

EXXON COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

CONSERVATION DIVISION

REC-770

1995 JUL 31 10 52

MIDLAND PRODUCTION ORGANIZATION

OPERATIONS INTEGRITY

July 31, 1995

Simultaneous Dedication
Well Nos. 1, 5, 9, 12 and 13
Unorthodox Locations
Well Nos. 5, 12
John D. Knox Lease
Section 10, T21S, R36E
Lea County, NM
Eumont Yates 7 Rvrs Qn (Pro Gas) Pool

Mr. William J. LeMay
New Mexico Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505

Dear Mr. LeMay:

Exxon Corp. requests administrative approval of Simultaneous Dedication for well nos. 1, 5, 9, 12, 13 and Unorthodox Locations for nos. 5 and 12, which will be plugged back. A 320 acre, Non-Standard gas proration unit was approved 01/24/55, NSP 77A and Simultaneous Dedication of nos. 1, 9, and 13 was approved 12/01/94, NSL 3440 (SD). A copy of the offset operator notifications, C-102 and C-103 for each well are attached. If you have any questions, please call me at (915) 688-6782.

Sincerely,



Alex M. Correa

amc-lemay4.doc

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3 and 4a & b.
 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.

3. Article Addressed to:
 CONOCO INC.
 ATTN: J. W. HOOVER
 10 DESTADRIVE, STE. 100W
 MIDLAND, TX 79705
 Signature (Agent): *Antonia Burges*

4a. Article Number: *2740 407 819*
 4b. Service Type: Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise
 7. Date of Delivery: *12/29/95*
 8. Addressee's Address (Only if requested and fee is paid):

1. I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.
 4a. Article Number: *2740 407 805*
 4b. Service Type: Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise
 7. Date of Delivery: *12/29/95*
 8. Addressee's Address (Only if requested and fee is paid):

Form 3811, December 1991 *U.S. GPO: 1989-352-714
DOMESTIC RETURN RECEIPT
 Thank you for using Return Receipt Service

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3 and 4a & b.
 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.

3. Article Addressed to:
 LEWIS B. BURLERSON
 P.O. BOX 2479
 MIDLAND, TX 79702
 Signature (Agent): *Antonia Burges*

4a. Article Number: *2740 407 821*
 4b. Service Type: Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise
 7. Date of Delivery: *12/29/95*
 8. Addressee's Address (Only if requested and fee is paid):

1. I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.
 4a. Article Number: *2740 407 820*
 4b. Service Type: Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise
 7. Date of Delivery: *12/29/95*
 8. Addressee's Address (Only if requested and fee is paid):

Form 3811, December 1991 *U.S. GPO: 1989-352-714
DOMESTIC RETURN RECEIPT
 Thank you for using Return Receipt Service

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3 and 4a & b.
 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.

3. Article Addressed to:
 DEVON ENERGY CORPORATION
 500 MID-AMERICA TOWER
 0 N. BROADWAY
 OKLAHOMA CITY, OK 73102-8260
 Signature (Agent): *Antonia Burges*

4a. Article Number: *2740 407 805*
 4b. Service Type: Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise
 7. Date of Delivery: *12/29/95*
 8. Addressee's Address (Only if requested and fee is paid):

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3 and 4a & b.
 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.

3. Article Addressed to:
 CHEVRON USA INC.
 ATTN: LAND DEPT.
 P.O. BOX 1150
 MIDLAND, TX 79702
 Signature (Agent): *Antonia Burges*

4a. Article Number: *2740 407 820*
 4b. Service Type: Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise
 7. Date of Delivery: *12/29/95*
 8. Addressee's Address (Only if requested and fee is paid):

Form 3811, December 1991 *U.S. GPO: 1989-352-714
DOMESTIC RETURN RECEIPT
 Thank you for using Return Receipt Service

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, 4b, 4c, and 4d. 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.

3. Article Addressed to:

ME-TEX OIL & GAS INC.
401 W. TAYLOR
HOBBBS, NM 88240

Signature (Addressee)

Alfred J. Spry
Signature (Agent)

PS Form 3811, December 1991. U.S. GPO: 1989-522-714

DOMESTIC RETURN RECEIPT

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

- 1 Addressee's Address
 - 2 Restricted Delivery
- Consult postmaster for fee.

4a. Article Number: **2440 407 820**

4b. Service Type: Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

JUL 14 1995

Thank you for using Return Receipt Service

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, 4b, 4c, and 4d. 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.

3. Article Addressed to:

MERIDIAN OIL INC.
ATTN: LAND DEPT.
P.O. BOX 51810
MIDLAND, TX 79710

Signature (Addressee)

John H. Hendrix
Signature (Agent)

PS Form 3811, December 1991. U.S. GPO: 1989-522-714

DOMESTIC RETURN RECEIPT

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

- 1 Addressee's Address
 - 2 Restricted Delivery
- Consult postmaster for fee.

4a. Article Number: **2440 407 414**

4b. Service Type: Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

JUL 12 1995

Thank you for using Return Receipt Service

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, 4b, 4c, and 4d. 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.

3. Article Addressed to:

HEADINGTON OIL CO.
7557 RAMBLER RD, STE. 100
DALLAS, TX 75231

Signature (Addressee)

John H. Hendrix
Signature (Agent)

PS Form 3811, December 1991. U.S. GPO: 1989-522-714

DOMESTIC RETURN RECEIPT

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

- 1 Addressee's Address
 - 2 Restricted Delivery
- Consult postmaster for fee.

4a. Article Number: **2440 407 620**

4b. Service Type: Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

JUL 12 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services. Complete items 3, 4a, 4b, 4c, and 4d. 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.

3. Article Addressed to:

JOHN H. HENDRIX CORPORATION
P.O. BOX 3040
MIDLAND, TX 79702-3040

Signature (Addressee)

John H. Hendrix
Signature (Agent)

PS Form 3811, December 1991. U.S. GPO: 1989-522-714

DOMESTIC RETURN RECEIPT

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

- 1 Addressee's Address
 - 2 Restricted Delivery
- Consult postmaster for fee.

4a. Article Number: **2440 407 620**

4b. Service Type: Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

JUL 12 1995

Is your RETURN ADDRESS completed on the reverse side?	SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3 and 4a & b. • 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): 1. <input checked="" type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		
	3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> TEXAS CRUDE INC. P.O. BOX 56586 HOUSTON, TX 77256 </div>		4a. Article Number 2740 407 822		
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise		Thank you for using Return Receipt Service.	
5. Signature (Addressee) <i>J. Snel</i>		7. Date of Delivery 18 JUL 1995			
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid) JUL 20 1995			
PS Form 3811, December 1991		U.S. GPO: 1993-352-714		DOMESTIC RETURN RECEIPT	

Is your RETURN ADDRESS completed on the reverse side?	SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3 and 4a & b. • 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): 1. <input checked="" type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.		
	3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> THE WISER OIL CO. 8115 PRESTON ROAD, STE. 400 DALLAS, TX 75225-6311 </div>		4a. Article Number 2740 407 828		
		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise		Thank you for using Return Receipt Service.	
5. Signature (Addressee) <i>[Signature]</i>		7. Date of Delivery 7-13-95			
6. Signature (Agent)		8. Addressee's Address (Only if requested and fee is paid) JUL 17 1995			
PS Form 3811, December 1991		U.S. GPO: 1993-352-714		DOMESTIC RETURN RECEIPT	

EXXON COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

MIDLAND PRODUCTION ORGANIZATION

OPERATIONS INTEGRITY

July 11, 1995

John D. Knox Lease
Simultaneous Dedication
Well Nos. 1, 5, 9, 12, 13
Unorthodox Locations
Well Nos. 5, 12
Section 10, T21S, R36E
Lea County, NM
Eumont Yates 7 Rvrs Qn (Pro Gas)

Offset Operators

Gentlemen:

Exxon Corp. is requesting administrative approval of Simultaneous Dedication for the John D. Knox well nos. 1, 5, 9, 12 and 13 in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool and Unorthodox Locations for nos. 5 and 12. Nos. 5 and 12 will be plugged back to the Yates, 7 Rvrs and Queen and become gas wells. A copy of the C-102 and C-103 for each well are attached. If you have any questions, please call me at (915) 688-6782.

Sincerely,



Alex M. Correa

amc-offsets5.doc
Attachments

**OFFSET OPERATORS
EXXON CORP.
J. D. KNOX LEASE
SECTION 10, T21S-R36E
LEA COUNTY, NEW MEXICO**

AMERADA HESS CORPORATION
ATTN: LAND DEPT.
1201 LOUISIANA, STE. 700
HOUSTON, TX 77002

AMOCO PRODUCTION COMPANY
ATTN: LAND DEPT.
P.O. BOX 3092
HOUSTON, TX 77253

ARCO OIL & GAS COMPANY
ATTN: LAND DEPT.
P.O. BOX 1610
MIDLAND, TX 79702-1610

DAVID H. ARRINGTON OIL & GAS
P.O. BOX 2071
MIDLAND, TX 79702

LEWIS B. BURLESON
P.O. BOX 2479
MIDLAND, TX 79702

CHEVRON USA INC.
ATTN: LAND DEPT.
P.O. BOX 1150
MIDLAND, TX 79702

CONOCO INC.
ATTN: J. W. HOOVER
10 DESTADRIVE, STE. 100W
MIDLAND, TX 79705

DEVON ENERGY CORPORATION
1500 MID-AMERICA TOWER
20 N. BROADWAY
OKLAHOMA CITY, OK 73102-8260

HEADINGTON OIL CO.
7557 RAMBLER RD., STE. 1150
DALLAS, TX 75231

JOHN H. HENDRIX CORPORATION
P.O. BOX 3040
MIDLAND, TX 79702-3040

ME-TEX OIL & GAS INC.
401 W. TAYLOR
HOBBS, NM 88240

MERIDIAN OIL INC.
ATTN: LAND DEPT.
P.O. BOX 51810
MIDLAND, TX 79710

ORYX ENERGY COMPANY
ATTN: LAND DEPT.
P.O. BOX 2880
DALLAS, TX 75221-2880

OXY USA INC.
ATTN: LAND DEPT.
P.O. BOX 50250
MIDLAND, TX 79710

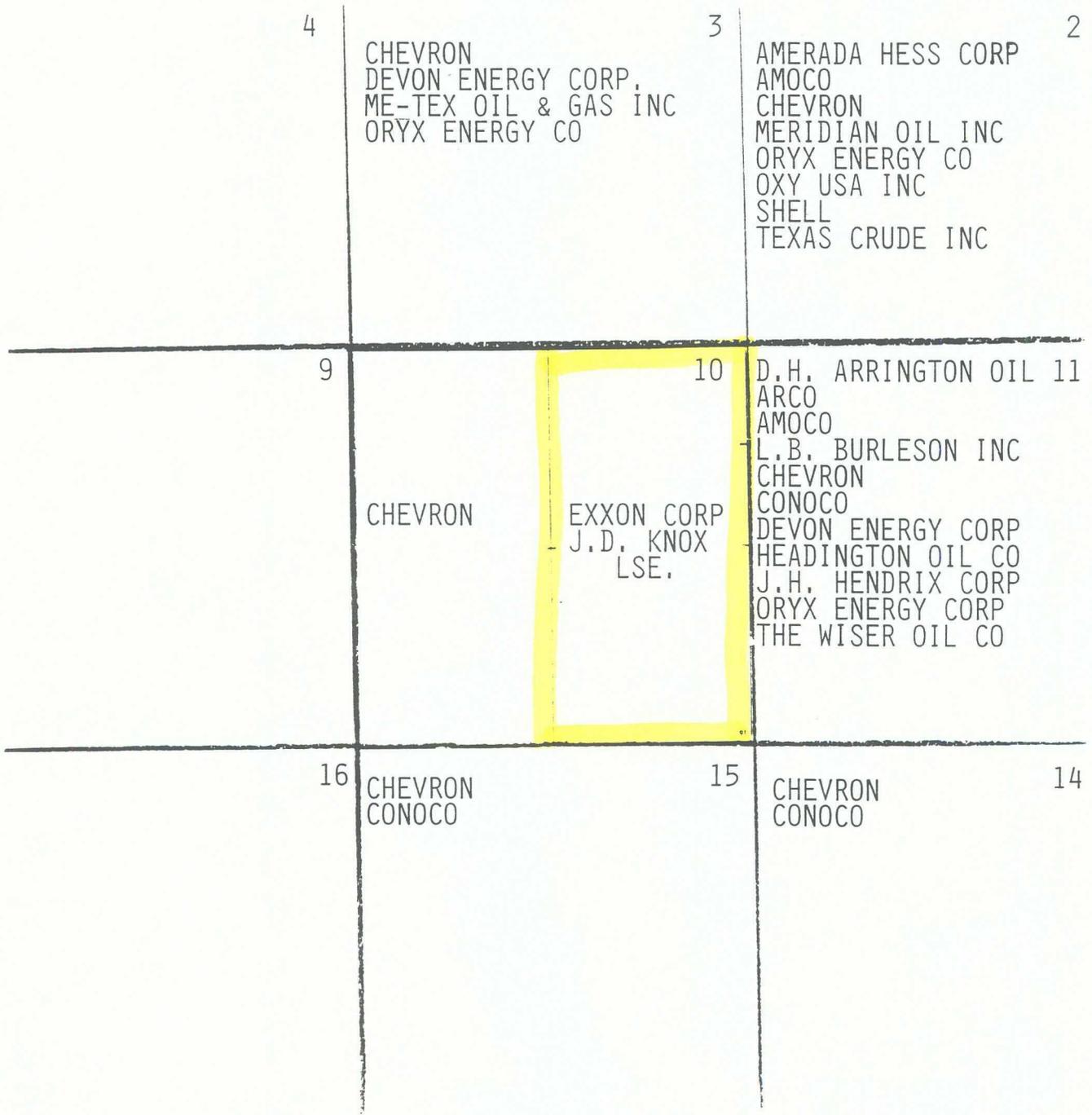
SHELL WESTERN E & P INC.
ATTN: LAND DEPT.
200 N. DAIRY ASHFORD
HOUSTON, TX 77079

TEXAS CRUDE INC.
P.O. BOX 56586
HOUSTON, TX 77256

THE WISER OIL CO.
8115 PRESTON ROAD, STE. 400
DALLAS, TX 75225-6311

OFFSET OPERATORS

EXXON CORP.
JOHN D. KNOX LEASE
E2, SEC. 10, T21S, R36E
LEA COUNTY, NM



Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 3002504595
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JOHN D KNOX
8. Well No. 1
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
EXXON CORPORATION

3. Address of Operator
**ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702**

4. Well Location
Unit Letter **J** : **1980** Feet From The **SOUTH** Line and **1980** Feet From The **EAST** Line
Section **10** Township **21S** Range **36E** NMPM **LEA** County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: **SIMO DEDICATION 1,5,9,12,13**
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG & ABANDONMENT

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

ADMINISTRATIVE APPROVAL FROM SANTA FE HAS BEEN REQUESTED FOR SIMULTANEOUS DEDICATION OF #'S 1,5,9,12,13 IN THE E2 OF SEC. 10. A 320 AC. NON-STANDARD GAS PRORATION UNIT APPROVED 01/24/55, NSP 77A AND SIMULTANEOUS DEDICATION OF #'S 1,9,13 APPROVED 12/01/94, NSL 3440(SD).

OFFSETS HAVE BEEN NOTIFIED.

C-102 IS ATTACHED.

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

SIGNATURE *Alex M. Correa* TITLE Sr. Regulatory Specialist DATE 06/01/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

STATE OF NEW MEXICO
Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe, NM 87504-2088

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-04595	Pool Code 76480	Pool Name EUMONT YATES 7 RVRS. QN. (PRO. GAS)
Property Code 004185	Property Name JOHN D. KNOX	Well Number 1
GRID No. 007673	Operator Name Exxon Corporation	Elevation 3587

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	10	21-S	36-E		1980'	SOUTH	1980'	EAST	LEA

Bottom Hole Location If Different From Surface

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

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No.
------------------------	-----------------	--------------------	-----------

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

OPERATOR CERTIFICATION

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

C.H. Harper 6/12/95
Signature

C.H. Harper
Printed Name

Permits Supervisor
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.

1/16/36
Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

Distance to nearest Town 6.6 Miles NW of EUNICE New Mexico	Drawn By S.R. Patterson	Date 6/2/95	Drawing File Name C.F. File No. A10940
---	----------------------------	----------------	---

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 3002504599	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. FEE	
7. Lease Name or Unit Agreement Name JOHN D KNOX	
8. Well No. 5	
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3594 DF	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
EXXON CORPORATION

3. Address of Operator **ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702**

4. Well Location
Unit Letter **P** : **660** Feet From The **SOUTH** Line and **660** Feet From The **EAST** Line
Section **10** Township **21S** Range **36E** NMPM **LEA** County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 PULL OR ALTER CASING
 OTHER: **PB, SIMO. DED. #'1,5,9,12,13**

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG & ABANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER:

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WELL IS CURRENTLY ON PRORATION SCH. IN EUNICE MONUMENT; GRAYBURG-SAN ANDRES, EUNICE MONUMENT SOUTH UNIT OPERATED BY CHEVRON. WELL WAS NEVER TURNED OVER TO CHEVRON SO EXXON IS STILL THE OPERATOR. PB FROM EUNICE MONUMENT; GRAYBURG-SAN ANDRES TO EUMONT YATES 7 RVRS QN (PRO GAS). PERF. QN. APPROX. 3500'-3700', FRAC APPROX. 40000 GAL. + 160000 # SD.; PERF. 7 RVRS. APPROX. 3070'-3330', FRAC APROX. 40000 GAL. + 160000 # SD. ADMINISTRATIVE APPROVAL FROM SANTA FE HAS BEEN REQUESTED FOR AN UNORTHOXOD LOCATION, SIMULTANEOUS DEDICATION OF #'S 1,5,9,12,13 IN THE E2 OF SEC. 10. A 320 AC. NON-STANDARD GAS PRORATION UNIT WAS APPROVED 01/24/55, NSP 77A AND SIMULTANEOUS DEDICATION OF #'S 1,9,13 WAS APPROVED 12/01/94, NSL 3440(SD). OFFSETS HAVE BEEN NOTIFIED. C-102 & 103 ATTACHED.

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

SIGNATURE Alex M. Correa TITLE Sr. Regulatory Specialist DATE 06/28/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-04599		Pool Code 76480		Pool Name EUMONT YATES 7 RVRS. QN. (PRO. GAS)	
Property Code 004185		Property Name JOHN D. KNOX			Well Number 5
OGRID No. 007673		Operator Name Exxon Corporation			Elevation

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	10	21-S	36-E		660'	SOUTH	660'	EAST	LEA

Bottom Hole Location If Different From Surface

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

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

The diagram shows a grid of sections labeled A through N. A dashed line indicates the well location, which is 660 feet from the south and 660 feet from the east. Well symbols are shown in sections B, G, J, and M. Well 5 is specifically located in section P.

OPERATOR CERTIFICATION

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

6/12/95

C.H. Harper

Signature _____

Printed Name C.H. Harper

Title Permits Supervisor

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.

8/17/34

Date of Survey _____

Signature and Seal of Professional Surveyor. _____

Certificate Number _____

Distance to nearest Town 6.6 Miles NW of EUNICE New Mexico	Drawn By S.R. Patterson	Date 6/2/95	Drawing File Name C.F. File No. A10973
---	----------------------------	----------------	---

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 3002520166
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JOHN D KNOX
8. Well No. 9
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
EXXON CORPORATION

3. Address of Operator
**ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702**

4. Well Location
Unit Letter **A** : **330** Feet From The **NORTH** Line and **990** Feet From The **EAST** Line
Section **10** Township **21S** Range **36E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3751 KB

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER: **SIMO DEDICATION #'S 1,5,9,12,13**

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. PLUG & ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER: _____

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

ADMINISTRATIVE APPROVAL FROM SANTA FE HAS BEEN REQUESTED FOR SIMULATNEOUS DEDICATION OF #'S 1,5,9,12,13 IN E2, SEC 10. A 320 AC. NON-STANDARD GAS PRORATION UNIT WAS APPROVED 01/24/55, NSP 77A AND SIMULTANEOUS DEDICATION OF #'S 1,9,13 AND AN UNORTHODOX LOCATION FOR #9 WAS APPROVED 12/01/94, NSL 3440(SD).

OFFSETS HAVE BEEN NOTIFIED.

C-102 IS ATTACHED.

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

SIGNATURE Alex M. Correa TITLE Sr. Regulatory Specialist DATE 06/14/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-20166		Pool Code 76480		Pool Name EUMONT YATES 7 RVRS. QN. (PRO. GAS)	
Property Code 004185		Property Name JOHN D. KNOX			Well Number 9
OGRID No. 007673		Operator Name Exxon Corporation			Elevation 3751 DF

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	10	21-S	36-E		330'	NORTH	990'	EAST	LEA

Bottom Hole Location If Different From Surface

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

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 that the information contained herein is true and complete to the best of my knowledge and belief.

6/12/95

C.H. Harper

Signature _____

C.H. Harper

Printed Name _____

Permits Supervisor

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.

9/9/63

Date of Survey _____

Signature and Seal of Professional Surveyor. _____

Certificate Number _____

6.6 Miles NW of EUNICE New Mexico	Distance to nearest Town	Drawn By S.R. Patterson	Date 6/2/95	Drawing File Name C.F. File No. A10941
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Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL API NO. 3002520706	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. FEE	
7. Lease Name or Unit Agreement Name JOHN D KNOX	
8. Well No. 12	
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)	

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)</p>	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator EXXON CORPORATION	
3. Address of Operator ATTN: REGULATORY AFFAIRS ML#14 P. O. BOX 1600 MIDLAND, TX 79702	
4. Well Location Unit Letter 0 : 990 Feet From The SOUTH Line and 1652 Feet From The EAST Line Section 10 Township 21S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: **PB, SIMO. DED. #'S 1,5,9,12,13**
- PLUG AND ABANDON
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG & ABANDONMENT

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WELL IS CURRENTLY ON PRORATION SCHEDULE IN OIL CENTER; BLINEBRY. PB TO EUMONT YATES 7 RVRS QN (PRO GAS), PERF. 7RVRS. APPROX. 3050'-3250' FRAC APPROX. 40000 GAL. + 160000 # SD.; PERF. YATES APPROX. 2800'-2950', FRAC APPROX. 40000 GAL. + 160000 # SD..

ADMINISTRATIVE APPROVAL FROM SANTA FE HAS BEEN REQUESTED FOR AN UNORTHODOX LOCATION, SIMULTANEOUS DEDICATION OF #'S 1,5,9,12,13 IN THE E2 OF SEC. 10. A 320 AC. NON-STANDARD GAS PRORATION UNIT WAS APPROVED 01/24/55, NSP 77A AND SIMULTANEOUS DEDICATION OF #'S 1,9,13 WAS APPROVED 12/01/94, NSL 3440(SD). OFFSET OPERATORS HAVE BEEN NOTIFIED. C-102 IS ATTACHED.

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

SIGNATURE *Alex M. Cornea* TITLE Sr. Regulatory Specialist DATE 06/29/95
TYPE OR PRINT NAME Alex M. Cornea (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-20706	Pool Code 76480	Pool Name EUMONT YATES 7 RVRS. QN. (PRO. GAS)
Property Code 004185	Property Name JOHN D. KNOX	Well Number 12
OGRID No. 007673	Operator Name Exxon Corporation	Elevation

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	10	21-S	36-E		990'	SOUTH	1652'	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No.						

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

The diagram shows a 3x3 grid of sections labeled A through N. A dashed line represents the well location, starting 990' south of the bottom of section M and extending 1652' east to section P. Well locations are marked with gear symbols and numbers: 9 (top right), 13 (middle right), 1 (bottom left), 12 (bottom left, near the well location), and 5 (bottom right).

OPERATOR CERTIFICATION

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

6/12/95

C.H. Harper

Signature _____

C.H. Harper

Printed Name _____

Permits Supervisor

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.

12/6/63

Date of Survey _____

Signature and Seal of Professional Surveyor _____

Certificate Number _____

Distance to nearest Town 6.6 Miles NW of EUNICE New Mexico	Drawn By S.R. Patterson	Date 6/2/95	Drawing File Name C.F. File No. A10974
---	----------------------------	----------------	---

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO. 3002526326
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name JOHN D KNOX
8. Well No. 13
9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
EXXON CORPORATION

3. Address of Operator
**ATTN: REGULATORY AFFAIRS ML#14
P. O. BOX 1600
MIDLAND, TX 79702**

4. Well Location
Unit Letter **H** : **1650** Feet From The **NORTH** Line and **990** Feet From The **EAST** Line
Section **10** Township **21S** Range **36E** NMPM **LEA** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK PLUG AND ABANDON
- TEMPORARILY ABANDON CHANGE PLANS
- PULL OR ALTER CASING
- OTHER: **SIMO DEDICATION #'S 1,5,9,12,13**

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ALTERING CASING
- COMMENCE DRILLING OPNS. PLUG & ABANDONMENT
- CASING TEST AND CEMENT JOB
- OTHER: _____

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

ADMINISTRATIVE APPROVAL FROM SANTA FE HAS BEEN REQUESTED FOR SIMULTANEOUS DEDICATION OF #'S 1,5,9,12,13 IN THE E2, SEC. 10. A 320 AC NON-STANDARD GAS PRORATION UNIT WAS APPROVED 01/24/55, NSP 77A AND SIMULTANEOUS DEDICATION OF #'S 1,9,13 WAS APPROVED 12/01/94, NSL 3440(SD).

OFFSET OPERATORS HAVE BEEN NOTIFIED.

C-102 IS ATTACHED.

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

SIGNATURE *Alex M. Correa* TITLE Sr. Regulatory Specialist DATE 06/14/95

TYPE OR PRINT NAME Alex M. Correa (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

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

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-26326		Pool Code 76480	Pool Name EUMONT YATES 7 RVRS. QN. (PRO. GAS)
Property Code 004185	Property Name JOHN D. KNOX		Well Number 13
OGRID No. 007673	Operator Name Exxon Corporation		Elevation 3593 DF

Surface Location

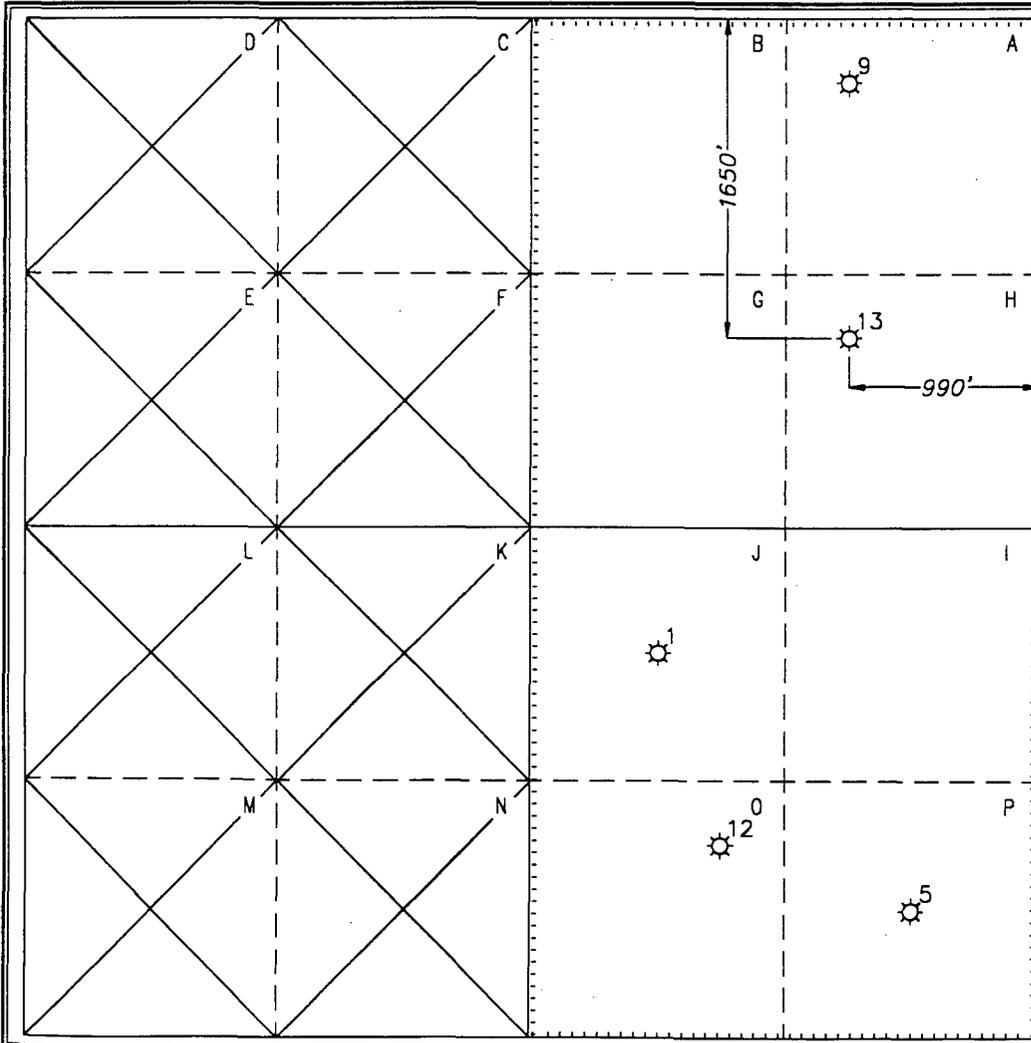
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	10	21-S	36-E		1650'	NORTH	990'	EAST	LEA

Bottom Hole Location If Different From Surface

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

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



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

6/12/95

C.H. Harper
Signature

C.H. Harper
Printed Name

Permits Supervisor
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.

5/9/79

Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number