

Gulf Oil Exploration and Production Company

State/dr

R. C. Anderson
PRODUCTION MANAGER,
HOBBS AREA

July 13, 1984

P. O. Box 670
Hobbs, NM 88240

Re: Criteria for an Unorthodox Well
Location in the West Dollarhide
Devonian Unit, Lea County, NM

Mr. Joe D. Ramey, Director
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501

NSL-1874

Rule 104FI

Release Aug. 9, 1984

NE/4 NW/4 of Sec. 33 dedicated

Dear Sir:

Gulf Oil Corporation respectfully requests your administrative approval to drill the West Dollarhide Devonian Unit Well No. 121 in the West Dollarhide Devonian Pool at the unorthodox location of 1285' FNL and 1650' FWL, Section 33 T24S-R38E, Lea County, New Mexico. In support of the application, we submit that the location meets the criteria set forth for an unorthodox well. In addition, the following facts are offered.

1. Offset operator to the proration unit is Getty Oil Company. Attached, find certified mail receipt notifying same.
2. This pattern is deemed necessary to more effectively and efficiently drain the unit area.

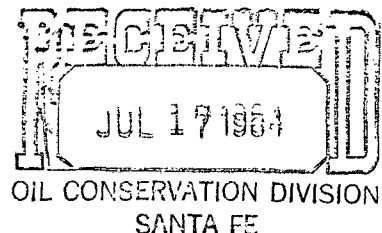
Yours very truly,

R. C. Anderson
R. C. ANDERSON

JDD/skc



A DIVISION OF GULF OIL CORPORATION

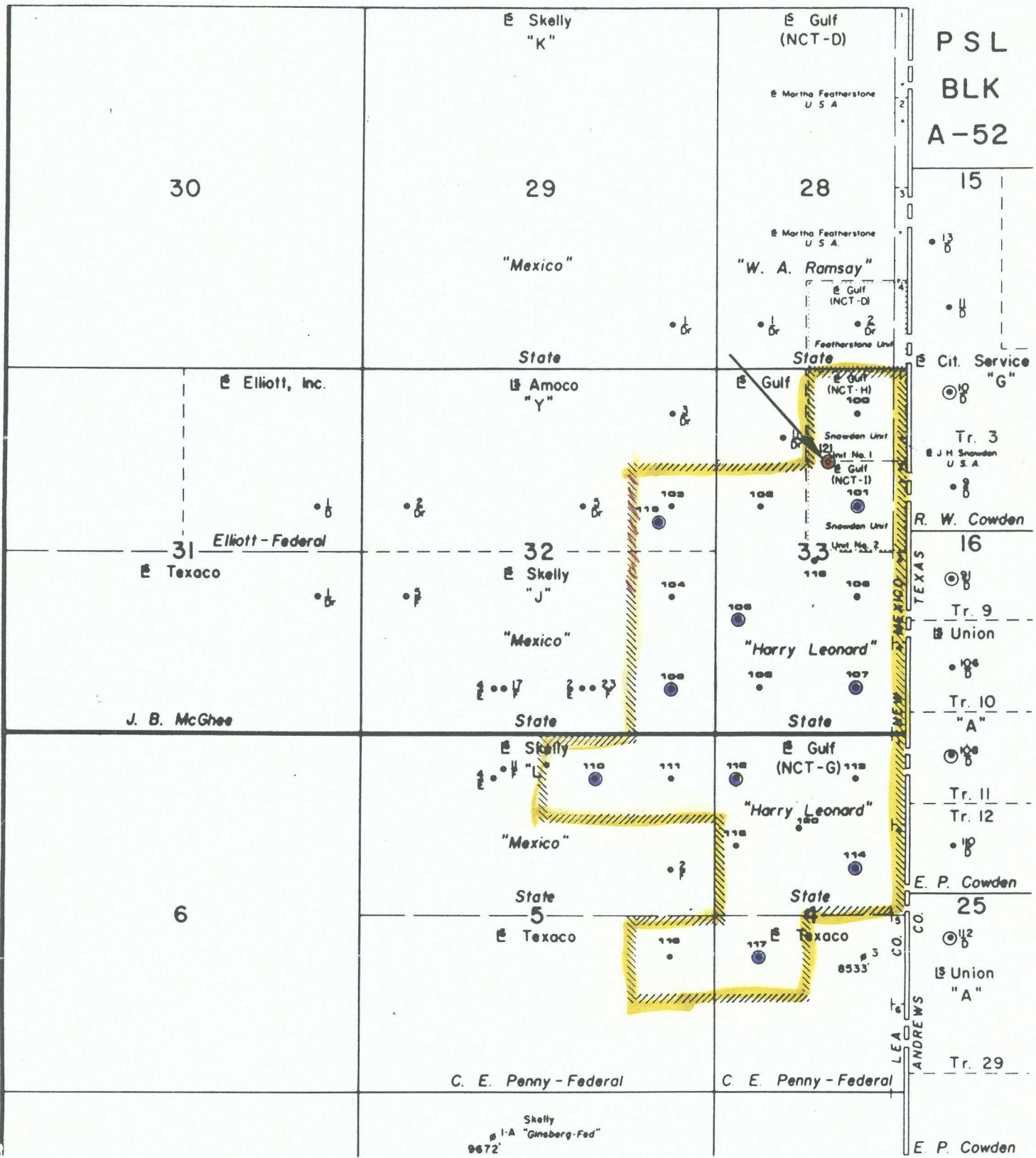


R 38 E

PSL
BLK
A-52

T
24
S

T
25
S



WEST DOLLARHIDE DEVONIAN UNIT
INJECTION WELL
PROPOSED WELL

PS Form 3811, Dec. 1989

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

© **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space
on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- ☒ Show to whom and date delivered —¢
- ☐ Show to whom, date, and address of delivery.. —¢
2. ☐ **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to
the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**

Metty Oil Co.
Box 1135
Elmwood, NM 88231

4. **TYPE OF SERVICE:**

- ☐ REGISTERED ☐ INSURED
- ☒ CERTIFIED ☐ COD
- ☐ EXPRESS MAIL

ARTICLE NUMBER

PL656268003

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE ☐ Addressee ☐ Authorized agent

5. **DATE OF DELIVERY**

POSTMARK

6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:**

7a. **EMPLOYEE'S INITIALS**