

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505 3 2005

WELL API NO. 30-025-28556
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 300615
7. Lease Name or Unit Agreement Name Shoe Bar 14 State
8. Well Number 001
9. OGRID Number 148394
10. Pool name or Wildcat Shoebar Atoka South

**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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator Vernon E. Faulconer, Inc.
3. Address of Operator P.O. Box 7995, Tyler, TX 75711

4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>14</u> Township <u>17S</u> Range <u>35E</u> NM County <u>Lea</u>
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11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3939' GL
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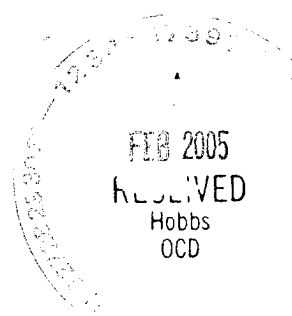
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. 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"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input checked="" type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: <input type="checkbox"/>

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Request Change of Proration Unit from the W/2 of the Section to the S/2 of the Section.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE <u>Roy Sloan, Jr.</u>	TITLE <u>Engineer</u>	DATE <u>1/27/05</u>
Type or print name <u>Roy Sloan, Jr.</u>	E-mail address: <u>rsloan@vefinc.com</u>	Telephone No. <u>(903) 581-4382 ext. 210</u>
For State Use Only		
APPROVED BY: <u>[Signature]</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>FEB 23 2005</u>
Conditions of Approval (if any):		

Form C-102  
Revised June 10, 2003  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies  
☒ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-28556	<sup>2</sup> Pool Code 85212	<sup>3</sup> Pool Name Shoebur Atoka South
<sup>4</sup> Property Code 300615	<sup>5</sup> Property Name Shoe Bar 14 State	<sup>6</sup> Well Number 001
<sup>7</sup> OGRID No. 148394	<sup>8</sup> Operator Name Vernon E. Faulconer, Inc.	<sup>9</sup> Elevation 3939' GL

### <sup>10</sup> Surface Location


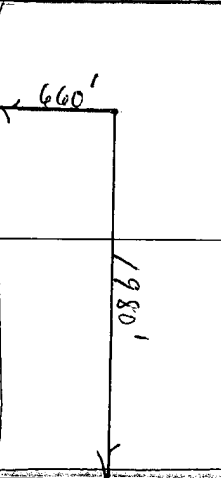
UL or lot no. L	Section 14	Township 17S	Range 35E	Lot Idn	Feet from the 1980	North/South line S	Feet from the 660	East/West line W	County Lea
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
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<sup>13</sup> Dedicated Acres 320	<sup>13</sup> Joint or Infill N	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A  
NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16				<p>17 <b>OPERATOR CERTIFICATION</b></p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i></p> <p>Signature: <u></u></p> <p>Printed Name: <u>Roy Sloan, Jr.</u></p> <p>Title and E-mail Address: <u>email: rsloan@vefine.com</u></p> <p>Date: <u>1/27/05</u></p>
 <p>660'</p> <p>1980'</p>				<p>18 <b>SURVEYOR CERTIFICATION</b></p> <p><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 belief.</i></p> <p>Date of Survey: _____</p> <p>Signature and Seal of Professional Surveyor: _____</p> <p>Certificate Number: _____</p>