

VSP-1477

Received 10/11/85
Release 11/7/85

By Michael E. Rogers

non-standard gas unit
36.65 acres consisting of
Lot No. 208

September 19, 1985

New Mexico Energy and Mineral Dept.
Oil Conservation Division
525 Camino De Los Marquez
Santa Fe, New Mexico 87501

Under R-1670

Re: Change of Proration Unit
in the SW/4-NW/4 of Sec.
7, T-21-S, R-37-E, Lea
County, New Mexico

Eumont
Pool

Gentlemen:

dedicated to Alexander
Well No. 1
located 1980' ENE - 660' FWL of Sec. 7

The Alexander No. 1-E in Section 7, T-21-S, R-37-E, Lea County, New Mexico, was drilled and completed on 11/11/54, as a Eumont gas well. The S/2-NW/4 and the E/2-SW/4 were communitized into a non-standard proration unit. The well has been produced with this 160 acre dedication since that time.

agreement
has
been
reached

The Alexander No. 1 well has not produced any oil or gas since February, 1985. Therefore, it is now requested that the non-standard proration unit be reduced in size to include only the SW/4-NW/4 of Section 7, T-21-S, R-37-E. A copy of a C-102 (well location and acreage dedication plat) is enclosed to show the location of the Alexander No. 1 well and to indicate the acreage to be dedicated to the 40 acre proration unit.

Also enclosed is a lease plat showing the offset operators. These operators have been notified of this application by certified mail, a copy of which is enclosed.

Sincerely,

E. F. Lawson, Jr.
Vice President and
Trust Officer-Petroleum Landman

InterFirst Bank Fort Worth, N.A.
Independent Executor for the
Millard Deck Estate #4193

915-683-4832
c/o James Keen

Applicant:
Millard Deck Estate
2 Burnett Plaza
801 Cherry St.
Fort Worth, TX
76102

3005 N. Big Spring
Midland
79705

* Remarks: VSP-146 which approved a 156.65 acre non-standard gas spacing and proration unit consisting of the S/2 NW/4 and E/2 SW/4 of said Section 7 dedicated to the subject well is hereby superseded by this Order.

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

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

All distances must be from the outer boundaries of the Section.

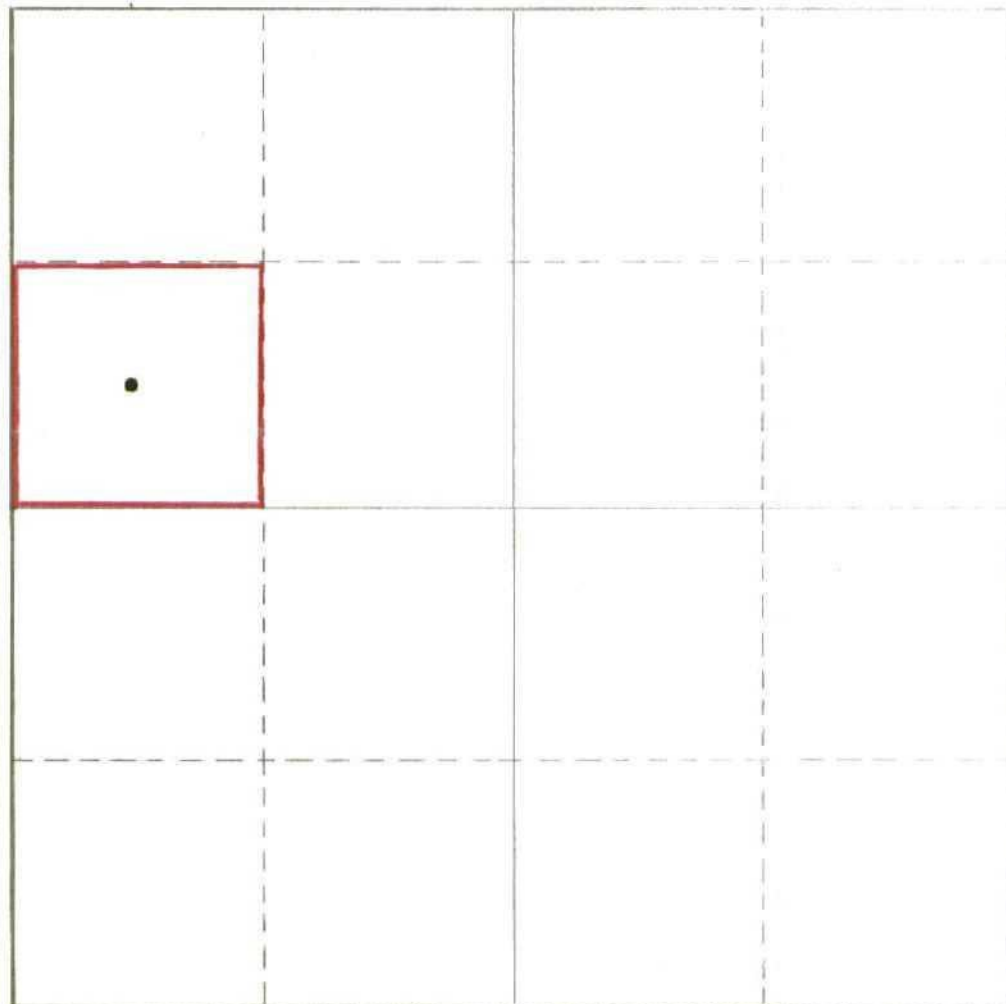
Operator Millard Deck Estate			Lease Alexander		Well No. 1
Unit Letter E	Section 7	Township 21-S	Range 37-E	County Lea	
Actual Postage Location of Well:					
1980	feet from the	North	line and	660	feet from the West line
Ground Level Elev. 3492'	Producing Formation Queen		Pool Eumont Yates 7 Rvrs Qn (Gas)		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☒ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

E. F. Lawson, Jr.
E. F. Lawson, Jr.
 Vice President and Trust
 Officer-Petroleum Landman
 Company
 InterFirst Bank Fort Worth, N.A.
 Independent Executor for the
 Millard Deck Estate #4193
 September 27, 1985

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 knowledge and belief.

Date Surveyed _____

Registered Professional Engineer
and/or Land Surveyor

Certificate No. _____

36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200

201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300

301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400

401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500

501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600

601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700

701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800

PS Form 3800, Apr. 1976

1. The following service is requested (check one):
☒ Show to whom and date delivered.
☐ Show to whom, date and address of delivery.
☐ RESTRICTED DELIVERY
Show to whom and date delivered.
☐ RESTRICTED DELIVERY.
Show to whom, date, and address of delivery, \$.

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Texaco, Inc.
P.O. Box 3109
Midland, Texas 79702

3. ARTICLE DESCRIPTION:
REGISTERED NO. P23 8388651
CERTIFIED NO. INSURED NO.

(Always obtain signature of addressee or agent)
I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO : 1979-300-459

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

P23 8388651

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Apr. 1976

SENT TO
Texaco, Inc.
STREET AND NO.
P.O. Box 3109
P.O. STATE AND ZIP CODE
Midland, Texas 79702

POSTAGE \$

CERTIFIED FEE

SPECIAL DELIVERY

RESTRICTED DELIVERY

SHOW TO WHOM AND DATE DELIVERED

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE
10/1/85

CERTIFIED
P23 8388651
MAIL

PS Form 3800, Apr. 1976

1. The following service is requested (check one):
☒ Show to whom and date delivered.
☐ Show to whom, date and address of delivery.
☐ RESTRICTED DELIVERY
Show to whom and date delivered.
☐ RESTRICTED DELIVERY.
Show to whom, date, and address of delivery, \$.

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Chevron USA, Inc.
P.O. Box 670
Hobbs, NM 88240

3. ARTICLE DESCRIPTION:
REGISTERED NO. P23 8388650
CERTIFIED NO. INSURED NO.

(Always obtain signature of addressee or agent)
I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO : 1979-300-459

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

P23 8388650

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Apr. 1976

SENT TO
Chevron USA, Inc.
STREET AND NO.
P.O. Box 670
P.O. STATE AND ZIP CODE
Hobbs, NM 88240

POSTAGE \$

CERTIFIED FEE

SPECIAL DELIVERY

RESTRICTED DELIVERY

SHOW TO WHOM AND DATE DELIVERED

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY

SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE
10/1/85

CERTIFIED
P23 8388650
MAIL

P23 8388655

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

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

The following service is requested (check one):
☒ Show to whom and date delivered.
☐ Show to whom, date and address of delivery.
☐ RESTRICTED DELIVERY
Show to whom and date delivered.
☐ RESTRICTED DELIVERY
Show to whom, date, and address of delivery.

(CONSULT POSTMASTER FOR FEES)

2. **ARTICLE ADDRESSED TO:**
Kern Co.
3005 N. Big Spring
Midland, Texas 79705

3. **ARTICLE DESCRIPTION:**
REGISTERED NO. P23 8388655 INSURED NO.
(Always obtain signature of addressee or agent.)
I have received the article described above.
SIGNATURE _____ Date _____

4. **DATE OF DELIVERY** POSTMARK

5. **ADDRESS** (Complete only if requested)

6. **UNABLE TO DELIVER BECAUSE:** CLERK'S INITIALS

PS Form 3800, Apr. 1976

☆ GPO : 1978-300-459

PS Form 3800, Apr. 1976

CERTIFIED
P23 8388655
MAIL

SENT TO: Kern Co.
STREET AND NO.
P.O. STATE AND ZIP CODE
3005 N. Big Spring
Midland, Texas 79705

POSTAGE \$

CONSULT POSTMASTER FOR FEES

OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	
SPECIAL DELIVERY	
RESTRICTED DELIVERY	
SHOW TO WHOM AND DATE DELIVERED	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE 10/1/85

P23 8388654

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

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

The following service is requested (check one):
☒ Show to whom and date delivered.
☐ Show to whom, date and address of delivery.
☐ RESTRICTED DELIVERY
Show to whom and date delivered.
☐ RESTRICTED DELIVERY
Show to whom, date, and address of delivery.

(CONSULT POSTMASTER FOR FEES)

2. **ARTICLE ADDRESSED TO:**
Amerada Hess
P.O. Box 840
Seminole, Texas 79360

3. **ARTICLE DESCRIPTION:**
REGISTERED NO. P23 8388654 INSURED NO.
(Always obtain signature of addressee or agent.)
I have received the article described above.
SIGNATURE _____ Date _____

4. **DATE OF DELIVERY** POSTMARK

5. **ADDRESS** (Complete only if requested)

6. **UNABLE TO DELIVER BECAUSE:** CLERK'S INITIALS

PS Form 3800, Apr. 1976

☆ GPO : 1978-300-459

CERTIFIED
P23 8388654
MAIL

SENT TO: Amerada Hess
STREET AND NO.
P.O. STATE AND ZIP CODE
P.O. Box 840
Seminole, Texas 79360

POSTAGE \$

CONSULT POSTMASTER FOR FEES

OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	
SPECIAL DELIVERY	
RESTRICTED DELIVERY	
SHOW TO WHOM AND DATE DELIVERED	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	

TOTAL POSTAGE AND FEES \$

POSTMARK OR DATE 10/1/85

P23 8388653

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED —
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO:	Campbell and Hedrick
STREET AND NO.	P.O. Box 401
P.O. STATE AND ZIP CODE	Midland, Texas 79702

POSTAGE	\$
CERTIFIED FEE	c
SPECIAL DELIVERY	c
RESTRICTED DELIVERY	c
SHOW TO WHOM AND DATE DELIVERED	c
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	c
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	c
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	c
TOTAL POSTAGE AND FEES	\$

POSTMARK OR DATE	10/1/85
------------------	---------

PS Form 3800, Apr. 1976

CERTIFIED
P238388653

MAIL

PS Form 3811, Apr. 1976

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

1. The following service is requested (check one):
☒ Show to whom and date delivered.
☐ Show to whom, date and address of delivery.
☐ RESTRICTED DELIVERY
Show to whom and date delivered.
☐ RESTRICTED DELIVERY
Show to whom, date, and address of delivery \$
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Campbell and Hedrick
P.O. Box 401
Midland, Texas 79702

3. ARTICLE DESCRIPTION:
REGISTERED NO. P23 8388653
CERTIFIED NO. INSURED NO.

(Always obtain signature of addressee or agent.)
I have received the article described above.
SIGNATURE: [Signature] Dated: [Date]

4. DATE OF DELIVERY POSTMARK:

5. ADDRESS (Complete only if requested):

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

★ GPO : 1976-300-458