

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

WELL API NO.
30-025-20071

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
NM 60393

7. Lease Name or Unit Agreement Name
Gulf De Federal

8. Well Number 1

9. OGRID Number
232611

10. Pool name or Wildcat
Lynch Yates Seven Rivers

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

SUNDOWN ENERGY LP

3. Address of Operator

13455 NOEL RD, STE. 2000, DALLAS, TX 75240

4. Well Location

Unit Letter M : 660 feet from the SOUTH line and 660 feet from the WEST line

Section 27 Township 20S Range 34E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3728.1' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

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.

Dig out all contaminated soil and haul to land farm. Replace with good soil and return to natural state.

Work commenced January 2007 and is currently in progress.

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 James Faubus TITLE Production Supt. DATE 3/6/07

Type or print name James Faubus

E-mail address:

Telephone No. 432-943-8770

For State Use Only

APPROVED BY [Signature] TITLE Enviro Engr DATE 3.22.07

Conditions of Approval (if any):

RPT# 1262



ARDINAL LABORATORIES

PHONE (325) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

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

ANALYTICAL RESULTS FOR SUNDOWN ENERGY

ATTN: DON HAIL

P.O. BOX 1058

WICKETT, TX 79788

FAX TO: (432) 943-8116 &
(505) 887-2057

Receiving Date: 03/14/07

Reporting Date: 03/15/07

Project Number: NOT GIVEN

Project Name: GULF FED

Project Location: LEA CO., NM

Sampling Date: 03/14/07

Sample Type: SOIL

Sample Condition: COOL & INTACT

Sample Received By: NF

Analyzed By: BC

| LAB NUMBER | SAMPLE ID | GRO (C ₈ -C ₁₀) (mg/Kg) | DRO (>C ₁₀ -C ₂₈) (mg/Kg) | DRO EXTENDED (>C ₂₈ -C ₃₅) (mg/Kg) |
|------------|-----------|--|--|--|
|------------|-----------|--|--|--|

| ANALYSIS DATE | 03/14/07 | 03/14/07 | 03/14/07 |
|-----------------------------|----------|----------|----------|
| H12325-1 CENTER | <10.0 | <10.0 | <10.0 |
| H12325-2 N-1 | <10.0 | <10.0 | <10.0 |
| H12325-3 N-2 | <10.0 | <10.0 | <10.0 |
| H12325-4 S-1 | <10.0 | <10.0 | <10.0 |
| H12325-5 S-2 | <10.0 | <10.0 | <10.0 |
| H12325-6 E-1 | <10.0 | <10.0 | <10.0 |
| H12325-7 E-2 | <10.0 | <10.0 | <10.0 |
| H12325-8 W-1 | <10.0 | <10.0 | <10.0 |
| H12325-9 W-2 | <10.0 | <10.0 | <10.0 |
| Quality Control | 757 | 777 | - |
| True Value QC | 800 | 800 | - |
| % Recovery | 94.7 | 97.1 | - |
| Relative Percent Difference | 6.3 | 1.0 | - |

METHODS: TPH GRO & DRO: EPA SW-846 8015 M extended

Chemist

Date

H12325

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 analyses. 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.



ARDINAL 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>Sundburn</u> | | P.O. #: | | BILL TO | | | | | | | | | | | | ANALYSIS REQUEST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Manager: <u>Don Heil</u> | | Company: <u>Sundburn</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | Attn: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: <u>Wickett</u> | | State: <u>TX</u> | | Zip: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | | Fax #: | | Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project #: | | Project Owner: <u>Sundburn</u> | | City: <u>Wickett</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Name: <u>Gulf Feed</u> | | State: <u>TX</u> | | Zip: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Location: <u>Lee Co.</u> | | Phone #: | | Fax #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sampler Name: <u>Mike Felkins</u> | | Matrix: | | Preserv: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR LAB USE ONLY | | GROUNDWATER | | WASTEWATER | | SOIL | | OIL | | SLUDGE | | OTHER: | | ACID/BASE: | | ICE / COOL | | OTHER: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lab I.D. | | Sample I.D. | | (G)RAB OR (C)OMP. | | # CONTAINERS | | DATE | | TIME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H12345-1 | | Center | | | | | | 3/14 | | 8:30 AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -2 | | N-1 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -3 | | N-2 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -4 | | S-1 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -5 | | S-2 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -6 | | E-1 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -7 | | E-2 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -8 | | W-1 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -9 | | W-2 | | | | | | X | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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 the client for the analyses. All claims, including those for negligence and any other cause whatsoever, shall be deemed waived unless made in writing and received by Cardinal within 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.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relinquished By: <u>[Signature]</u> | | Date: <u>3/14</u> | | Received By: <u>Mike Felkins</u> | | Time: <u>8:00</u> | | Date: <u>3/14</u> | | Time: <u>8:00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relinquished By: | | Date: | | Received By: | | Time: | | Date: | | Time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delivered By: (Circle One) | | Sample Condition | | CHECKED BY: (Initials) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> UPS - Bus - Other: | | <input checked="" type="checkbox"/> Cool <input checked="" type="checkbox"/> Intact | | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sampler | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>† Cardinal cannot accept verbal changes. Please fax written changes to 505-393-2476</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMARKS: <u>FAX to Sundburn & Roadrunner</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |