NSP-1477

Received 10/1/85
Release 11/7/85

By Michael T. Stogner

non-standard unit
36.65 acres consisting of
Lot No. 2 of

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' FNL & 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 released

T-21-S

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

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 Kean

3005 N. Big Spring
Midland
79705

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

* Remarks: NSP-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and proration unit consisting of the S/2 NW/4 and E/2 SW/4 of said Section 7 dedicated to the subject well is hereby rescinded by this Order.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	Lease	Well No.
Millard Deck Estate	Alexander	1

Unit Letter	Section	Township	Range	County
E	7	21-S	37-E	Lea

Actual Footage Location of Well:
1980 feet from the North line and 660 feet from the West line

Ground Level Elev.	Producing Formation	Pool	Dedicated Acreage:
3492'	Queen	Eumont Yates 7 Rvrs Qn (Gas)	40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

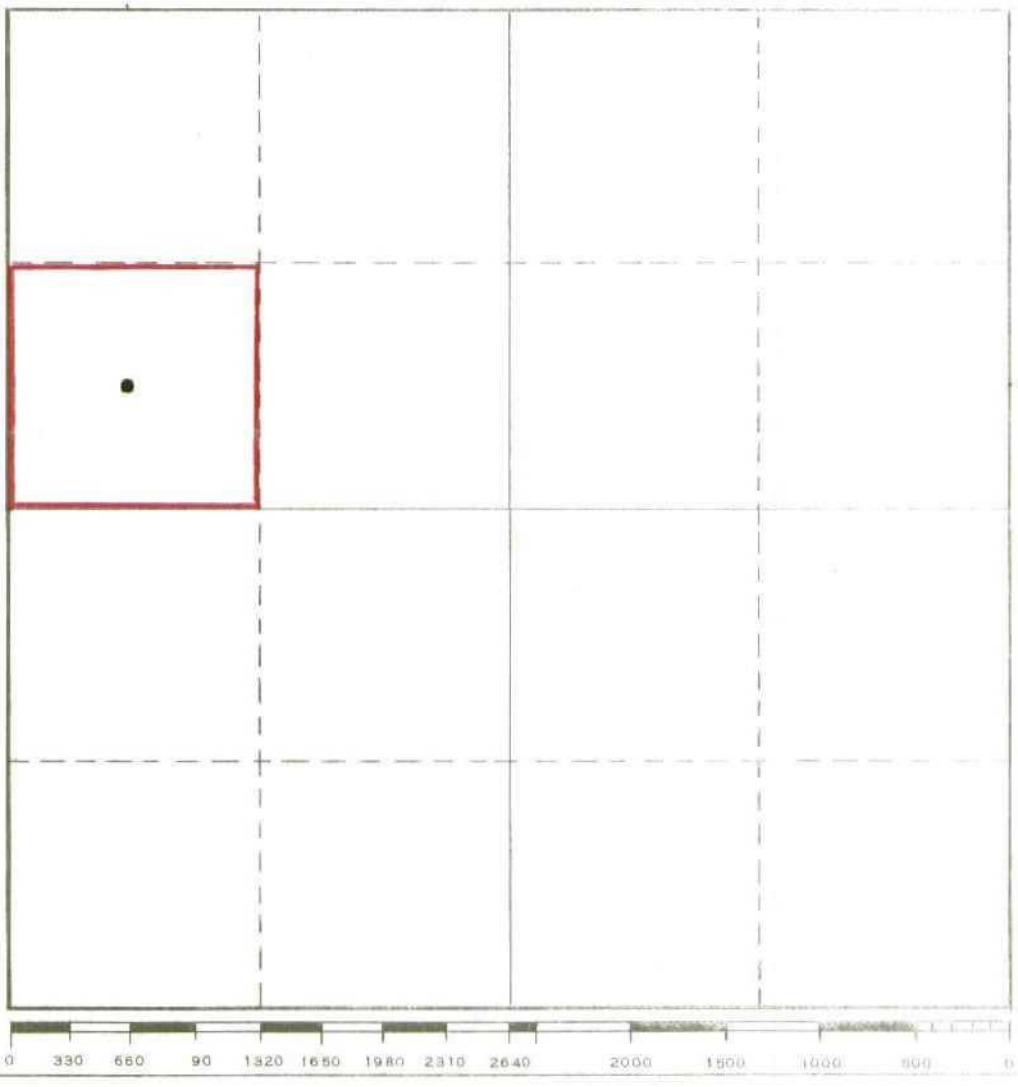
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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.

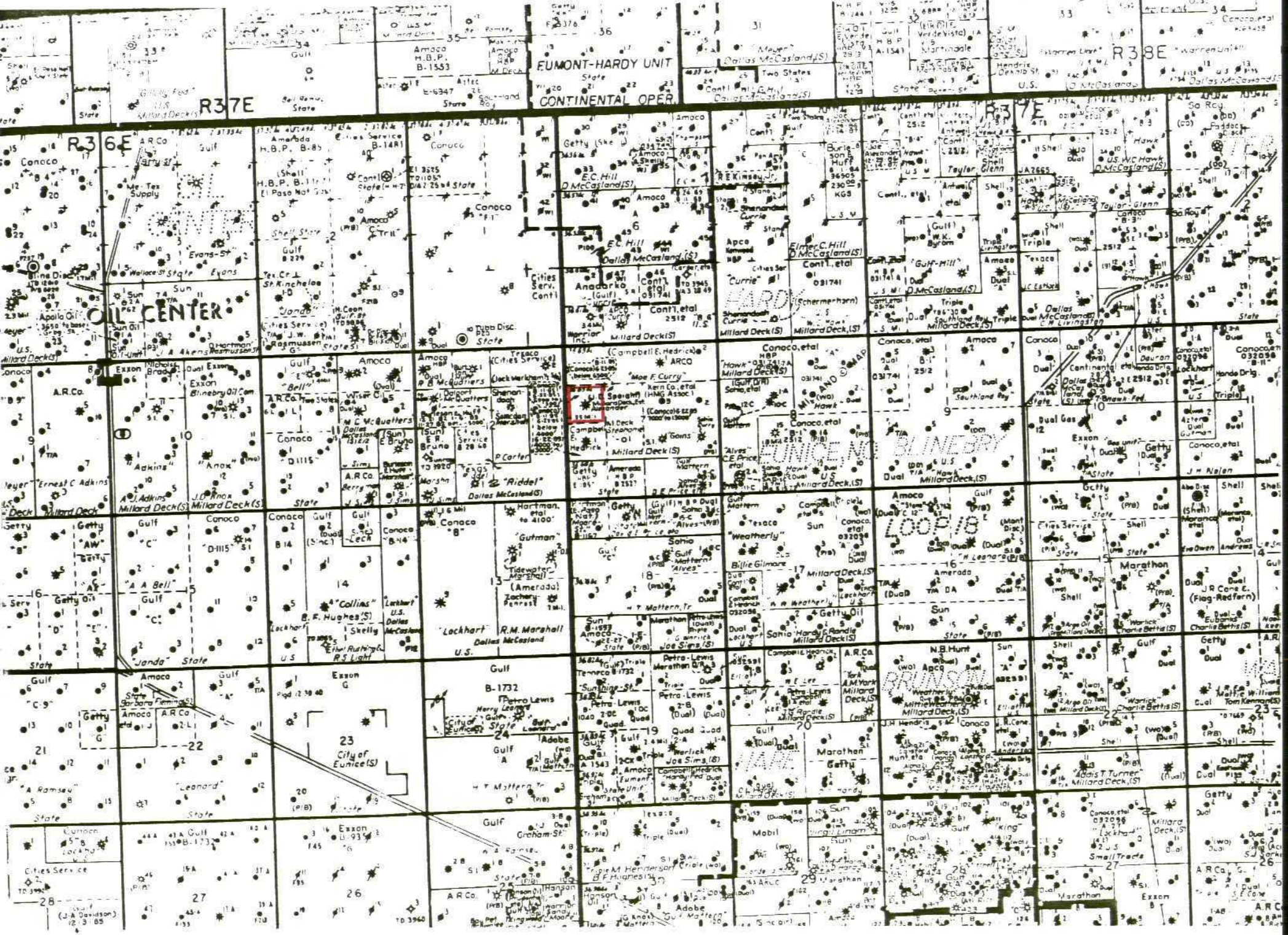
Name: E. F. Lawson, Jr.
Position: Vice President and Trust Officer-Petroleum Landman
Company: InterFirst Bank Fort Worth, N.A. Independent Executor for the Millard Deck Estate #4193
Date: September 27, 1985

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.


R37E
R36E
R38E
EUMONT-HARDY UNIT
CONTINENTAL OPER.
OIL CENTER
HARDY
EUNICE NE
BLINEBRY
LOOP 18
BRUNSON
Lockhart
City of Eunice(S)
Dallas McCasland
Millard Deck(S)

PS Form 3811, Jan. 1979

● 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:
Texaco, Inc.
P.O. Box 3109
Midland, Texas 79702

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P23 8388651	

(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)

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	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES

POSTMARK OR DATE
10/1/85

PS Form 3800, Apr. 1976

CERTIFIED
P23 8388651
MAIL

PS Form 3811, Jan. 1979

● 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.)
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- ☐ 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.	CERTIFIED NO.	INSURED NO.
	P23 8388650	

(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

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P.O. Box 670
P.O., STATE AND ZIP CODE
Hobbs, NM 88240

POSTAGE	$
CERTIFIED FEE	¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE — SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES

POSTMARK OR DATE
10/1/85

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- ☐ 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.	CERTIFIED NO.	INSURED NO.
	P23 8388655	

(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 8388655

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

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

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES — RETURN RECEIPT SERVICE

PS Form 3800, Apr. 1976

CERTIFIED
P23 8388655
MAIL

PS Form 3811, Jan. 1979

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

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- ☒ 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.	CERTIFIED NO.	INSURED NO.
	P23 8388654	

(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 8388654

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

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

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES — RETURN RECEIPT SERVICE

PS Form 3800, Apr. 1976

CERTIFIED
P23 8388654
MAIL

PS Form 3811, JAN. 1979

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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.	CERTIFIED NO.	INSURED NO.
	P23 8388653	

(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 : 1979-300-458

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		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE
10/1/85

PS Form 3800, Apr. 1976

CERTIFIED
P23 8388653
MAIL