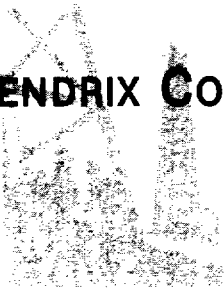


JOHN H. HENDRIX CORPORATION

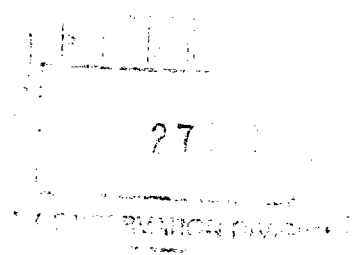


NSP 4/17/00

MAILING ADDRESS
P.O. BOX 3040
MIDLAND, TX 79702-3040

(915) 684-6631
FAX (915) 684-7317
110 N. MARIENFELD, SUITE 400
MIDLAND, TEXAS 79701-4412

February 29, 2000



~~Mr. David Catanach~~
Oil Conservation Division
Energy and Minerals Department
~~P. O. Box 2088~~ 2040 S. Pacheco St.
Santa Fe, NM 87501

RE: Request for a Non-Standard Gas
Proration Unit for the
Skaggs Abo Gas Pool
Skaggs "B" Acc. 1 No. 7
E/2 SW/4 Section 11, T-20-S, R-37-E
Lea County, New Mexico

Dear Mr. Catanach:

John H. Hendrix Corporation respectfully requests authorization for an 80 acre non-standard gas proration unit for the Skaggs "B" Acc. 1 No. 7 well to be drilled at a location of 1980' FSL and 1980' FWL, Section 11, T-20-S, R-37-E, Lea County, New Mexico. This pool requires 160 acres and John H. Hendrix Corporation only has 80 acres in the E/2 SW/4 of Section 11. Therefore, we would like to request a non-standard proration unit be granted so that John H. Hendrix Corporation can test the Abo formation in our proposed Skaggs "B" Acc. 1 No. 7 well.

The offset operator's plat shows that Texaco, Lewis Burleson Inc. and Conoco are the offset operators that could be affected by this unorthodox unit. Please find enclosed evidence that they have been notified of this application.

Page 2

February 23, 2000

John H. Hendrix Corporation respectfully requests that a non-standard location order be issued based on the reasons given in the preceding paragraphs. If you have any further questions concerning this application please call me at (915) 684-6631. Thank you for your consideration in this matter.

Yours very truly,

A handwritten signature in black ink that reads "Ronnie H. Westbrook". The signature is written in a cursive, flowing style.

Ronnie H. Westbrook
Vice President

RHW/ah

Enclosures

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised February 10, 1994
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

DISTRICT II
P.O. Drawer 80, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd., Artec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT IV
P.O. Box 2088, Santa Fe, NM 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
	85410	Skaggs Abo Gas Pool
Property Code	Property Name	Well Number
005222	SKAGGS "B" ACC. 1	7
OGRID No.	Operator Name	Elevation
012024	JOHN H. HENDRIX CORPORATON	3593

Surface Location

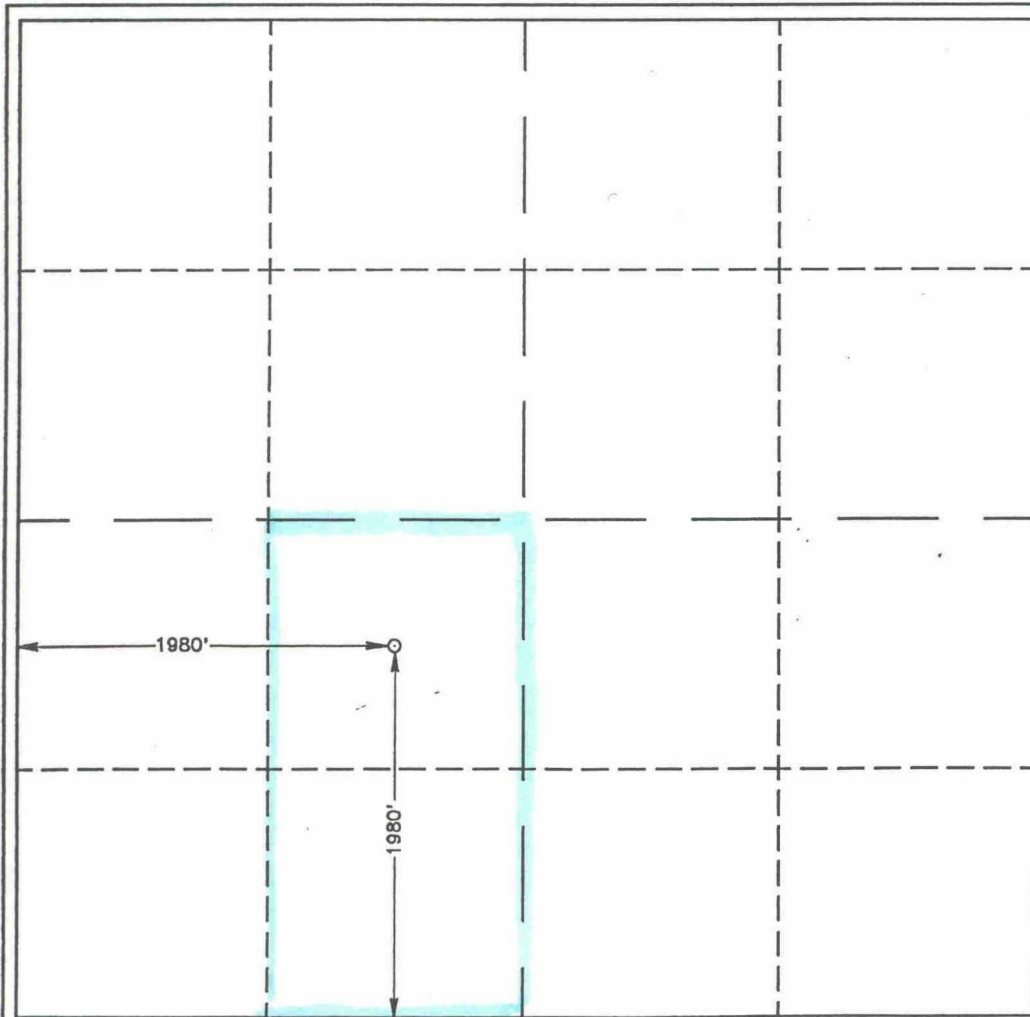
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	11	20 S	37 E		1980	SOUTH	1980	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
80			

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



OPERATOR CERTIFICATION

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

Ronnie H. Westbrook

Signature

Ronnie H. Westbrook

Printed Name

Vice President

Title

Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown
on this plat was plotted from field notes of
actual surveys made by me or under my
supervision, and that the same is true and
correct to the best of my belief.

JANUARY 14, 2000

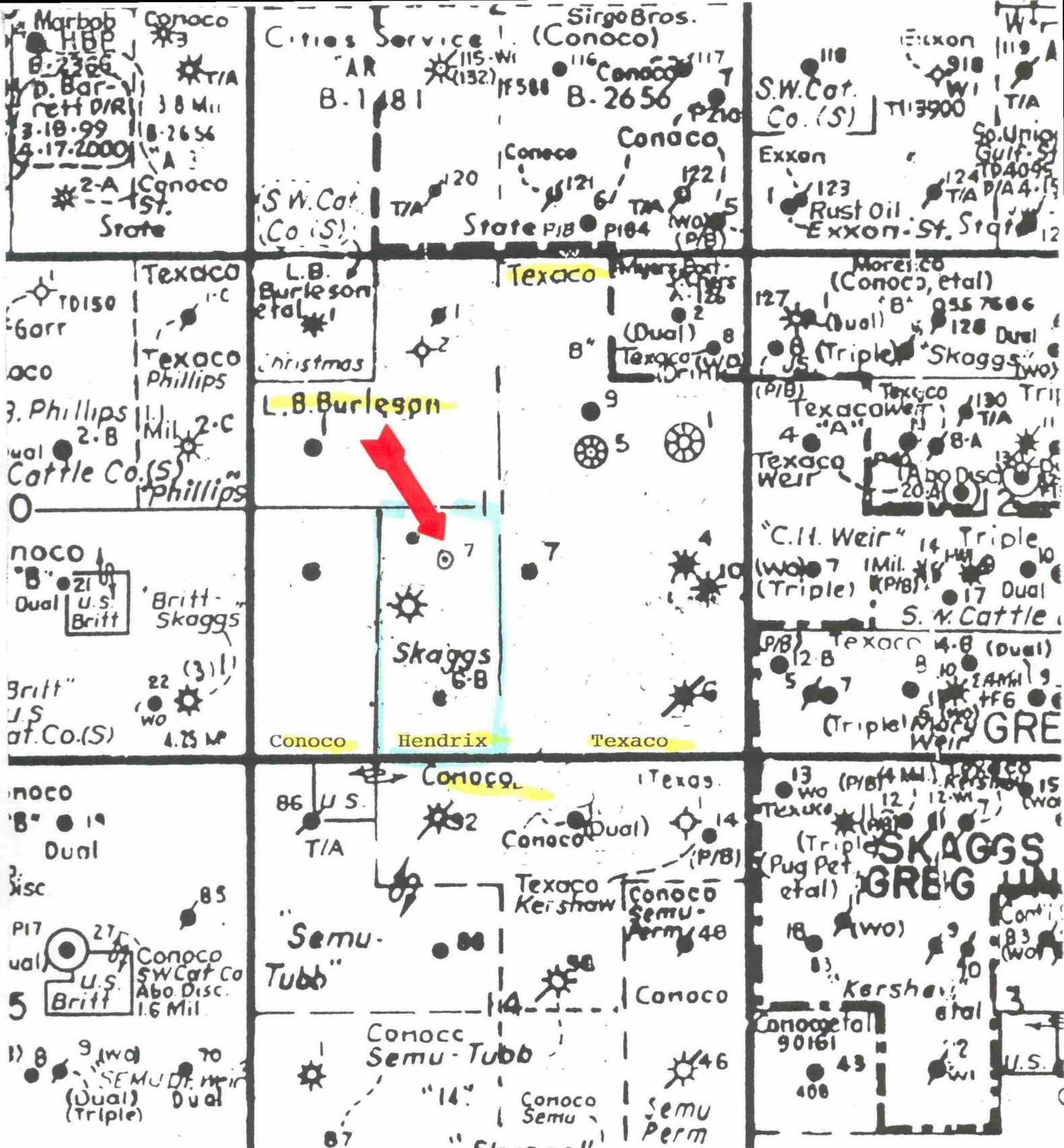
Date Surveyed

JLP

Signature of Seal For
Professional Surveyor

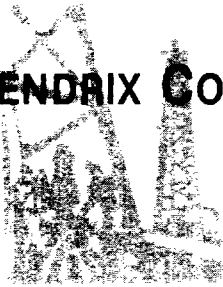
Ronald J. Edson
NEW MEXICO
Professional Surveyor
P.O. Num. 00-1-20052

Certificate No. RONALD J. EDSON, 3239
GARY G. EDSON, 12641
WILSON W. DONALD, 12185



JOHN H. HENDRIX CORPORATION
 Skaggs "B" Acc. 1 No. 7
 Lea County, New Mexico
 Non-Standard Proration Unit
 Sec. 11, T-20-S, R-37-E

JOHN H. HENDRIX CORPORATION



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MIDLAND, TX 79702-3040

(915) 684-6631
FAX (915) 684-7317
110 N. MARIENFELD, SUITE 400
MIDLAND, TEXAS 79701-4412

February 29, 2000

CERTIFIED MAIL -
RETURN RECEIPT REQUESTED

RE: Non-Standard Proration Unit
E/2 SW/4 of Section 11, T-20-S, R-37-E,
Lea County, New Mexico
Skaggs "B" Acc. 1 No. 7
Skaggs Abo Gas Pool

Gentlemen:

John H. Hendrix Corporation is filing an application (copy attached) for administrative approval of the above non-standard proration unit with the New Mexico Oil Conservation Division. If you object to the application, you must file a written objection with the Oil Conservation Division within twenty (20) days of the date the application is filed.

Should you have any questions please call me at (915) 684-6631.

Very truly yours,

A handwritten signature in cursive script, reading "Ronnie H. Westbrook".

Ronnie H. Westbrook
Vice President

JOHN H. HENDRIX CORPORATION
SKAGGS "B" ACC. 1 NO. 7
SECTION 11, T-20-S, R-37-E
LEA COUNTY, NEW MEXICO

RE: APPLICATION FOR NON-STANDARD PRORATION UNIT

OFFSET OPERATORS

Lewis B. Burleson, Inc.
P. O. Box 2479
Midland, TX 79702

Conoco Inc.
10 Desta Dr., Ste 100W
Midland, TX 79705

Texaco
P. O. Box 3109
Midland, TX 79702

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lewis B. Burleson Inc
P.O. Box 2479
Midland TX 79702

4a. Article Number

3 470 656241

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

3 9-00

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

Conoco Inc
10 Deste Dr Ste 100W
Midland TX 79705

4a. Article Number

3 470 656218

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

3 03-00

5. Received By: (Print Name)

SHANNA WILLIAMS

6. Signature: (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

3. Article Addressed to:

Texaco
Box 3190 3109
Midland TX 79702

4a. Article Number

3 470 656219

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☒ Certified
- ☐ Insured
- ☐ COD

7. Date of Delivery

MAR 02 2000

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

[Signature]

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.