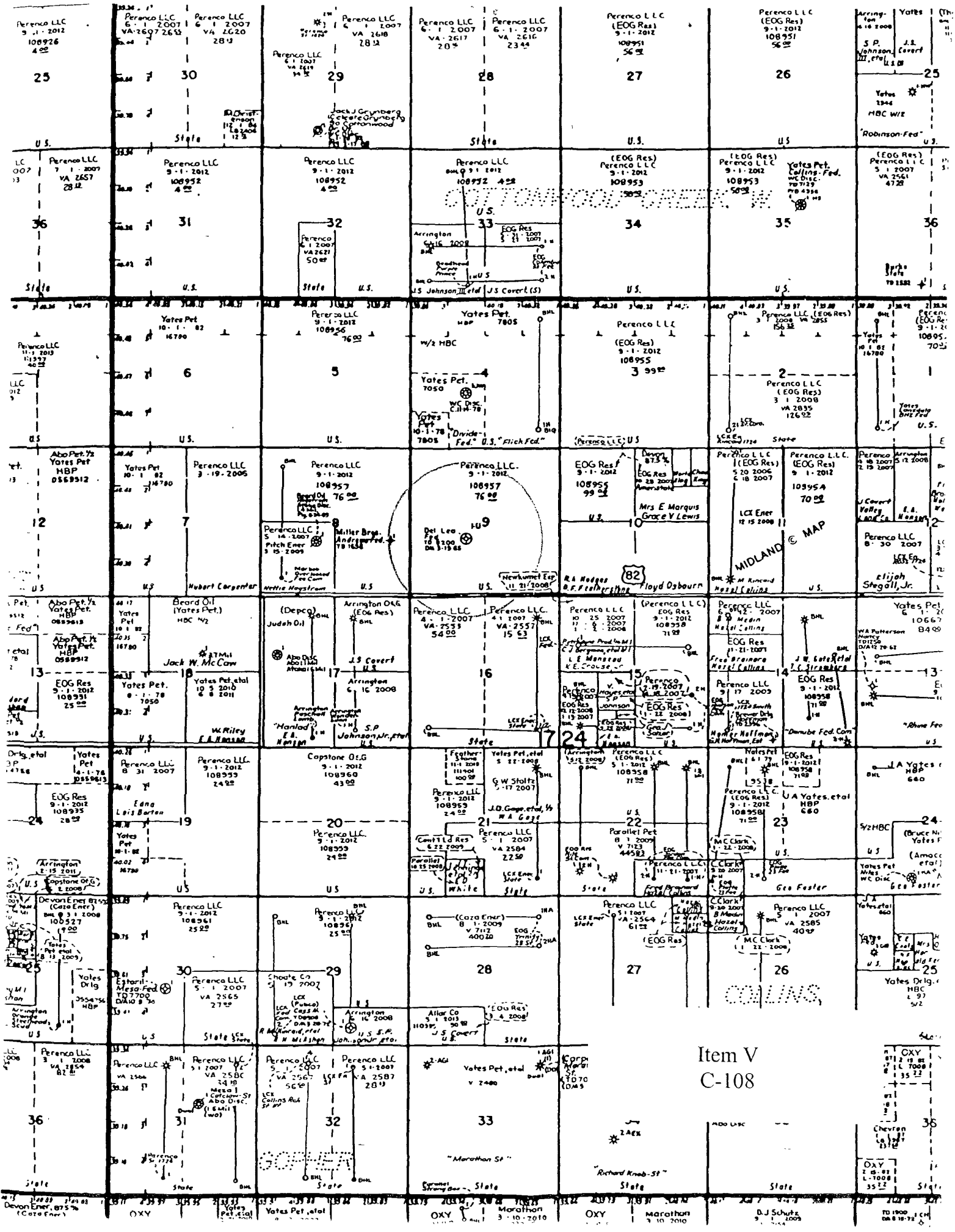
1. Lease: Federal U
Well No: 1
Location: 1980' FSL & 1980' FWL
Section 9
T-17-S, R-24-E
Eddy County, NM
2. Casing: 13 3/8", 48# /ft surface csg., @ 360' in 17 1/2" hole w/300 sx.
circulated.

9 5/8", 36# /ft, csg. @ 1950' in 12 1/4" hole, cemented
w/800 sx. TOC @ surface, circulated.

Proposed Casing String: 7", 23 # /ft csg @ 7700', J-55 in 8 3/4" hole, cemented
with 1100 sx, circulated to surface.
3. Injection tubing: + or - 240 jts 3 1/2", 10.2 lb/ft, J-55 plastic lined tubing set @
7650'.
4. Packer: Plastic coated Baker Lok-Set Packer set at 7650'.

B. Other well information

1. Injection formation: Devonian
2. The injection intervals will be from 7700-8200' openhole.
3. This well was drilled as a Devonian test well in 1965. It was plugged as a dry
hole.
4. There are no other perfed or tested intervals in this well. We intend to complete
the well openhole from 7700-8200'.
5. There is no production from zones below this interval within this area. The next
higher producing zone is the Atoka at a depth of 7100-7200'. The Wolfcamp is
also productive at 4500-5000'. Wells producing from these horizons are outside
the Area of Review.



Item V
C-108

Thunderbolt Petroleum LLC C-108 ITEM VI Tabulation of Wells Within the Area of Review

	OPERATOR	CURRENT WELL NAME	API # 30-015	LOC'N	S-T-R T-17-S R-34-E	STATUS	SPUD DATE	COMP DATE	TD	PBTD	ZONE	CASING PROGRAM	TOC (Calc.)	COMP. INTERVAL	TRTMT.	IP
1	Socony Mobil Oil Co Inc	Federal U # 1	10380	1980 FSL 1980 FWL	Sec 9	P&A	2/14/1965	3/21/1965	8200'		Devonian	13 3/8" @ 360' w/300 sx circ 9 5/8" @ 1950' w/800 sx circ	surface surface	1950-8200' OH	None	None
2	Miller Brothers Oil Co	Andrews # 1	00050	1980 FSL 660 FEL	Sec 8	P&A	1/9/1956	2/23/1956	1698'			8 5/8" @ 262' w/25 sx, pulled 220' 7" @ 550' w/25 sx, pulled 380'				

(
FEDERAL U # 1

CONVERT TO INJECTION

NMOCD Form C-108 Sections VII thru XII

VII. Data on proposed operation.

1. Proposed average injection rate: 1500 BWPD per well
Proposed maximum injection rate: 2000 BWPD per well
2. The system will be a closed system.
3. Proposed average injection pressure: 1000 PSI
Proposed maximum injection pressure: 1500 PSI (This is based on a .2 psi/ft gradient)
4. The proposed injection fluid is produced water from other leases. Water analysis of these waters is not available. Offsetting Wolfcamp produced water has an R_w of .28.
5. This zone is not productive of oil and gas. There is no water analysis for this well; however, analysis of Devonian water in the area indicates an R_w of .35.

VIII. The proposed injection interval is located in the Devonian formation. This carbonate reservoir is 500' thick in this area. The intervals to be injected into are 7700-8200'. There are several fresh water wells within one mile of the proposed salt-water disposal well based on the attached information provided by the State Engineer. The depth of these wells range from 325' to 1000' deep. A water analysis is attached.

IX. The injection zone will be an openhole interval at 7700-8200'. The injection string will be 3 1/2" plastic lined tubing set at 7650' with a plastic coated Baker Lok-Set packer. No stimulation is planned for the injection interval.

X. Logs have been submitted to the OCD.

XI. There are several fresh water wells within one mile of the proposed conversion. The information for this area as provide by the State Engineer is attached. An analysis of the water from wells in the area is attached.

XII. An examination of this area has determined there are no open faults or other hydrologic connection between the disposal zone and any underground drinking water. The casing and cement will isolate the migration of salt water up the borehole.

Affidavit of Publication

State of New Mexico,
County of Eddy, ss:

April Hernandez, being first duly sworn,
on oath says:

That she is HR Manager of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the State wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

August 16 2007

That the cost of publication is \$43.79 that Payment Thereof has been made and will be assessed as court costs.

April Hernandez

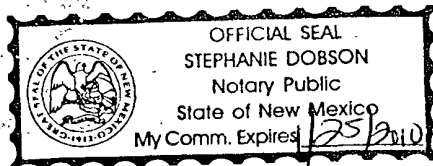
Subscribed and sworn to before me this

16 day of August, 2007

Stephanie Dobson

My commission Expires on 1/25/2010

Notary Public



August 16, 2007

This is to advise all parties concerned, Thunderbolt Petroleum, LLC seeks permission to inject salt water into the following well:

Federal U #1
1980' FSL & 1980' FWL
Section 9, T-17-S,
R-24-E

Eddy County, New Mexico

The formation to be injected into is the Devonian. Formation at the following intervals: 7700-8200'

The maximum expected injection rate is 2000 BWPD at a maximum injection pressure of 1500 psi. Questions can be addressed to:

Lee Engineering
P. O. Box 10523
Midland, Tx. 79702
Attn: Robert Lee
(432) 682-1251

Interested parties must file objections or requests for hearing within 15 days of this notice to the:

Oil Conservation Division
1220 South Francis Drive
Santa Fe, New Mexico 87505

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>Maria Aguero</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Maria Aguero</i>	C. Date of Delivery <i>8/17</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

05 1160 0005 3773 0540

Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to Yates Petroleum Corporation 105 South Fourth St. Artesia, NM 88210	
2. Article Number (Transfer from service label)	

7005 1160 0005 3773 0519

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>Kathy Donaghe</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>KATHY DONAGHE</i>	C. Date of Delivery <i>8/17</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>Shereen Winer</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Shereen Winer</i>	C. Date of Delivery <i>8/17</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

105 1160 0005 3773 0557

Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to: David H. Arrington Oil & Gas Inc. PO Box 2071 Midland, TX 79702	
2. Article Number (Transfer from service label)	

7005 1160 0005 3773 0526

PS Form 3811, February 2004

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>Shereen Winer</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Shereen Winer</i>	C. Date of Delivery <i>8/17</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>Sarah Hines</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Sarah Hines</i>	C. Date of Delivery <i>8/27/17</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

106 0810 0005 7586 2418

Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to: EOG Resources PO Box 2267 Midland, TX 79702	
2. Article Number (Transfer from service label)	

7005 1160 0005 3773 0533

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY	
A. Signature <i>Sarah Hines</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Sarah Hines</i>	C. Date of Delivery <i>8/17</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bureau of Land Management
620 E. Greene St.
Carlsbad, NM 88220

2. Article Number

(Transfer from service label)

7006 0810 0005 7584 5435

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☐ Addressee

B. Received by (Printed Name)

L. Gomer

C. Date of Delivery

8-22

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Perenco LLC
1021 Main St., Ste. 2500
Houston, TX 77002-6518

2. Article Number

(Transfer from service label)

7005 0390 0000 6037 2349

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent☐ Addressee

B. Received by (Printed Name)

Dalila Garcia

C. Date of Delivery

08-20-05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

**New Mexico Office of the State Engineer
POD Reports and Downloads**

Township: Range: Sections:
 NAD27 X: Y: Zone: Search Radius:
 County: Basin: Number: Suffix:
 Owner Name: (First) (Last) ☐ Non-Domestic ☐ Domestic ☒ All

WATER COLUMN REPORT 08/01/2007

(quarters are 1=NW 2=NE 3=SW 4=SE)
 (quarters are biggest to smallest)

POD Number	Tws	Rng	Sec	q	q	q	Zone	X	Y	Depth Well	Depth Water	Water (in feet) Column
RA 02691	17S	24E	01	3	1	1				355	335	20
RA 07889	17S	24E	03	1	3	4				480	355	125
RA 10859 EXPLORE	17S	24E	03	4	2	4				600	365	235
RA 10859	17S	24E	03	4	4					600		
RA 09910	17S	24E	04	1	2	3				482	430	52
RA 04042	17S	24E	06	3	3	3				482	402	80
RA 05543	17S	24E	07	1						602	485	117
RA 09566	17S	24E	08	3						547	475	72
RA 09421	17S	24E	08	4	1	3				518	50	468
RA 09345	17S	24E	09	2	1	1				550	412	138
RA 09250	17S	24E	09	2	3	1				600	505	95
RA 04797 (NEW)	17S	24E	10							390	315	75
RA 06110	17S	24E	10							360	320	40
RA 10857 EXPLORE	17S	24E	10	1	1					1000		
RA 10857	17S	24E	10	1	1					1000		
RA 10355	17S	24E	10	2	1	3				750		
RA 09169	17S	24E	10	2	1	3				480	290	190
RA 05007	17S	24E	10	4						350		
RA 05268	17S	24E	10	4						350	290	60
RA 06157	17S	24E	10	4						340	300	40
RA 04503	17S	24E	10	4						360		
RA 04900	17S	24E	10	4	1	1				343	290	53
RA 04577	17S	24E	10	4	2					325	270	55
RA 06639	17S	24E	10	4	2	3				382	300	82
RA 06825	17S	24E	10	4	2	4				344	297	47
RA 08563	17S	24E	10	4	3					350		
RA 04797	17S	24E	10	4	4	1				390	315	75
RA 06739	17S	24E	10	4	4	3				350	280	70
RA 06537	17S	24E	10	4	4	3				378	305	73
RA 06630	17S	24E	11	1	4	4				330	270	60
RA 11098 POD1	17S	24E	11	2	2	2				500	359	141
RA 07582	17S	24E	11	2	3					470	270	200
RA 07097	17S	24E	11	2	4					410	315	95
RA 07411	17S	24E	11	2	4					373	280	93
RA 09310	17S	24E	11	2	4	2				363	283	80
RA 07764	17S	24E	11	3						500	285	215
RA 10233	17S	24E	11	3	1					500	425	75
RA 07543	17S	24E	11	3	2					488	330	158
RA 07791 REPAR	17S	24E	11	3	2					425	286	139
RA 06934	17S	24E	11	3	3					385		
RA 10238	17S	24E	11	3	3	2				500	10	490
RA 07961	17S	24E	11	3	3	2				496	250	246
RA 10168 POD2	17S	24E	11	3	3	3				500		
RA 07530	17S	24E	11	3	3	4				493	418	75
RA 10309 POD2	17S	24E	11	3	4					530	400	130
RA 10433	17S	24E	11	3	4					535	470	65
RA 10309	17S	24E	11	3	4					480	300	180

RA 09731	17S	24E	11	3	4	2	480	320	160
RA 07024	17S	24E	11	3	4	3	360	320	40
RA 10168	17S	24E	11	3	4	3	600		
RA 07126	17S	24E	11	4			342	282	60
RA 07764 REPAR	17S	24E	11	4			500	285	215
RA 10396	17S	24E	11	4	1	4	500		
RA 10481	17S	24E	11	4	3	1	500	375	125
RA 07791	17S	24E	11	4	3	2	425	286	139
RA 06711	17S	24E	11	4	3	3	326	280	46
RA 06754	17S	24E	11	4	4		336	280	56
RA 06785	17S	24E	11	4	4		331	274	57
RA 10516	17S	24E	11	4	4	3	550		
RA 06839	17S	24E	11	4	4	4	338	275	63
RA 06089	17S	24E	13	3	3	3	300	100	200
RA 10756	17S	24E	13	4	2	3	700		
RA 10849	17S	24E	13	4	4	3	607	320	287
RA 10626	17S	24E	14	1	1		500	285	215
RA 07436 CLW279883	17S	24E	14	1	1		470	320	150
RA 07436	17S	24E	14	1	1		500	320	180
RA 09302	17S	24E	14	1	1		480		
RA 09368	17S	24E	14	1	1	3	500		
RA 09093	17S	24E	14	1	1	3	500	350	150
RA 08637	17S	24E	14	1	2	3	410	300	110
RA 06707	17S	24E	14	1	3	1	350	290	60
RA 09056	17S	24E	14	2	2	3	450	300	150
RA 06604	17S	24E	14	2	3	3	530	285	245
RA 06629 CLW236876	17S	24E	14	2	3	3	330	285	45
RA 06188	17S	24E	14	2	4	3	345	285	60
RA 07688	17S	24E	14	3	2		490	290	200
RA 08824	17S	24E	14	3	2	3	384	295	89
RA 08780	17S	24E	14	3	3	4	425	320	105
RA 06525	17S	24E	14	4	1	1			
RA 07301	17S	24E	14	4	1	3	395	280	115
RA 07301 REPAR	17S	24E	14	4	1	3	395	280	115
RA 10804	17S	24E	14	4	1	4	520	360	160
RA 07330	17S	24E	14	4	1	4	362	290	72
RA 07753	17S	24E	14	4	2		362	280	82
RA 06529	17S	24E	14	4	4	3	387	290	97
RA 10323	17S	24E	14	4	4	4	565	330	235
RA 07846	17S	24E	15	1			540	455	85
RA 10980 POD1	17S	24E	18	2	4	3	600		
RA 06226	17S	24E	23	2	1	1	350	295	55
RA 06480	17S	24E	23	2	1	2	400	285	115
RA 07614	17S	24E	23	2	1	3	395	310	85
RA 10721	17S	24E	23	2	3	1	534	394	140
RA 04728	17S	24E	23	3			385	368	17
RA 07104	17S	24E	23	3	3		336	200	136
RA 07252	17S	24E	26	1	1	1	370	290	80
RA 10992 POD1	17S	24E	30	3	2		900		

Record Count: 96



ARDINAL LABORATORIES

PHONE (325) 873-7001 • 2111 BEECHWOOD • A3 LENE, TX 79603

PHONE (505) 393-2326 • 101 E MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
MESQUITE SWD INC
P.O BOX 1479
CARLSBAD, NM 88221
FAX TO: (505) 885-7349

Receiving Date: 08/16/07
Reporting Date: 08/21/07
Project Owner: NOT GIVEN
Project Name: FEDERAL U
Project Location: NOT GIVEN

Sampling Date: 08/14/07
Sample Type: GROUNDWATER
Sample Condition: COOL & INTACT
Sample Received By: AB
Analyzed By: HM

LAB NUMBER	SAMPLE ID	Na (mg/L)	Ca (mg/L)	Mg (mg/L)	K (mg/L)	Conductivity (uS/cm)	T-Alkalinity (mgCaCO ₃ /L)
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ANALYSIS DATE:	08/21/07	08/21/07	08/21/07	08/21/07	08/17/07	08/17/07
H13118-1 SOUTH WELL	8	< 0.1	< 0.1	0.013	18	8
H13116-2 WEST WELL	0	53	29	0.122	507	184
Quality Control	NR	47.9	52.4	1.90	1427	NR
True Value QC	NR	50.0	50.0	2.00	1413	NR
% Recovery	NR	95.8	105	95.0	101	NR
Relative Percent Difference	NR	2.7	3.1	0.5	1.5	NR

METHODS:	SM3500-Ca-D	3500-Mg E	8049	120.1	310.1
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Cl ⁻ (mg/L)	SO ₄ (mg/L)	CO ₃ (mg/L)	HCO ₃ (mg/L)	pH (s.u.)	TDS (mg/L)
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ANALYSIS DATE:	08/17/07	08/20/07	08/17/07	08/17/07	08/17/07	08/17/07
H13116-1 SOUTH WELL	< 4	3.78	0	10	6.51	23
H13116-2 WEST WELL	< 4	50	0	224	7.43	315
Quality Control	500	25.9	NR	952	6.85	NR
True Value QC	500	25.0	NR	1000	7.00	NR
% Recovery	100	104	NR	95.2	99.3	NR
Relative Percent Difference	< 0.1	< 0.1	NR	2.7	< 0.1	NR

METHODS:	SM4500-Cl-B	375.4	310.1	310.1	150.1	160.1
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[Signature]
Chemist

08-21-07
Date

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analysis. All claims, including those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.

FRESH H₂O ANALYSIS



CARDINAL LABORATORIES

101 East Marland, Hobbs, NM 88240 2111 Beechwood, Abilene, TX 79603
(505) 393-2326 FAX (505) 393-2476 (325) 673-7001 FAX (325) 673-7020

CHAIN-OF-CUSTODY AND ANALYSIS REQUEST

Company Name: <u>MESQUITE SWD INC</u>				BILL TO				ANALYSIS REQUEST															
Project Manager:				P.O. #:				<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Cation / Anion</div>															
Address: <u>P.O. Box 1479</u>				Company:																			
City: <u>CHARLESTON</u> State: <u>WV</u> Zip: <u>26220</u>				Attn:																			
Phone #: <u>505-7061840</u> Fax #: <u>505-885-7349</u>				Address:																			
Project #: <u>Feedlot</u> Project Owner:				City:																			
Project Name:				State: Zip:																			
Project Location:				Phone #:																			
Sampler Name:				Fax #:																			
FOR LAB USE ONLY				MATRIX		PRESERV.		SAMPLING															
Lab I.D.	Sample I.D.	(GRAB OR COMPOUND)	# CONTAINERS	GROUNDWATER	WASTEWATER	SOIL	OIL	SLUDGE	OTHER	ACID/BASE	ICE / COOL	OTHER	DATE	TIME									
H13116-1	South Well			X									8/14		X								
-2	West Well			X											X								

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Relinquished By: <u>[Signature]</u>	Date: <u>8/16/07</u>	Received By: <u>[Signature]</u>	Phone Result: <input type="checkbox"/> Yes <input type="checkbox"/> No Add'l Phone #:
Relinquished By: <u>[Signature]</u>	Date: <u>8/16/07</u>	Received By: <u>[Signature]</u>	Fax Result: <input type="checkbox"/> Yes <input type="checkbox"/> No Add'l Fax #:
Delivered By: (Circle One) Sampler - UPS - Bus - Other:	Time: <u>12:45pm</u>	Sample Condition: Cool <input type="checkbox"/> Intact <input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHECKED BY: (Initials) <u>[Signature]</u>
REMARKS:			

† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476