

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-56277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

MKB Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Allison Penn

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

Sec.17,T.8S,R.37E

12. COUNTY OR PARISH

Roosevelt

13. 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

Hanson Operating Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88202-1515

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

See also space 17 below.)

At surface

1980' FEL & 600' FSL, SW $\frac{1}{4}$ SE $\frac{1}{4}$, Unit O

14. PERMIT NO.

API #30-041-20833

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

4038' 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 PLANE

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 above well was Plugged and Abandoned on 09/26/88 in the following manner:

1 - Tagged fill @ 125'.

2 - Filled hole f/125' to surface w/50 sx cement.

3 - Removed cellar and leveled.

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

SIGNED Brunda L. Godfrey

TITLE Production Analyst

DATE 10/05/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

DATE APPROVED
PETER W. CHESTER

OCT 19 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED

OCT 24 1988

OCD
NOBBS OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N. M. OIL CONS. COM.
PT. OF BOX 830
MOBBS, NEW MEXICO 88240Form 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 _____
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 <u>Plugged & Abandoned</u>					
2. NAME OF OPERATOR Hanson Operating Company, Inc.					
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico 88202-1515					
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1980' FEL & 660' FSL, SW $\frac{1}{4}$ SE $\frac{1}{4}$, Unit O At top prod. interval reported below At total depth					
14. PERMIT NO.		DATE ISSUED			
30-041-20833		06/16/88			
15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
06/29/88	08/18/88	N/A - P&A'd 09/26/88		4038' GR	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY
365'		N/A			→
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* N/A					25. WAS DIRECTIONAL SURVEY MADE No
26. TYPE ELECTRIC AND OTHER LOGS RUN N/A					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
N/A					
29. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
N/A					
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
N/A					
31. PERFORATION RECORD (Interval, size and number) N/A			32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.		
			DEPTH INTERVAL (MD)		
			N/A		
			AMOUNT AND KIND OF MATERIAL USED		
33.* PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)			WELL STATUS (Producing or shut-in)
N/A					P&A'd
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
			→		
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
		→			
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
					NOV 14 1988
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.					
SIGNED <u>Brenda R. Godfrey</u>		TITLE <u>Production Analyst</u>		DATE <u>11/04/88</u>	

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.
Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.
Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	NAME	MEAN. DEPTH	TOP	TRUE VERT. DEPTH
Surface	0	365'				

RECEIVED
NOV 16 1981
OCD
MORRIS

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-56277	
2. NAME OF OPERATOR Hanson Operating Company, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico 88202-1515		7. UNIT AGREEMENT NAME N/A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FEL & 600' FSL, SW $\frac{1}{4}$ SE $\frac{1}{4}$, Unit O		8. FARM OR LEASE NAME MKB Federal	
14. PERMIT NO. API #30-041-20833		9. WELL NO. 1	
15. ELEVATIONS (Show whether SW, SE, etc.) 4038' GR		10. FIELD AND POOL, OR WILDCAT Allison Penn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.17,T.8S,R.37E	
		12. COUNTY OR PARISH Roosevelt	13. STATE New Mexico

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 PLANE

X

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.)*

A verbal approval was obtained from Peter Chester on 09/22/88 to plug the above well in the following manner:

1 - Fill existing surface hole (depth of approximately 190 - 200') with cement.

2 - A Dry Hole Marker will not be installed.

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

SIGNED Brenda G. Godfrey

TITLE Production Analyst

DATE 09/23/88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
PETER W. CHESTER

SEP 30 1988

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
RESOURCES AREA

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1930
HOBBS, NEW MEXICO 88240

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM-56277

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 N/A	
2. NAME OF OPERATOR Hanson Operating Company, Inc.		8. FARM OR LEASE NAME MKB Federal	
3. ADDRESS OF OPERATOR P. O. Box 1515, Roswell, New Mexico 88202-1515		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FEL & 600' FSL, SW $\frac{1}{4}$ SE $\frac{1}{4}$, Unit O		10. FIELD AND POOL, OR WILDCAT Allison Penn	
14. PERMIT NO. API #30-041-20833		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.17,T.8S,R.37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4038' GR		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

Hanson Operating Company requests a temporary suspension of operations until able to move in a rotary rig, on or about October 1, 1988. Hanson Operating has been experiencing severe difficulties in an attempt to sett 500' of surface casing with our cable tool rig. We have entered into a contract with WEK Drilling Company to drill this well. Their rig availability is on or about October 1, 1988.



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

SIGNED Burda G. Godfrey TITLE Production Analyst

DATE 08/24/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER

AUG 24 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

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 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ROBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-56277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

MKB Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Allison Penn

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

Sec. 17, T. 8S, R. 37E

12. COUNTY OR PARISH

Roosevelt

13. 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

Hanson Operating Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1515, Roswell, New Mexico 88202-1515

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

See also space 17 below.)

At surface

1980' FEL & 600' FSL, SW $\frac{1}{4}$ SE $\frac{1}{4}$, Unit O

14. PERMIT NO.

API #30-041-20833

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

4038' 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)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Spud

(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.)*

Spud well @ 8:00 a.m., June 29, 1988.

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

SIGNED

Brenda R. Hodges

TITLE Production Analyst

DATE 06/29/88

(This space for Federal or State office use)

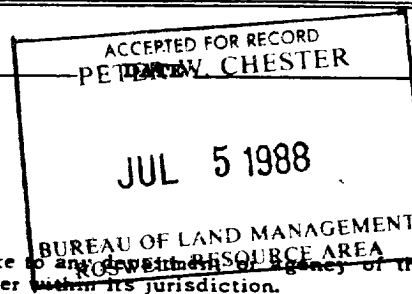
APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any Government or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.



RECEIVED

JUL 6 1988

OCB
HOBBS OFFICE

ingly and willfully to make to any department or agency of the
sentations as to any matter within its jurisdiction.

Form 3160-3
(November 1983)
(formerly 9-331C)

U. S. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

SUBMIT IN TWO PARTS
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Ronadero Company, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 430, Roswell, NM 88202

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

At surface

1980'FEL & 660'FSL, SW/4SE/4, Unit 0

At proposed prod. zone

same

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

14 miles southeast of Milnesand

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT. 660'
(Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE

120.0

17. NO. OF ACRES ASSIGNED
TO THIS WELL

80.0

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT. 1320'

19. PROPOSED DEPTH

± 9620'

20. ROTARY OR CABLE TOOLS

Rotary

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

4038 GL

22. APPROX. DATE WORK WILL START*

June 15, 1988

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8"	48#	350'	300 Sx Class "C" Cir. to top
12 1/4"	8 5/8"	24#	4200'	800 Sx Class "C" "
7 7/8"	5 1/2" or 4 1/2"	15.5# or 11.6#	9580'	400 Sx Class "H"

Mud Program:

0' - 350' Spud with Spud Mud
350' - 4,200' Native mud and brine
4,200' - 7,500' Native mud and brine
7,500' - 9,620' Salt water mud, Vis. 35.5, wt. 10.0#, with 2-3% oil, No W/L control.

BOP Program: BOP will be installed on 8 5/8" casing and tested daily.

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

R. L. H. H. H.

TITLE

Vice President

DATE

5-3-88

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

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.

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

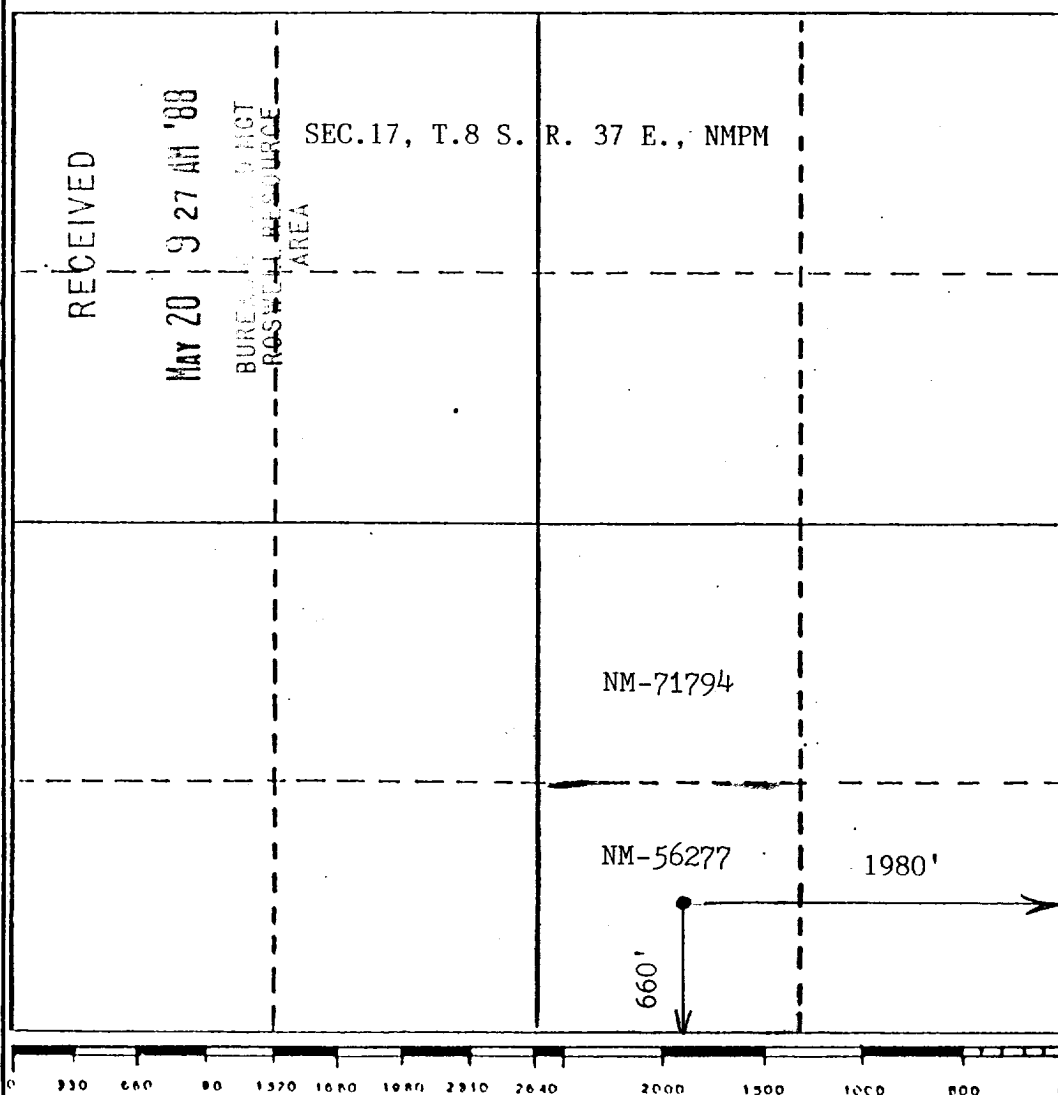
Operator Hanson Operating Company, Inc.			Lease MKB FEDERAL		Well No. #1
Unit Letter 0	Section 17	Township 8 SOUTH	Range 37 EAST	County ROOSEVELT	
Actual Footage Location of Well: 660 feet from the SOUTH line and 1980 feet from the EAST line					
Ground Level Elev. 4038	Producing Formation Bough C		Pool Allison North Penn	Dedicated Acreage 80.0 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 Division.



CERTIFICATION

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

David Sweeney
Name

David Sweeney

Position

Drilling & Production Supt.

Company

Hanson Operating Co., Inc.

Date

5-12-88

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.

John D. Jaquess
Date Surveyed
APRIL 26, 1988
Registered Professional Engineer and/or Land Surveyor
John D. Jaquess, P.E. & L.S.
Certificate No. 6290

BLOWOUT PREVENTER SPECIFICATION

3000 PSI W.P.

gpc

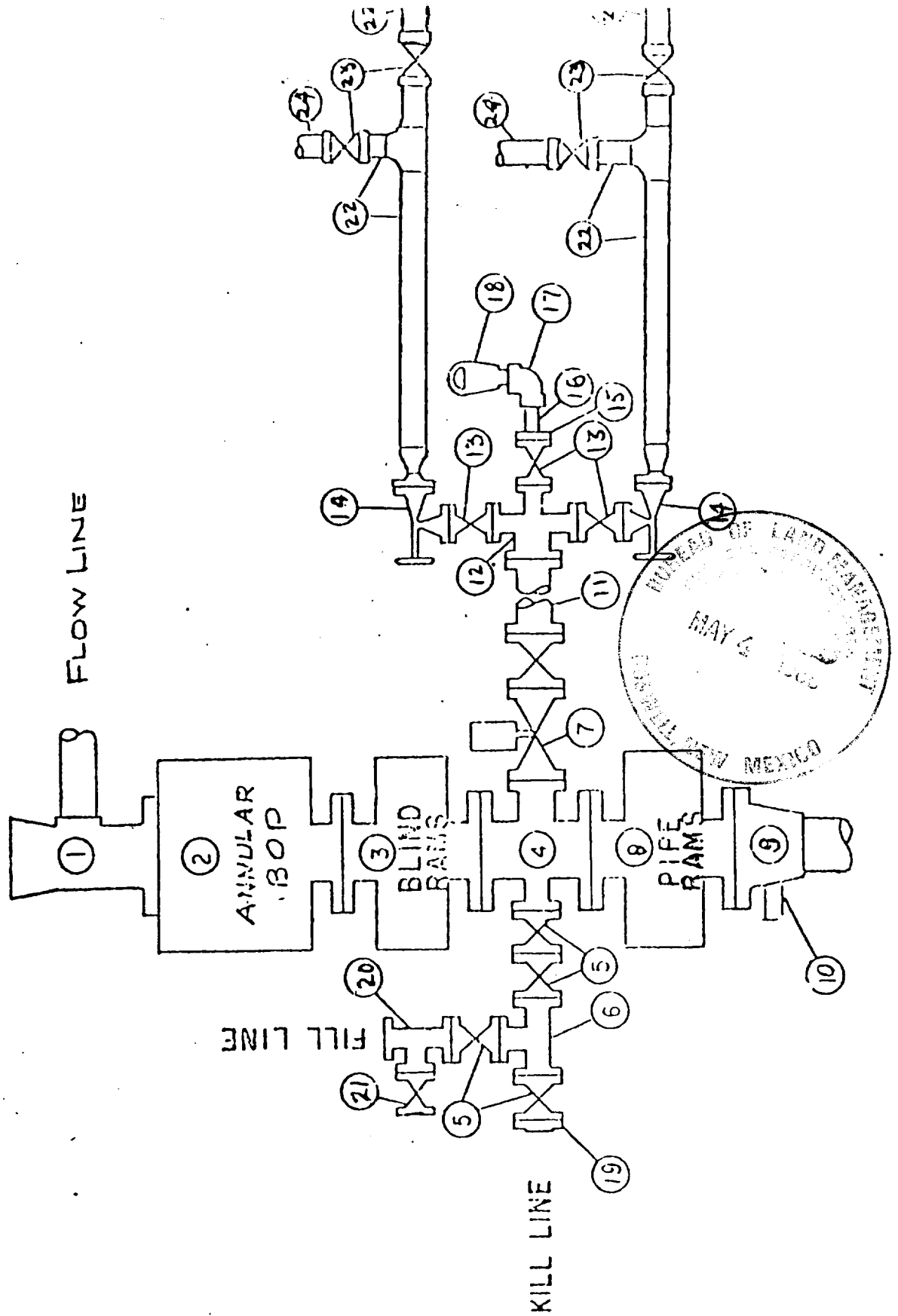


EXHIBIT "D"
 RONADERO COMPANY, INC.
 MKB FEDERAL #1