

EXXON COMPANY, U.S.A.

OIL CONSERVATION DIVISION
RECEIVED

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600 90 JAN 26 AM 9 55

PRODUCTION DEPARTMENT
SOUTHWESTERN DIVISION

January 24, 1990

Non-Standard Gas Proration Unit
New Mexico S State Well #14
Sections 2, T22S, R37E
Lea County, New Mexico

Oil Conservation Division
P.O. Box 288
Santa Fe, New Mexico 87504

Attention Michael E. Stogner

Exxon requests permission to form a non-standard gas proration unit on the captioned lease. Field Rules for the Blinebry Oil & Gas Pool state that a standard gas proration unit shall contain 160 acres. We wish to dedicate 40 acres to well #14. The Proration Unit plat is attached.

By copy of this letter, offset operators are notified of our intent to form a non-standard gas proration unit on the New Mexico S State Lease.

Offset Operators notified are:

S/2 of Section 35:
Marathon Oil Company, P.O. Box 552, Midland, TX 79702
OXY USA Inc., Box 69, Carlsbad Hwy, Hobbs, NM 88240

E/2 of Section 3:
Chevron U.S.A Inc., 6400 S. Fiddler's Green Circle, Englewood, CO 80111
OXY USA Inc., Box 69, Carlsbad Hwy, Hobbs, NM 88240
John H. Hendrix Corporation, P.O. Box 910, Eunice, NM 88231

Sincerely,



Charlotte Harper
Permits Supervisor

CHH:jks
Attachment
CERTIFIED MAIL

xc: Evelyn Downs
NMOCD - Hobbs

OIL CONSERVATION DIVISION

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

Submit to Appropriate
District Office
State Lease-4 copies
Fee Lease-3 copies

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

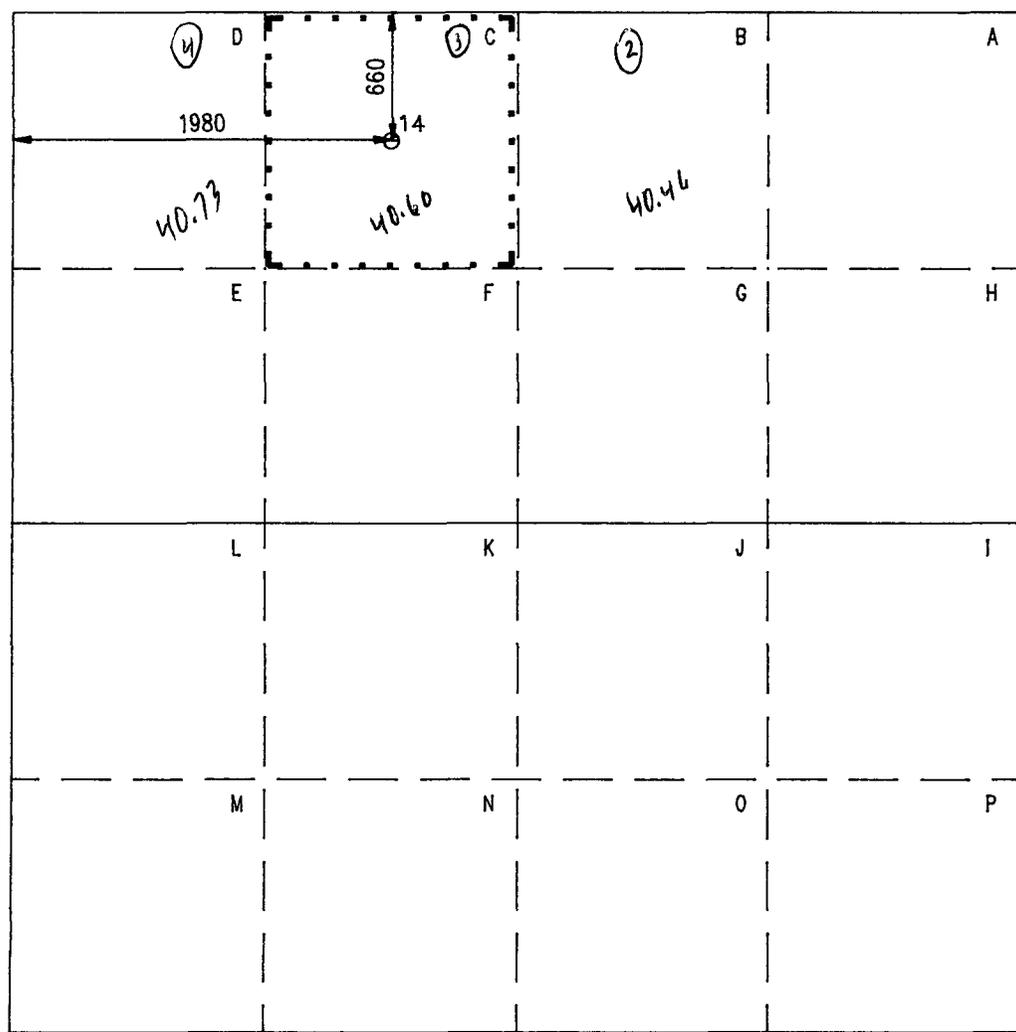
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

WELL LOCATION AND ACREAGE DEDICATION PLAT
All distances must be from the outer boundaries of the Section.

Operator Exxon Corporation			Lease New Mexico "S" State		Well No. 14
Unit Letter C	Section 2	Township 22 South	Range 37 East	County Lea	
Actual Footage Location of Well: 660 feet from the North line and 1980 feet from the West line.					
Ground level Elev. 3378'	Producing Formation Blinebry		Pool Blinebry Oil & Gas		Dedicated Acreage: 40 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest 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 interest, 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.

Signature: *Charlotte Harper*

Printed Name: Charlotte Harper

Position: PERMITS SUPERVISOR

Company: Exxon Corporation
P.O. Box 1600-Midland, Tx.-79702

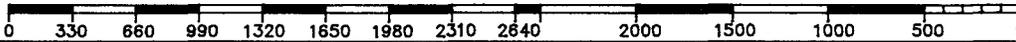
Date: 01/19/90

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 knowledge and belief.

Date Surveyed: 12/13/46

Signature & Seal of Professional Surveyor





STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
 OIL CONSERVATION DIVISION
 HOBBS DISTRICT OFFICE

OIL CONSERVATION DIVISION
 RECEIVED
 '90 JAN 31 AM 9 06

GARREY CARRUTHERS
 GOVERNOR

1-26-90

POST OFFICE BOX 1980
 HOBBS, NEW MEXICO 88241 1980
 (505) 393-6161

OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

RE: Proposed:

- MC _____
- DHC _____
- NSL _____
- NSP _____
- SWD _____
- WFX _____
- PMX _____

Gentlemen:

I have examined the application for the:

Enron Corp. New Mexico & State #14-C 2-22-37
 Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
 Supervisor, District 1

/ed

EXXON COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

PRODUCTION DEPARTMENT
SOUTHWESTERN DIVISION

RECEIVED
DIVISION
90 FEB 19 AM 9 24

February 13, 1990

Non Standard Gas Proration Unit
New Mexico S State Well #14
Section 2, T22S, R27E
Lea Co., New Mexico

Oil Conservation Division
P.O. Box 288
Santa Fe, New Mexico 87504

Attention Michael E. Stogner

Attached is a copy of the certified return receipts received from mailing notice to offset operators for the captioned.

Sincerely



Stephen Johnson
Administrative Specialist

SJJ:
Attachment

xc: Evelyn Downs
NMOCD - Hobbs

3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
New Mexico Oil Conservation Comm
Box 1980
Hobbs, NM 88240

4. Article Number **370900**

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT
N.M.S STATE #14

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Oil Conservation Division
P. O. Box 288
Santa Fe, New Mexico 87504

4. Article Number **370897**

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X

7. Date of Delivery

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT
N.M.S STATE #14

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Marathon Oil Company
P. O. Box 552
Midland, TX 79702

4. Article Number **370898**

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
[Signature]

7. Date of Delivery
JAN 25 1990

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT
N.M.S STATE #14

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Chevron USA Inc
6400 S. Fiddler's Green Circle
Englewood, CO 80111

4. Article Number **370899**

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X

6. Signature - Agent
X *[Signature]*

7. Date of Delivery
JAN 27 1990

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

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT
N.M.S STATE #14

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
John H. Hendrix Corporation
P. O. Box 910
Eunice, NM 88231

4. Article Number **370896**

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery

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

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1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)

3. Article Addressed to:
Oxy USA Inc.
Box 69
Carlsbad Hwy
Hobbs, NM 88240

4. Article Number **370895**

Type of Service:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Address
X *[Signature]*

6. Signature - Agent
X *[Signature]*

7. Date of Delivery

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