Release Much 19, 1926



Donald W. Johnson Division Manager Production Department Hobbs Division North American Production

February 24, 1986

Conoco Inc. P.O. Box 460 726 East Michigan Hobbs, NM 88240 (505) 393-4141

1/56-2239 RULE-104 F(Z)

By Dec

Dual well.

Staggs Drinkard 40 Acuded. NW/4 NEIN Warren Tubb - 40 Acuded NW/4 NEIY

State of New Mexico Energy and Minerals Dept. Oil Conservation Division P. O. Box 2088 Santa Fe, NM 87501-2088

Attention Mr. Richard Stamets

Gentlemen:

REQUEST FOR UNORTHODOX LOCATION - SEMU NO. 123, 230' FNL AND 1650' FEL OF SECTION 19, T-20S, R-38E, LEA COUNTY, NEW MEXICO: SKAGGS DRINKARD/WARREN TUBB POOLS

FEB 27 1986

20, CONSERVATION DIVISION

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Conoco Inc. respectfully requests administrative approval to drill the subject well at an unorthodox loction in unit letter B, 230' FNL and 1650' FEL of Section 19, T-20S, R-38E, Lea County. This location is necessary in order to avoid a known archaeological site (NMAS 5772) and still provide the opportunity for commercial production potential. A previous location of 330' FNL and 2080' FEL of Section 19, T-20S, R-38E was staked and surveyed, but it was concluded by our contract archaeologist that the drilling pad would interfere with the archaeological site. The archaeologist informed us that a move to the west or south would not be possible because of the presence of artifacts occurring throughout this duned area. The proposed unorthodox location is approximately 114 feet north of the SEMU No. 72 well, however, the SEMU No. 72 is producing out of the Warren McKee/East Skaggs Abo pools and the SEMU No. 123 will be drilled to produce the Skaggs Drinkard/Warren Tubb pools.

Attached is a plat showing the proximity of the proposed location and the archaeological site in question. Drilling operations will not interfere with the site. Also attached is Form C-102 showing the well location and dedication and a copy of the notification sent to the offset operator.

Yours very truly,

Danald Wgahrow

ELK: jr

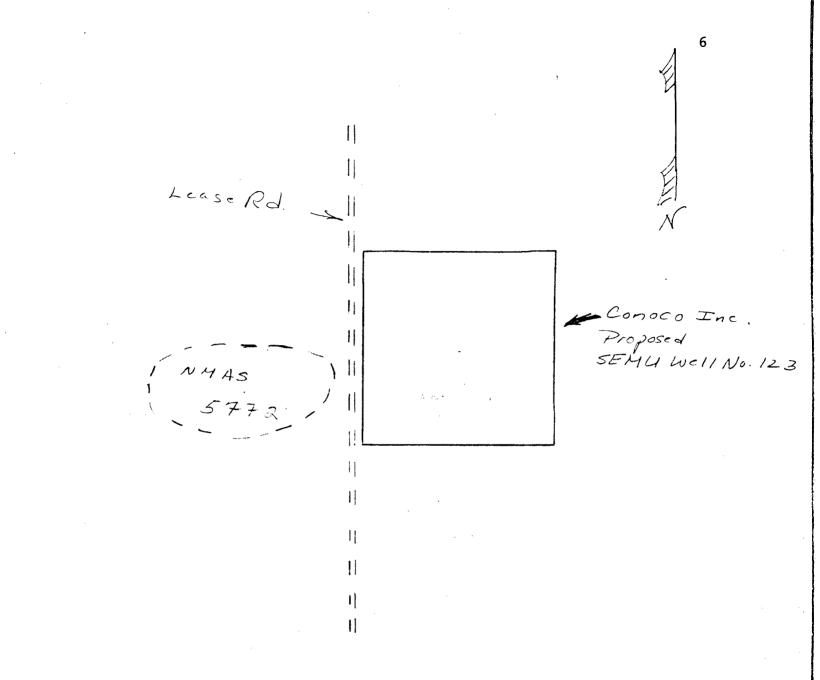


Fig. 2. Schematic representation showing CONOCO INC.'s proposed SEMU Well No. 123 vis a vis NMAS 5772 and existing north-south, lease road. Men and materiel are to avoid the archaeologically sensitive area altogether.

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NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

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Form C-102 Supersedes C-128 Effective 1-1-65

| CONOCO, INC.       SEMU         Unit Latter       Section       Township       Remore       County         B       19       20. SOITH       38 EAST       LEA         Actual Protone Location of Weilt       20. SOITH       38 EAST       LEA         Ground Levet Filer       Producing Formation       230       test from the       NORTH         1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat b       Dedicate         1. Outline the acreage dedicated to the well, outline cach and identify the ownership thereof (tinterest and royalty).       If more than one lease of different ownership is dedicated to the well, have the interests of all own dated by communitization, unitization, force-pooling, etc?         If yes       No       If answer is "yes," type of consolidation         If answer is "no." list the owners and tract descriptions which have actually been consolidated. (Ut this form if necessary.)       No allowshe will be assigned to the well until all interests have been consolidated (by communitize forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approve sion.         Image: Addition of the plan, and the plan, a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                      | NORTH<br>Val                                                                                                                  | County<br>et from the | 38 EAST                    | Ran                    |                            |                         |                         |                   |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------|------------------------|----------------------------|-------------------------|-------------------------|-------------------|-------------------------------------------|
| B       19       20 SOUTH       38 EAST       LEA         Actual Foctore Location of Weil:       100 source and 230 (see train the NORTH the SAST control of Weil:       100 train the BAST to source and 230 (see train the NORTH the SAST source and 230 (see train the NORTH the SAST source and 230 (see train the NORTH the SAST source and 230 (see train the NORTH the SAST source and 230 (see train the NORTH the SAST source and 230 (see train the NORTH the SAST source and 230 (see train the NORTH the SAST source and 230 (see train the NORTH the SAST source and 230 (see train the Sast source and 230 (see train the NORTH the Sast source and 230 (see train the Sast source and 100 (see th                                                                                                                             | ated Acreage:<br>40 Acr<br>t below.                                                                                                  | NORTH<br>Val                                                                                                                  | t from the            | 38 EAST                    | 1 .                    |                            | Township                | on                      | Sectio            | etter                                     |
| Citual Footage Location of Weil:       1650       test from the       NORTH       Itree and       230       test from the       NORTH       Itree and       Dedicate         3546.0'       Prinkard       Pool       Skaggs Drinkard       Dedicate         1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat h       230       test from the ownership thereof (h         2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (h       interest and royalty).         3. If more than one lease of different ownership is dedicated to the well, have the interests of all owr dated by communitization, unitization, force-pooling, etc?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ated Acreage:<br>40 Acr<br>t below.                                                                                                  | NORTH<br>Val                                                                                                                  | t                     | 220                        |                        | COUTU                      | 1                       |                         |                   |                                           |
| Citual Footage Location of Weil:       1650 test irom the EAST time and 230 test irom the NORTH time       Image: Control of Weil:       Dedicate         3546.0'       Producing Formation 3546.0'       Drinkard       Dedicate         1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat h       Dedicate         2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (h interest and royalty).       If more than one lease of different ownership is dedicated to the well, have the interests of all own dated by communitization, unitization, force-pooling, etc?         2. Yes       No       If answer is "yes," type of consolidation         If answer is "no." list the owners and tract descriptions which have actually been consolidated (by communitization, interests) or until a non-standard unit, eliminating such interests, has been approve sion.       CERTIF         2. So                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ated Acreage:<br>40 Acr<br>t below.                                                                                                  | NORTH<br>Val                                                                                                                  | t                     | 220                        |                        | J SUILLH                   | 21                      | 19                      |                   | В                                         |
| cound Level Flev.       Producing Formation       Pool       Skaggs Drinkard       Dedicate         1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat h       2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (h interest and royalty).         3. If more than one lease of different ownership is dedicated to the well, have the interests of all own dated by communitization, unitization, force-pooling, etc?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ated Acreage:<br>40 Acr<br>t below.                                                                                                  | rd Dedica                                                                                                                     | t                     | 230 tee                    |                        |                            |                         | f Weil:                 |                   |                                           |
| 3546.0'       Drinkard       Skaggs Drinkard         1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat b         2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (tinterest and royalty).         3. If more than one lease of different ownership is dedicated to the well, have the interests of all own dated by communitization, unitization, force-pooling.etc?          Yes       No         If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Ut this form if necessary.)         No allowable will be assigned to the well until all interests have been consolidated (by communitization, or otherwise) or until a non-standard unit, eliminating such interests, has been approve sion.         230'       CERTIF         I hereby certify the start of my knowled         I hereby certify the start of my knowled         If any or otherwise or until a non-standard unit, eliminating such interests, has been approve sion.         Company         Outloop         I hereby certify the start of my knowled         I hereby certify the start of my stoperviche                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40 Acr<br>t below.                                                                                                                   | rd                                                                                                                            | 1.                    |                            | e'                     | line 👁                     |                         |                         |                   |                                           |
| <ul> <li>1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat b</li> <li>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (hinterest and royalty).</li> <li>3. If more than one lease of different ownership is dedicated to the well, have the interests of all own dated by communitization, intrization, force-pooling.etc? <ul> <li>Yes</li> <li>No</li> <li>If answer is "yes," type of consolidation</li> <li>If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Us this form if necessary.)</li> <li>No allowable will be assigned to the well until all interests have been consolidated (by communitization. force-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approve sion.</li> </ul> </li> <li> CERTIF <ul> <li>I hereby certify the base of my knowled to the well until all interests have been consolidated. (Determine the pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approve sion. </li> <li> CERTIF <ul> <li>I hereby certify the base of my knowled to the well until all interests have been consolidated. (Determine the work of my knowled to the well until all interests have been consolidated. (Determine the pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approve sion. </li> </ul></li></ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t below.                                                                                                                             |                                                                                                                               |                       |                            | 1.                     | :                          | , ,                     | ~ ^ `                   |                   | -                                         |
| <ul> <li>2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (finterest and royalty).</li> <li>3. If more than one lease of different ownership is dedicated to the well, have the interests of all own dated by communitization, unitization, force-pooling, etc? <ul> <li>Yes</li> <li>No</li> <li>If answer is "no," list the owners and tract descriptions which have actually been consolidated. (U: this form if necessary.)</li> <li>No allowable will be assigned to the well until all interests have been consolidated (by communitization, or otherwise) or until a non-standard unit, eliminating such interests, has been approve sion.</li> </ul> </li> <li> CERTIF <ul> <li>I hereby certify the formation of the mether in the track of the track of</li></ul></li></ul> |                                                                                                                                      | marks on the plat                                                                                                             | rinka                 | Laggs I                    | 5                      |                            | nkard                   | Dri                     |                   | 3546.0'                                   |
| dated by communitization, unitization, force-pooling, etc?         Yes       No         If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Us this form if necessary.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                      |                                                                                                                               |                       | •                          | · . ·                  |                            |                         | ne lease i              | han on            | If more th                                |
| No allowable will be assigned to the well until all interests have been consolidated (by communitize<br>forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approve<br>sion.<br>230'<br>472<br>1650'<br>1 hereby certify the<br>tained herein is true<br>best of my knowledd<br>Name<br>Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                | ، در به<br>۱۹۹۹ - ۲۰۰۹<br>۱۹۹۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲۰۰۹ - ۲ |                       | dation                     | ing. etc?<br>of consol | , force-po<br>'yes',' type | unitizatio<br>answer is | nitization.<br>No If    |                   | dated by c                                |
| #72<br>1650'<br>#72<br>114'<br>I hereby certify that<br>tained herein is true<br>best of my knowledge<br>Name<br>Position<br>A d MINIStrat<br>Company<br>CONO<br>Date<br>2-24-<br>I hereby certify the<br>shown on this plant<br>notes of actual sur<br>under my supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | zation, unitizatio                                                                                                                   | ted (by communitiz                                                                                                            | consolidat            | s have been o              | l interest             | well until                 | ned to the              | essary.)<br>Il be assig | if nece<br>ble wi | this form if<br>No allowab<br>forced-pool |
| Name<br>Reach<br>Position<br>Administrat<br>Company<br>CONO<br>Date<br>2-24-<br>I hereby certify th<br>shown on this plan<br>notes of actual sur<br>under my supervisio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TIFICATION<br>that the information co<br>true and complete to th                                                                     | I hereby certify th                                                                                                           |                       | 1650'                      | ·                      |                            | <br>                    |                         |                   |                                           |
| Position<br>Administrat<br>Company<br>CONO<br>Date<br>2-24-<br>1<br>1 hereby certify th<br>shown on this plat w<br>notes of actual sur<br>under my supervisio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | edge and belief.                                                                                                                     | best of my knowle                                                                                                             |                       |                            | •<br>•                 |                            |                         |                         |                   |                                           |
| CONOC<br>Date<br>2-2.4-<br>I I hernby certify th<br>shown on this plat v<br>notes of actual sur<br>under my supervisio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Usel<br>tive Supervis                                                                                                                | Position                                                                                                                      |                       | <br> <br>                  | ·,<br>                 |                            |                         | ∔ ·<br> <br>            |                   |                                           |
| I hernby certify the<br>shown on this plat vertify SUMU SUMU under my supervision<br>under my supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DCO INC                                                                                                                              |                                                                                                                               |                       | 1<br>1<br>1                |                        | -                          |                         |                         |                   | · .                                       |
| shown on this plat v<br>notes of actual sur<br>under my supervisio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1-86                                                                                                                                 | 2-24                                                                                                                          |                       | <br>                       |                        |                            |                         | 1<br>1                  |                   |                                           |
| knowledge and belie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | that the well location<br>at was plotted from fie<br>surveys made by me<br>sion, and that the san<br>tect to the best of m<br>clief. | shown on this plai<br>notes of actual s<br>under my supervis<br>is true and corre                                             |                       | 1<br>1<br>1<br>1<br>1<br>1 |                        |                            | STATISTICS IN           | NO.                     | PROF<br>All       | 101                                       |
| Date Surveyed<br>JANUARY 14<br>Registered Profession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      | JANUARY 1                                                                                                                     |                       | +                          |                        | •<br>  :<br>               |                         | MEXICO<br>W. WEST       | NEW NI            | A REC                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                                                    | and/or Land Surveyo                                                                                                           |                       | <br> <br>                  |                        |                            |                         |                         |                   |                                           |
| and/or Land Surveyor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and the second                     |                                                                                                                               |                       |                            |                        |                            |                         |                         |                   |                                           |

## NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102 Supersedes C-128 Effective 1-1-65

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------|-----------------|--------------|----------------------|---------------|-----------------------------|---------------------------------------------------------|-------------|
| Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CONOCO, IN                           | ∛C.            |                 | Lease        | SE                   | MU            |                             | Well No.<br>123                                         |             |
| Unit Letter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Section                              | Township       | SOUTH           | Range        | 8 EAST               | County        | LEA                         |                                                         |             |
| Actual Footage L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | - 0                                  | EAST           |                 | <u> </u>     | 220                  | d             | NODTU                       |                                                         |             |
| Ground Level Ele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                | line and        | Pool         |                      | feet from the | ) NORTH                     | line<br>Dedicated Acreage:                              |             |
| 3546.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      | Tubb_          | . <u>.</u>      |              | Varren               |               | b                           | 40                                                      | Acres       |
| 1. Outline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the acreage dedi                     | icated to the  | subject we      | ll by cold   | pred pencil          | or hachui     | re marks on th              | e plat below.                                           |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | than one lease<br>and royalty).      | is dedicated   | to the well.    | , outline    | each and i           | dentify the   | e ownership th              | nereof (both as to wo                                   | rking       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | than one lease of<br>communitization |                |                 |              | to the well          | l, have the   | e interests of              | all owners been con                                     | ısoli.      |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No I                                 | f answer is "  | yes," type of   | consolid     | ation                |               |                             |                                                         |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | ne owners an   | d tract descr   | iptions w    | hich have            | actually b    | een consolida               | ated. (Use reverse si                                   | de of       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | if necessary.)<br>able will be assi  | igned to the w | vell until all  | interests    | have been            | consolid      | ated (by com                | munitization, unitiza                                   |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                |                 |              |                      |               |                             | approved by the Com                                     |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | í<br>I                               |                |                 | 230'         | 1650' -              |               | ]                           | CERTIFICATION                                           | · · · · ·   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                | -#              | ±72 -        | 1000                 |               | I hereby c                  | ertify that the information                             | n con-      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                    |                |                 | = 72<br>114' |                      |               | tained her                  | ein is true and complete i                              |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                |                 | 1            |                      |               | best of my                  | knowledge and belief.                                   | •           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I                                    |                | e -             | .1.1         |                      |               | ,<br>Nome                   |                                                         |             |
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| and the Constant of the Consta |                                      |                |                 | 1            |                      |               | 1                           | supervision, and that the<br>nd correct to the best c   |             |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                |                 | <br> <br>    |                      |               |                             | maliai                                                  | 8           |
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| 330 660                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 90 1320 1650                         | 1980 2310 264  | 40 2000         | 1 500        | 1000                 | 800           | 0                           | NORMED J. CIUSUN,                                       | 2239        |



Donald W. Johnson Division Manager Production Department Hobbs Division North American Production

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Conoco Inc. P.O. Box 460 726 East Michigan Hobbs, NM 88240 (505) 393-4141

February 18, 1986

(Address List Attached)

Dear Royalty Interest Owner:

Conoco Inc. is requesting approval to store production from the Tuesday A Federal lease, Section 3, T-20-S, R-29-E, Eddy County, New Mexico at the Tuesday Federal battery, Section 34, T-19-S, R-29-E, Eddy County, New Mexico. This request is in accordance with Rule 309-C of the State of New Mexico Oil Conservation Division rules and regulations concerning Off-Lease Storage.

There will be no commingling of production between the two leases as specified in paragraph 2 of Rule 309-C. The Off-Lease storage of the Tuesday A Federal production may be approved administratively providing no interest owner objects. Conoco Inc., hereby requests your waiver of objection to its Off-Lease storage of the Tuesday A Federal production.

If you have no objection, please execute one copy of this letter and return it in the enclosed self-addressed, stamped envelope. The second copy may be retained for your files. If you have any questions concerning this matter, please contact Ed Kepford at ext. 120 of this office.

Thank you for your cooperation.

Yours very truly,

Annald 10 Johnson

ELK:tr

| Executed | the | day | of | <br>1986. |
|----------|-----|-----|----|-----------|
| By       |     |     |    |           |

## INTEREST OWNERS

Robert E. and Anna Lou Manion 2577 Edington Rd. Columbus, OH 43221

Harriet Bracken 1430 Zollinger Rd. Columbus, OH 43221

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Southland Royalty Company 21 Desta Drive Midland, TX 79701

Allan Jochimson 2402 Cimmaron Midland, TX 79705

Delmar Hudson Lewis 1440 Interfirst Tower Fort Worth, TX 76102

Francis Hudson Bowden 1440 Interfirst Tower Fort Worth, TX 76102

Mary Hudson Ard 1440 Interfirst Fort Worth, TX 76102

Josephine T. Hudson 1440 Interfirst Tower Fort Worth, TX 76102

Edward R. Hudson, Jr. and Ann F. Hudson 1440 Interfirst Tower Fort Worth, TX 76102 Coronet Trading Corp. P.O. Box 218 Midland, TX 79702

Kathleen Hannifan P.O. Drawer 2588 Roswell, NM 88201

Holly Hannifan Schertz P.O. Drawer 2588 Roswell, NM 88201

Allen Hannifan P.O. Drawer 2588 Roswell, NM 88201

Barbara Ann Woods 2055 E. Hampton Apt. 81 Mesa, AZ 85202

Shawn Hannifin 18236 E. Mansfield Ave. Aurora, CO 80013