DHC 6/21/99

EXON COMPANY, U.S.A. POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

2360 g

HOUSTON PRODUCTION ORGANIZATION PERMITTING

JUN - 1 1999

May 27, 1999

New Mexico S State, Well No. 12 Downhole Commingling Request Blinebry Oil and Gas Pool Tubb Oil and Gas Pool

Ms. Lori Wrotenberry, Director New Mexico Oil Conservation Division 2040 Pacheco Santa Fe, New Mexico 87505

Dear Ms. Wrotenberry,

Exxon requests approval to downhole commingle production from the New Mexico S State, Well No. 12, located at Unit A, Section 2, T22S and R37E in Lea County, New Mexico. This is an exception to Rule 303A.

The pools to be downhole commingled are the Blinebry Oil and Gas Pool and the Tubb Oil and Gas Pool. Well No. 12 is simultaneously dedicated with Well No. 13 in the Tubb Oil and Gas Pool per Administrative Order, SD-98-6, approved September 30, 1998.

The Offset Operators have been notified and return receipts are included in this package. There is a single Royalty Owner, the State of New Mexico, no Overriding Royalty Interest and no Working Interest Owners, other than Exxon.

We would appreciate your approval of this request. If there are questions, call Bob Ward at 713-431-1024.

Sincerely,

Charlotte Harper

Maria for C. H. Harper

/slf

C: Commissioner of Public Lands New Mexico DHC.dot



Submit 3 Copies to Appropriate
District Office

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I

OIL CONSERVATION DIVISION

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION	WELL API NO.	
DISTRICT II	P 0. Bo	x 2088	300250996	1
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New M	lexico 87504-2088	5. Indicate Type of Leas	<u> </u>
DISTRICT III			1 "	TATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease	
			B-934	
SUNDRY NO	OTICES AND REPORTS O	N WELLS		
(DO NOT USE THIS FORM FOR F			7. Lease Name or Unit	Agreement Name
	SERVOIR. USE "APPLICATION F MC-101) FOR SUCH PROPOSALS			•
` `	MC-101) FOR SOCII FROI OSALS	···	NEW MEXICO S	STATE
i. Type of Well: OIL GAS	X OTHER		}	
WELL WELL  2. Name of Operator			8. Well No.	<del></del>
·	RPORATION		12	
<i>t</i>	GULATORY AFFAIRS		9. Pool name or Wildcar	<u></u>
P. O. BO	X 4358		TUBB OIL & GAS	
4. Well Location			1 TOOK OIL & GAL	<u> </u>
	NORTH	. 770	from TheEAS	••
Unit Letter A : 560 Feet	From The NORTH Line	and <u>770</u> Feet F	rom theEAS	Lin
Section 2	ownship 22S R	ange 37E NMP	M LEA	County
		whether DF, RKB, RT, GR, etc.)		
	3370 DF		**************************************	
Check A	ppropriate Box to India	cate Nature of Notice, I	Report, or Other	Data
	•		SEQUENT RE	
NOTICE OF I	NTENTION TO:	_ SUB.	SEQUENT RE	PORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
	7			PLUG & ABANDONMENT
TEMPORARILY ABANDON L	L CHANGE PLANS	COMMENCE DRILL	LING OPNS.	ABANDONMENT L
PULL OR ALTER CASING	]	CASING TEST AND	CEMENT JOB	
				Γ
OTHER:		OTHER:	<del></del>	
Describe Proposed or Completed Operawork) SEE RULE 1103.  RUN IN HOLE AND RADD PERFORATIONS	REMOVE PACKER AT	5,922'.	g esumated date of startin	g any proposed
	TUBING AND ROD S	TRING TO SURFACE		
NOTE:				
WE WILL PURSUE A	DOWNHOLE COMMING	LING PERMIT FOR	THIS WELL.	
I hereby certify that the information above is to	rue and complete to the best of my knowle	edge and belief.		
SIGNATURE 1-H lite	rif	TITLE Sr. Regulatory S	pecialist	DATE 02/02/99
TYPE OR PRINT NAME J. R. W	ard	(71	3) 431-1024	TELEPHONE NO.
(This space for State Use)	Owin Star Co			——————————————————————————————————————
· · ·	Oria, Sianea ba Paul Huuta			
ADDRAVED BY	Gooloogat			FEB 0 9 1999

P.O. Box 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals and Natural Resources Department.

Form C-107-A New 3-12-96

### **OIL CONSERVATION DIVISION**

2040 S. Pachaco Santa Fe, New Mexico 87505-6429

APPROVAL PROCESS:

X Administrative Hearing

DISTRICT III

DISTRICT II

1000 Rio Brazos Rd, Aztec, NM 87410-1693

811 South First St., Artesia, NM 88210-2835

APPLICATION FOR DOWNHOLE COMMINGLING

**EXISTING WELLBORE** X YES \_\_ NO

Exxon Corp.	P.O. Box 43		X 77210
New Mexico S State	12 A 2		Lea
GRID NO. <u>007673</u> Property Code		Specing U	init Lease Types: (check 1 or more), State X, (and/or) Fee
The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	Blinebry		Tubb
2. Top and Bottom of Pay Section (Perforations)	5450-5862		5906-6245
3. Type of production (Oil or Gas)	Oil & Gas		Gas
4. Method of Production (Flowing or Artificial Lift)	Artificial Lift		Artifial Lift (flowing in most similiar cases
5. Bottomhole Pressure Oil Zones - Artificial Lift: Estimated Current	a. (Current) depleted 500psi	a.	a. ∽ 800 psi
Gas & Oil - Flowing: Measured Current Measured Current All Gas Zones: Estimated Or Measured Original	b. (Original)	<b>b</b> .	b. -
6. Oil Gravity (*API) or Gas BTU Content	∽ 40° API		∽ 41° API
7. Producing or Shut-In?	Shut-in squeezed		Producing
Production Marginal? (yes or no)	Yes		No
<ul> <li>If Shut-In, give date and oil/gas/ water rates of last production</li> </ul>	Date: 2/98 Retes:	Dete: Reten:	Date: Rates:
Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data	1bopd 10kcfpd 1bwpd		Doto: 2/22/99
<ul> <li>If Producing, give date andoil/gas/ water rates of recent test (within 60 days)</li> </ul>	Date: Recoe:	Dete: Reten:	Reces: 2722/99 8.2 bopd 45 bwpd 39 kc
8. Fixed Percentage Allocation Formula -% for each zone	OH: 1.20 % Gas: 0.51%	Oil: Ges: %	OH: 98.80% Gas: 99.49%
<ol> <li>If allocation formula is based submit attachments with sup</li> <li>Are all working, overriding, a If not, have all working, over Have all offset operators been</li> <li>Will cross-flow occur?</li> </ol>	eporting data and/or explaining a and royalty interests identical in riding, and royalty interests been a given written notice of the pro	method and providing rate property all commingled zones? on notified by certified mail? posed downhole commingling?	Yes No Yes No Yes No
flowed production be recover  2. Are all produced fluids from a	red, and will the allocation form	ula be reliable Yes	No (If No, attach explanation)
3. Will the value of production to			<del></del>
4. If this well is on, or communi United States Bureau of Land	itized with, state or federal land d Management has been notifie	ds, either the Commissioner of d in writing of this application.	Public Lands or the X Yes No
5. NMOCD Reference Cases for	Rule 303(D) Exceptions:	ORDER NO(S).	
* Production curve f * For zones with no * Data to support all * Notification list of	ne to be commingled showing is or each zone for at least one you production history, estimated placation method or formula. all offset operators. working, overriding, and royalt tements, data, or documents re	ear. (If not available, attach e production rates and supportin	xplanation.) g data.
hereby certify that the informati	ion above is true and complete	to the best of my knowledge	and belief.
SIGNATURE IRWard	,	TITLE Sr. Regulatory S	pec.DATE 5-27-99
YPE OR PRINT NAME J.		•	

TELEPHONE NO. ( 713 ) 431-1024

District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department Form C-102
Revised February 10, 1994
Submit to Appropriate District Office
State Lease -4 Copies
Fee Lease - 3 Copies

District II PO Drawer DD, Artesia, NM 88211-0719

District III 1000 Rio Brasos Rd. , Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe. NM 87504-2088

District IV PO Box 2088	, Santa Fe	, NM 8	87504~	2088	D	anta re, M	VI U	1004-20	,00	□ A	MENDED REPORT
	API Numb		W	ELL LO	CATIO	ON AND AC	RE	AGE DEI	DICATIO	N PLAT Pool Name	
3	30-025-0					72480	_		BLI	NEBRY OIL & GAS I	POOL
Proper 004	rty Code 198					Prop NEW MEX	erty No ICO	"S" STATE			Well Number 1 2
ogr 007	1D No. 673			_		Oper EXXC	otor No N C				Elevation ± 3370
	·	•				Surface	Lo	cation			
UL or lot no.	Section 2	Town	nship _ C	Range 37—E	Lot ldn	Feet from the 660'		rth/South line NORTH	Feet from the 770'	East/West line EAST	County LEA
					 Hole	Location I	l				LLA
UL or lot no.	Section	Town	nship [	Range	Lot Idn	Feet from the		rth/South line	Feet from the		County
Dedicated Acres	Joint	or Infill		Consolidation Co	ode	Order No.					
40 N	O ALLOW	ABLE								VE BEEN CONSOLIDA	ATED
		D	Uł	R A NUN-	c c	RD UNIT HAS BI	B	<u> </u>	A 3	OPERATOR	CERTIFICATION
		i 1			1			099		contained herein is	fy that the information true and complete to the
		1						Ė 6- Ė 12	770	best of my knowled	ge and belief.
		1						ţ ţ	-		_
		¦ E			 F			F 	H H	Conce	Davies + Harpey
		i						i I		Signature	l. Harper
		l l						 		Printed Name	ts Supervisor
								 		Title	to super visor
								<u> </u>		Date	
					К		J	       	l	I hereby certify that the was plotted from field no me or under my supervis and correct to the best	CERTIFICATION well location shown on this plat stess of actual surveys mode by sion, and that the same is true of my belief. 6-74
								 		Date of Survey Signature and Seal of Profes	ssional Surveyor.
		 M   I		. – – – -	N		0	   	<u> — —                                 </u>		
		1						!			
		!						!   			
<u> </u>		<u>.</u>						I L		Certificate Number	

Distance to nearest Town	Drawn By	Date	Drawing File Name
1.6 Miles SE of <u>EUNICE</u> , New Mexic	o. <u>D. AKIN</u>	4-22-99	File No.: A01839W

District I PO Box 1980, Hobbs, NM 88241-1980 State Of New Mexico
Energy, Minerals & Natural Resources Department

Revised February 10, 1994
Submit to Appropriate District Office
State Lease -4 Copies
Fee Lease - 3 Copies

District II PO Drawer DD, Artesia, NM 88211-0719

District III 1000 Rio Brasos Rd. , Aztec, NM 87410

District IV PO Box 2088, Santa Fe, NM 87504-2088 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

☐ AMENDED REPORT

Form C-102

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-09961	Pool Code 060240	TUBB OIL AND GAS POOL
Property Code 004198	Property Name NEW MEXICO "S"	STATE Well Number 12
OGRID No. 007673	Operator Name EXXON CORP	Elevation ± 3370

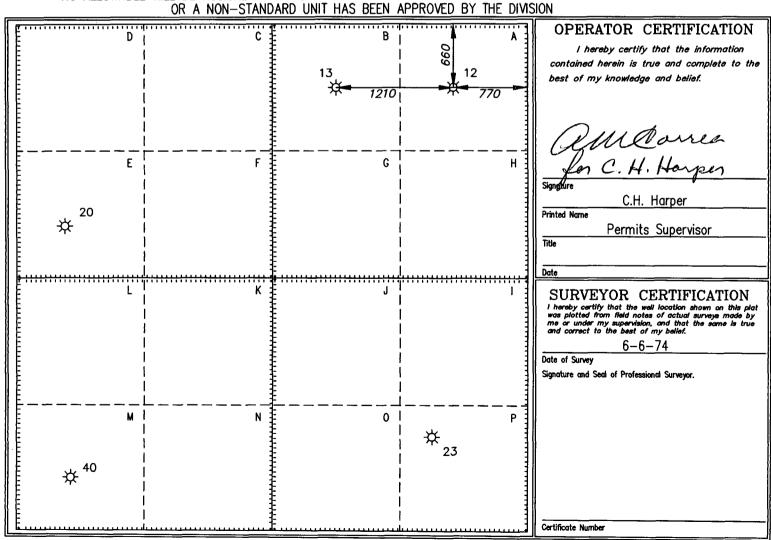
#### Surface Location

ſ	UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	Α	2	22-S	37–E		660'	NORTH	770'	EAST	LEA

#### Bottom Hole Location If Different From Surface

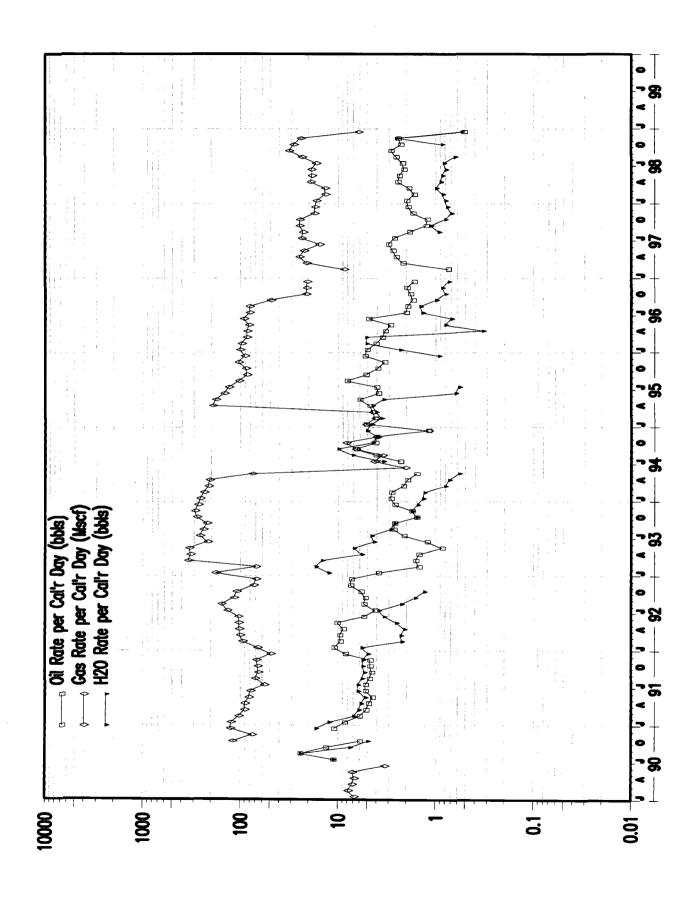
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres	Joint	or Infill	Consolidation Co	ode	Order No.				
160									

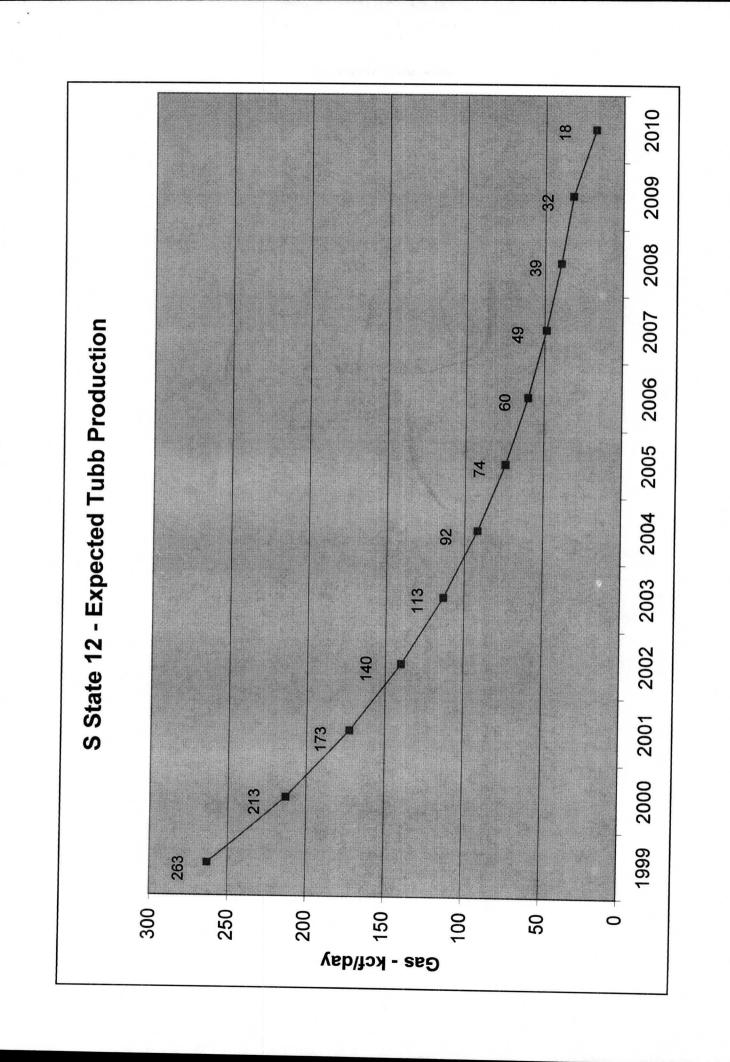
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNITL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



•				
1	Distance to nearest Town	Drawn By	Date	Drawing File Name
	_ <u>1.6</u> Miles <u>SE</u> of <u>EUNICE</u> , New Mexico.	D. AKIN	4-23-99	File No.: A01839W

N.M. S State - Blinebry Formation





WELL: 300250996900:01-450 NM S STATE 0020 RESV: TUBB GAS/450 LSE: NM S STATE 61960 OPER : EXXON CDATE: 690801 ∞ 76 77 69 70 71 72 73 74

Gas Rate per Cal'r Day (Mscf)

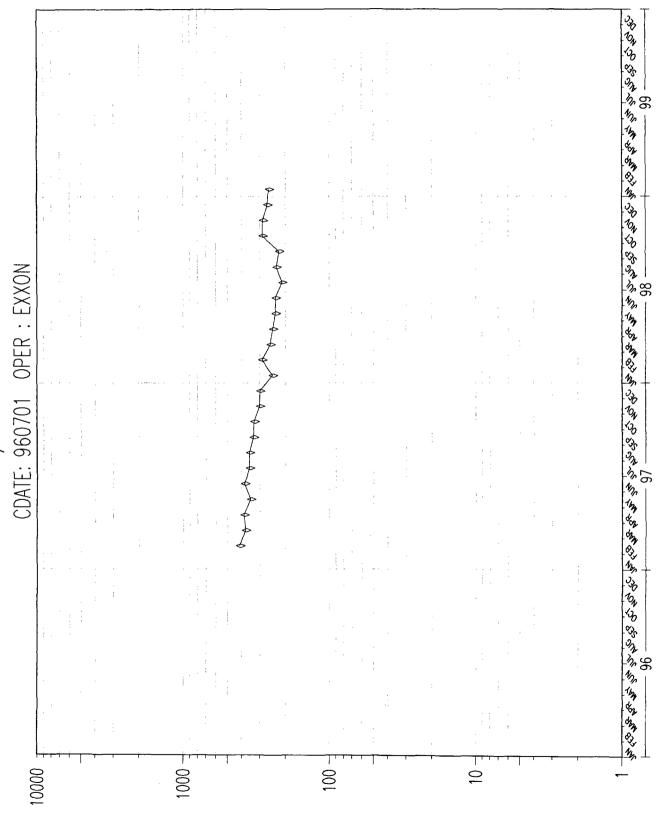
98 99 WELL: 300250996200:04-450 NM S STATE 0013U RESV: TUBB GAS/450 LSE: NM S STATE 61960 OPER : EXXON 83 84 CDATE: 690801 ∞ 69 70 71 72 73 74 75 76 77 78 0.1

Cas Rate per Cal'r Day (Mscf)

WELL: 300251255500:03-450 NM S STATE 0023L RESV: TUBB GAS/450 LSE: NM S STATE 61960 OPER : EXXON CDATE: 850701 10 — 

Gas Rate per Cal'r Day (Msct)

WELL: 300252551400:05-450 NM S STATE 0040 RESV: TUBB GAS/450 LSE: NM S STATE 61960



Cas Rate per Cal'r Day (Mscf)

## BDT Field, New Mexico S State #12 Blinebry/Tubb Allocation

12/98 Blinebry Production: @ 90% squeezed:	Oil (b/d) 0.52 <i>0.05</i>	Gas (kcf/d) 6.26 <i>0.6</i> 3	Water (b/d) 0.55 0.06
3/99 Tubb FRW Production:	4.1	123	51
CUM PRODUCTION ESTIMATE:	4.15	123.63	51.06

ALLOCA	ATION:	<u>BLINEBRY</u>	<u>TUBB</u>
Oil	.05/ <b>4.15</b>	1.20%	98.80%
Gas	. <i>63/</i> <b>123.63</b>	0.51%	99.49%
Water	. <i>061</i> <b>51.06</b>	0.12%	99.88%

# New Mexico "S" State Well No. 12-

#### **OFFSET OPERATOR LIST**

#### **Apache Corporation**

Attn: Jackie Chessher 2000 Post Oak Blvd, Suite 100 Houston, TX 77056 713-296-6000

#### Chevron USA, Inc.

P.O. Box 1150 Midland, TX 79702 915-687-7100

#### **Cross Timbers Oil Company**

Attn: Land Management (Win Ryan) 810 Houston Street, Suite 2000 Fort Worth, TX 76102 817-870-2800

#### **El Paso Natural Gas**

P.O. Box 1492 El Paso, TX 79901 915-496-2600 Tom Trujillo

## John H. Hendrix Corporation

Attn: Tammy Thomas P.O. Box 3040 Midland, TX 79701 915-684-6631

#### **Marathon Oil Company**

Attn: Land Department P.O. Box 552 Midland, TX 79702 915-687-8494

#### **OXY USA Inc.**

Attn: Kent Woolley P.O. Box 50250 Midland, TX 79710 915-685-5600

N. M. "S" State Offsets
Section 2, T-22-S, R-37-E

		•	•		
1	34		35	·	3.
	Chevron (SE/4)	Marathon (SW/4)	Oxy USA (SE/4)	Cross Timbers (N/2SW/4 & SWSW)	
		, ,			Apache (SESW)
	Chevron (N/2NE/4 & SE/4NE/4) El Paso (SW/4NE/4)	EXXO	2	Marathon (NW/4)	
-	Hendrix (SE/4)			Hendrix (SW/4)	
	/O Chevron (NE/4)	Marathon (N/2)	ι	Hendrix (NW/4)	l:
		·		·	

PS Form **3811**, December 1994

102595-98-B-0229

Domestic Return Receipt

SENDER:		I also wish to receive the
SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, 4a, and 4b.  Print your name and address on the reverse of this form so that w	ve can return this	following services (for an extra fee):
<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if spa permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the artifle The Return Receipt will show to whom the article was delivered a delivered.</li> </ul>	ice does not	1. Addressee's Address
<ul> <li>permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the arti</li> </ul>	icle number.	2. Restricted Delivery
The Return Receipt will show to whom the article was delivered a		Consult postmaster for fee.
delivered.  3. Article Addressed to:	4a. Article N	
3 S. Article Addressed to:	Z 141	_
APACHE CORPORATION 2000 Post Oak Blvd., Suite 100 Houston, TX, 77056		
2000 Post Oak Blvd., Suite 100	4b. Service	•
Houston, TX 77056	Registere	•
ATTN: Jackie Chessher	☐ Express	
ATTN: Jackie Chessher		ceipt for Merchandise
	7. Date of De	elivery
		5.11-91
5. Received By: (Print Name)  6. Signature: (Addressee or Agent)  X	8. Addresse	e's Address (Only if requested ; paid)
6. Signature: (Addressee or Agent)		
X BURGED J.		
	10 <b>2595-9</b> 8-B-0223	Domestic Return Receipt
SENDER:  © Complete items 1 and/or 2 for additional services.  © Complete items 3, 4a, and 4b.	· · · · · · · · · · · · · · · · · · ·	I also wish to receive the following services (for an
<ul> <li>Complete items 3, 4a, and 4b.</li> <li>Print your name and address on the reverse of this form so that we have a solution.</li> </ul>	we can return this	extra fee):
card to you.  Attach this form to the front of the mailpiece, or on the back if spa		1. Addressee's Address
permit.		2. Restricted Delivery
■ Write "Return Receipt Requested" on the mailpiece below the and ■ The Return Receipt will show to whom the article was delivered a	and the date	Consult postmaster for fee.
delivered.	4a. Article N	
3. Article Addressed to:	1 1	
· ·		6 628 836
CHEVRON USA, INC.	4b. Service	• •
P.O. Box 1150	Register	
Midland, TX 79702	Express	···
Wildiand, 12t 75702	Return Re	ceipt for Merchandise
d	7. Date of D	elivery 30 383
5. Received By: (Print Name)	8. Addresse	e's Ad <b>driff (Gnl)</b> if <b>title</b> ested
5. Received By: (Print Name)		e's Ad <b>driff (Gnl)</b> if <b>title</b> ested
5. Received By: (Print Name)	8. Addresse	e's Ad <b>driff (Gnl)</b> if <b>title</b> ested
5. Received By: (Print Name)	8. Addresse	e's Ad <b>driff (Gnl)</b> if <b>title</b> ested
5. Received By: (Print Name)	8. Addresse	e's Ad <b>driff (Gnl)</b> if <b>title</b> ested
5. Received By: (Print Name)  6. Signature: Aderressee of Agent)	8. Addresse	e's Ad <b>driff (Gnl)</b> if <b>title</b> ested
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is	e's Ad <b>driAV</b> ( <b>Gnl)</b> in the ested s paid)  I also wish to receive the following services (for an
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is	l also wish to receive the following services (for an extra fee):
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is	l also wish to receive the following services (for an extra fee):  1. Addressee's Address
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is and return this pace does not article number.	l also wish to receive the following services (for an extra fee):
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is and return this pace does not article number.	l also wish to receive the following services (for an extra fee):  1. Addressee's Address
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is and return this pace does not article number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	t we can return this pace does not article number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	t we can return this pace does not article number.	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number 6628 639
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is and fee is and fee is and fee is and the date.  4a. Article  2 146  4b. Service	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number 6.628.39
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is and fee is and fee is and fee is and the date  4a. Article  4b. Service  Registe	l also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number 2. Type ered  Certifie
5. Received By: (Print Name)  6. Signature: Aderressee of Agent)	8. Addresse and fee is and the date.  4a. Article  4b. Service  Registe  Express	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Number Color Gran Type Type Type Type Type Type Type Type
5. Received By: (Print Name)  6. Signature: Aderressee of Agent)	8. Addresse and fee is and fee is and fee is and the date  4a. Article  4b. Service  Registe  Express	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number Type Trype Tred  Mail  Insured  Design of Merchandise  COD
5. Received By: (Print Name)  6. Signature: Aderressee of Agent)	8. Addresse and fee is and fee is and fee is and the date  4a. Article  4b. Service  Registe  Express	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Number Color Gran Type Type Type Type Type Type Type Type
6. Signature: Adentssee of Agent)	8. Addresse and fee is and fee is and fee is and the date  4a. Article  4b. Service  Registe  Express	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number Type Tred SMail Delivery COD Delivery COD
5. Received By: (Print Name)  6. Signature: (Aderessee of Agent)	8. Addresse and fee is and the date.  4a. Article  4b. Service  Registe  Express  7 100 6 0 1	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number Type Tred SMail Insured Delivery COD Delivery COD
5. Received By: (Print Name)  6. Signature: Aderessee of Agent)  8. Complete items 1 and/or 2 for additional services.  9. Complete items 3. 4a. and 4b.  9. Print your name and address on the reverse of this form so that card to you.  9. Attach this form to the tront of the mailpiece, or on the back if spermit.  9. Write "Return Receipt Requested" on the mailpiece below the adelivered.  7. Article Addressed to:  1. JOHN H. HENDRIX CORPORATION P.O. Box 3040 Midland, TX 79701 ATTN: Tammy Thomas  5. Received By: (Print Name)	8. Addresse and fee is and the date  4a. Article  4b. Service  Registe  Express  7 100 for an and the date	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number Type Tred SMail Delivery COD Delivery COD
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is and the date  4a. Article  4b. Service  Registe  Express  Addresse	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.  Number  Type Tred S Mail Delivery  COD  Delivery  COD  Delivery  COD  Delivery  COD
5. Received By: (Print Name)  6. Signature: (Aderyssee of Agent)	8. Addresse and fee is and the date  4a. Article  4b. Service  Registe  Express  Addresse	I also wish to receive the following services (for an extra fee):  1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.  Number Type Tred SMail Insured Delivery COD Delivery COD

102595-98-B-0229 Domestic Return Receipt

Is your <u>RETURN ADDRESS</u> completed on the reverse side?	<ul> <li>Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>The Return Receipt will show to whom the article was delivered and the date delivered.</li> </ul>		I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery Consult postmaster for fee.		Receipt Service.
	3. Article Addressed to:	4a. Article N		- <b>9</b> 29	
	EL PASO NATURAL GAS P.O. Box 1492 El Paso, TX 79901 ATTN: Tom Trujillo	2 146 628 9 4b. Service Type ☐ Registered ☐ Express Mail ② Return Receipt for Merchandise 7. Date of Delivery A 1999		☐ Certified	for using Return
	6. Signature: (Addressee or Agent)  PS Form 3811. December 1994	and fee is			Thank you

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# STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

# OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

GOVERNOR

6/14/99

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501
RE: Proposed:  MC DHC NSL NSP SWD WFX PMX
Gentlemen:
I have examined the application for the:  Exxon Corp New Mexico S State #12-A-2-225-3  Operator Lease & Well No. Unit S-T-R
and my recommendations are as follows:
OR-
Yours very truly.

/ed

Chris Williams

Supervisor, District 1