

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

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

2. Name of Operator
RCJ Enterprises

3a. Address
Box 6055 Hobbs NM 88241

3b. Phone No. (include area code)
575-393-3269

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

Unit I, Sec. 33, T 17S, R33E

230 FSL + 330 FEL

5. Lease Serial No. NM99146

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No
Cockburn Fed. Battery #7 -

9. API Well No

30 025 01362
10. Field and Pool, or Exploratory Area
Maljamar GB-SA Corbin Quee

11. County or Parish, State

Lea, New Mexico

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

See Attachment

RECEIVED

MAY 23 2008

HOBBS OCD

ACCEPTED FOR RECORD

MAY 20 2008
/s/ JD Whitlock Jr

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Reubin Collins Jr.

Title Owner

Signature

Date May 8, 2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by Chris Williams

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

ATTACHMENT to Incident of Noncompliance #

The following information is needed before your disposal of produced water can be approved, per Onshore Oil & Gas Order #1.

You may attach this information to your Sundry Notice (3160.5). Submit all required information as per this attachment, submit a Sundry Notice (3160.5), one original and five copies to this office within the required time.

1. Name(s) of all formation(s) producing water on the lease. **Corbin Queen - Maljamar GB-SA**
2. Amount of water produced from all formations in barrels per day. Est. 17 ^W BOPD
3. A CURRENT water analysis of produced water from all zones showing at least the total dissolved solids, pH, and the concentrations of chlorides and sulfates.
4. How water is stored on the lease. **Fiberglass Tank**
5. How water is moved to the disposal facility. **Transport Tanker Truck**
6. Identify the Disposal Facility by:
 - A. Operators' Name **DKD**
 - B. Well Name **Vulture VP State #1**
 - C. Well type and well number **Public SWD**
 - D. Location by quarter/quarter, section, township, and range **Sec. 14, T-15S, R33E**
7. A copy of the Underground Injection Control Permit - issued for the injection well by the Environmental Protection Agency or New Mexico Oil Conservation Division where the State has achieved primacy.

District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, 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-117 A
Revised June 10, 2003

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit 5 Copies to
Appropriate District Office

PERMIT NO. H-31395

TANK CLEANING, SEDIMENT OIL REMOVAL, TRANSPORTATION OF MISCELLANEOUS HYDROCARBONS AND DISPOSAL PERMIT

Operator or Owner DKD Address 816 W Broadway Tatum NM
Lease or Facility Name Vulture VP State #1 Location 14-15-33
U.L. - Sec. - Twp. - Rge.

OPERATION TO BE PERFORMED:

☐ Tank Cleaning ☐ Sediment Oil Removal ☒ Transportation of Miscellaneous Hydrocarbons

Operator or Owner Representative authorizing work Reubin Collins Jr.

Date Work to be Performed 4-1-08 thru 5-8-08

TANK CLEANING DATA

Tank Number _____ Volume _____

Tank Type _____ Volume Below Load Line _____

SEDIMENT OIL OR MISCELLANEOUS HYDROCARBON DATA

Sediment Oil from. ☐ Pit ☐ Cellar ☐ Other

MISCELLANEOUS OIL

Tank Bottoms From: ☐ Pipeline Station ☐ Crude Terminal ☐ Refinery ☐ Other*

Catchings From. ☐ Gasoline Plant ☐ Gathering Lines ☒ Salt Water Disposal System ☐ Other*

☐ Pipeline Break Oil or Spill

*Other (Explain) Water disposed on well site

VOLUME AND DESTINATION:

Estimated Volume 1000 Bbls. Field test volume of good oil _____ Bbls.
(Not required prior to Division approval)

Destination (Name and Location of treating plant or other facility) DKD

DESTRUCTION OF SEDIMENT OIL BY:

☐ Burning ☐ Pit Disposal ☐ Use on Roads or firewalls ☐ Other

(Explain) _____

Location of Destruction _____

Justification of Destruction _____

CERTIFICATION: (APPLICATION MAY BE MADE BY EITHER OF THE FOLLOWING)

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

Owner <u>Danny Watson</u>	Transporter <u>I & W Inc.</u>
By <u>Danny Watson by Bill [Signature]</u>	Address <u>Box 98 loco Hills NM 88255</u>
Title <u>Owner</u>	Signature <u>Emil Smidge by Bill [Signature]</u>
E-mail Address _____	E-mail Address _____
Date <u>5-8-08</u>	Title <u>Field Rep</u> Date <u>5-8-08</u>

OIL CONSERVATION DIVISION

Approved By Nelda Morza

Title Business Operating Specialist Date 5/8/2008

A COPY OF THIS FORM MUST BE ON LOCATION DURING TANK CLEANING, REMOVAL OF SEDIMENT OIL OR MISCELLANEOUS HYDROCARBONS, AND MUST BE PRESENTED WITH TANK BOTTOMS, SEDIMENT OIL OR MISCELLANEOUS HYDROCARBONS AT THE TREATING PLANT TO WHICH IT IS DELIVERED.

DISTRIBUTION BY OCD	
Santa Fe	
File	
Operator	
Transporter (2)	



ARDINAL LABORATORIES

PHONE (575) 393-2326 • 101 E MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
RCJ ENTERPRISES
ATTN: RETTA COLLINS
P.O. BOX 6055
HOBBS, NM 88241
FAX TO: (575) 393-3269

Receiving Date: 05/02/08
Reporting Date: 05/07/08
Project Number: NOT GIVEN
Project Name: NOT GIVEN
Project Location: NOT GIVEN

Sampling Date: 05/01/08
Sample Type: WATER
Sample Condition: INTACT
Sample Received By: ML
Analyzed By: HM/KS

LAB NUMBER	SAMPLE ID	Na (mg/L)	Ca (mg/L)	Mg (mg/L)	K (mg/L)	Conductivity (uS/cm)	T-Alkalinity (mgCaCO ₃ /L)
ANALYSIS DATE:		05/07/08	05/07/08	05/07/08	05/05/08	05/02/08	05/02/08
H14736-1	BUFFALO	81,200	8,820	4,760	2,000	302,000	88
H14736-2	COCKBURN	8,580	1,520	304	352	41,100	264
H14736-3	WALLEN BASS	13,200	697	500	219	53,600	852
Quality Control		NR	52.9	48.6	2.47	1,412	NR
True Value QC		NR	50.0	50.0	3.00	1,413	NR
% Recovery		NR	106	97.2	82.5	99.9	NR
Relative Percent Difference		NR	3.1	7.7	5.5	0.1	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)
ANALYSIS DATE:	05/05/08	05/06/08	05/02/08	05/02/08	05/02/08	05/06/08
H14736-1	156,000	946	0	107	6.76	266,000
H14736-2	15,600	1,830	0	322	6.74	30,000
H14736-3	22,600	248	128	724	8.30	39,000
Quality Control	500	44.9	NR	1000	7.05	NR
True Value QC	500	25.0	NR	1000	7.00	NR
% Recovery	100	112	NR	100	101	NR
Relative Percent Difference	2.0	3.1	NR	2.4	1.0	NR

METHODS:	SM4500-Cl-B	375.4	310.1	310.1	150.1	160.1
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Kirsti Suprioko
Chemist

05/07/08
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 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. **Cardinal** shall not 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. Results relate only to the samples identified above. This report shall not be reproduced except in full with written approval of Cardinal Laboratories.