Form C-1: 3 State of New Mexico Subril 3 Copies Revised 1-1-89 Energy, Minerals and Natural Resources Department To Appropriate District Office WELL API NO. DISTRICT [OIL CONSERVATION DIVISION 30-025-34457 P.O. Box 1980, Hobbs, NM 88240 5. Indicate Type of Lease 2040 South Pacheco DISTRICT II STATE | FEE | 811 South First, Artesia NM 88210 Santa Fe, NM 87505 State Oil & Gas Lease No. DISTRICT III 23402 1000 Rio Brazos Rd., Aztec, NM 87410 Lease Name or Unit Agreement SUNDRY NOTICES AND REPORTS ON WELLS Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Kyte DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH **PROPOSALS** 1. Type of Well: Gas Well Oil Well Well No. 2. Name of Operator Falcon Creek Resources, Inc. 9. Pool name or Wildcat Address of Operator 621 17th St., Suite 1800 Denver, CO 80293-0621 Well Location Unit letter C : 660 feet from the North line and 1980 feet from the West line , Township 20S Range 38E NMPM County 23 Section 10. Elevation (Show whether DF, RKB, RT, GR, etc. 3567' GR Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: **NOTICE OF INTENTION TO:** ALTERING CASING REMEDIAL WORK PERFORM REMEDIAL WORK PLUG AND ABANDON PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. TEMPORARILY ABANDON **CHANGE PLANS**

CASING TEST AND CEMENT JOB PULL OR ALTER CASING OTHER: ____Perf well, acdize & frac ____ OTHER: 12. 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. 9-10-98 RIH w/ 4" casing gun and Perf Blinebry from 6024'-6036' & 6040'-6050' w/ 2 JSPF total of 46 holes. 9-15-98 Acidize w/ 2500 gal 15% NeFe 9-18-98 Frac w/ 61,500 gal SFC 3500 + 8750# 100 mesh sand, and 156,000# Ottawa sand 9-22-98 RIH w/ BHA & rods w/ insert pump. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Manager of Operations _____ DATE_October 5, 1998_ SIGNATURE Telephone No.__(303) 675-0007_ Oscar L. Peters Type of print name (This space for State use) APPROVED OF THE PROPERTY OF TH DATE____ TITLE ____

Conditions of approval, if any: