

OIL CONSERVATION DIVISION
REGULATORY

EXXON COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

APR 8 39

PRODUCTION DEPARTMENT
SOUTHWESTERN DIVISION

ENVIRONMENTAL AND REGULATORY AFFAIRS

Non-Standard Gas Proration Unit
Eumont Yates 7 Rvrs Queen (Pro Gas)
New Mexico B State
Well #1, Unit Letter E
Section 29, T21S-R36E
Lea County, New Mexico

Mr. William J. Lemay
New Mexico Oil Conservation Division
PO Box 2088
Santa Fe, New Mexico 87504-2088

Dear Mr. Lemay:

Exxon Corp. requests administrative approval of a 40 acre, Non-Standard gas proration unit for the New Mexico B State No. 1 (Unit Letter E) in the Eumont Yates 7 Rvrs Queen (Pro Gas) Pool. This well presently has an 80 acre, non-standard gas proration unit in the Eumont Yates 7 Rvrs Queen (Pro Gas) Pool. This reduction from 80 acres to 40 acres will provide a 40 acre proration unit for well #2 (Unit letter F) to be recompleted to the Eumont Yates 7 Rvrs Queen (Oil) Pool.

Enclosed is a copy of the cover letter, C-101, C-102, and C-103 that were sent to the offset operators for each well. Also enclosed is a copy of the certified return receipts and waivers. If you have any questions please call me at (915) 688-6782.

Sincerely,



Alex M. Correa
Senior Regulatory Specialist

AMC:k11

88.AMC

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. 3002504817
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-935
7. Lease Name or Unit Agreement Name NEW MEXICO B STATE
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.) 3648 GR

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
P. O. BOX 1600
MIDLAND, TX 79702**

4. Well Location
Unit Letter **E** : **1980** Feet From The **NORTH** Line and **660** Feet From The **WEST** Line
Section **29** Township **T21S** Range **R36E** 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
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: **REDUCE PRORATION UNIT SIZE**
- PLUG AND ABANDON
- CHANGE PLANS

- 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.

APPROVAL IS REQUESTED TO REDUCE THE 80 ACRE, NON-STANDARD GAS PRORATION UNIT FOR THE ABOVE CAPTIONED WELL TO A 40 ACRE, NON-STANDARD GAS PRORATION UNIT IN THE EUMONT YATES 7 RVRS QN (PRO GAS). THIS REDUCTION WILL PROVIDE A 40 ACRE OIL PRORATION UNIT FOR THE EXXON NM B ST #2 (UNIT LETTER F) SO IT CAN BE RECOMPLETED IN THE EUMONT; YATES-SEVEN RIVERS-QUEEN (OIL). THE REQUEST FOR APPROVAL OF THE RECOMPLETION OF THE #2 IS BEING DONE BY SEPARATE SN AND A COPY IS ATTACHED.

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 02/14/94
TYPE OR PRINT NAME ALEX M. CORREA (915) 688-6782 TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

FEB 18 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 21 1994

NGPA Permits

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

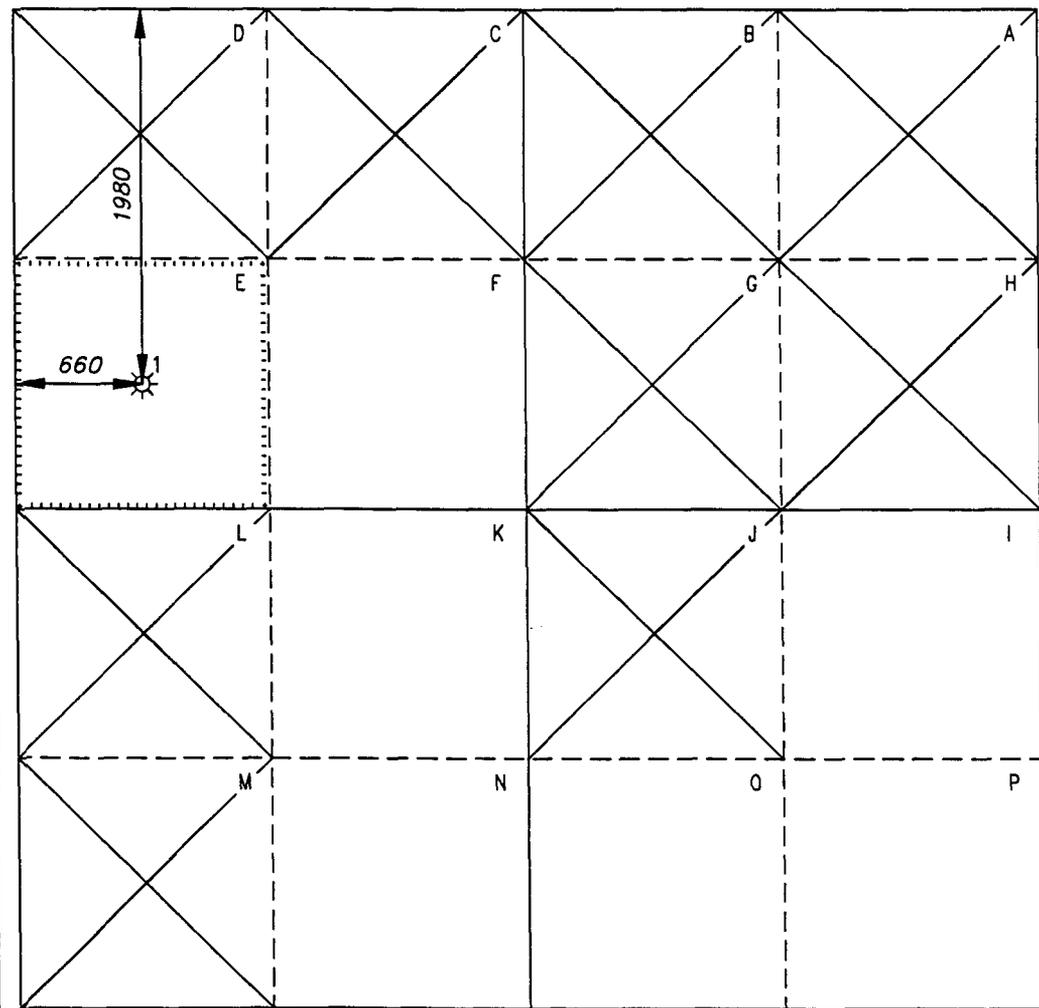
All distances must be from the outer boundaries of the Section.

Operator Exxon Corporation		Lease NEW MEXICO "B" STATE		Well No. 1
Unit Letter E	Section 29	Township 21	Range 36 NMPM	County LEA
Actual Footage Location of Well: 1980 feet from the NORTH line and 660 feet from the WEST line.				
Ground level Elev. 3638	Producing Formation YATES, 7 RVRS QN	Pool EUMONT YATES 7 RVRS QN (PRO 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
C.H. Harper for
 Printed Name
 C.H. HARPER
 Position
 PERMITS SUPERVISOR
 Company
 Exxon Corporation
 P.O. Box 1600-Midland, Tx.-79702
 Date
 2/14/94

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
 10/2/34
 Signature & Seal of
 Professional Surveyor

Certificate No.

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

Submit to Appropriate
District Office
State Lease -- 6 copies
Fee Lease -- 5 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

API NO. (assigned by OCD on New Wells)
3002504818

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B 935

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL RE-ENTER DEEPEN PLUG BACK

1b. Type of Well:
OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. Name of Operator
EXXON CORPORATION

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

4. Well Location
Unit Letter **F** : **1980** Feet From The **NORTH** Line and **1980** Feet From The **WEST** Line
Section **29** Township **T21S** Range **R36E** NMPM **LEA** County

7. Lease Name or Unit Agreement Name
NEW MEXICO B STATE

8. Well No.
2

9. Pool name or Wildcat
EUMONT YATES 7 RIVERS QUEEN

10. Proposed Depth
3914

11. Formation
QUEEN

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)
3650 GR

14. Kind & Status Plug Bond
BLANKET

15. Drilling Contractor
UNKNOWN

16. Approx. Date Work will start
ASAP

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
16	12 1/2		80	125 SX	SURF
	9 5/8	40	1783	650 SX	SURF
8 3/4	7	24	3865	500 SX	2550

THIS WELL IS CURRENTLY A SI GRAYBURG OIL WELL WITH A 40 AC. PRORATION UNIT. APPROVAL IS REQUESTED TO PB BY SETTING A CIBP AT APPROX 3380' W/ 35' CMT.

PERF QUEEN FROM 3687-3780 AND FRAC WITH 80 TONS CO2 AND 120K # SAND. THEN PERF SEVENS RIVERS FROM 3516-3634 AND FRAC WITH 80 TONS CO2 AND 120K # SAND. THEN PERF THE YATES FROM 3180-3437 AND FRAC WITH 80 TONS CO2 AND 120K # SAND. CLEANOUT AND PRODUCE ALL THREE FORMATIONS. (THE NM B ST #1 (UNIT LETTER E) PRESENTLY HAS AN 80 AC, NON-STANDARD GAS PRORATION UNIT IN THE EUMONT YATES 7 RVRS QN (PRO GAS). A SEPARATE SN REQUESTING A 40 AC, NON-STANDARD GAS PRORATION UNIT IS BEING SUBMITTED. THIS REDUCTION WILL PROVIDE THE 40 AC. OIL PRORATION UNIT FOR THE #2 IN THE EUMONT YATES 7 RVRS QN (OIL). C-102 IS ATTACHED.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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 02/14/94

TYPE OR PRINT NAME ALEX M. CORREA (915) 688-6782 TELEPHONE NO.

(This space for State Use)

APPROVED BY Paul Kautz Geologist TITLE _____ DATE FEB 17 1994

CONDITIONS OF APPROVAL, IF ANY:

FEB 21 1994

NGPA Permits

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

Form C-102
 Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

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

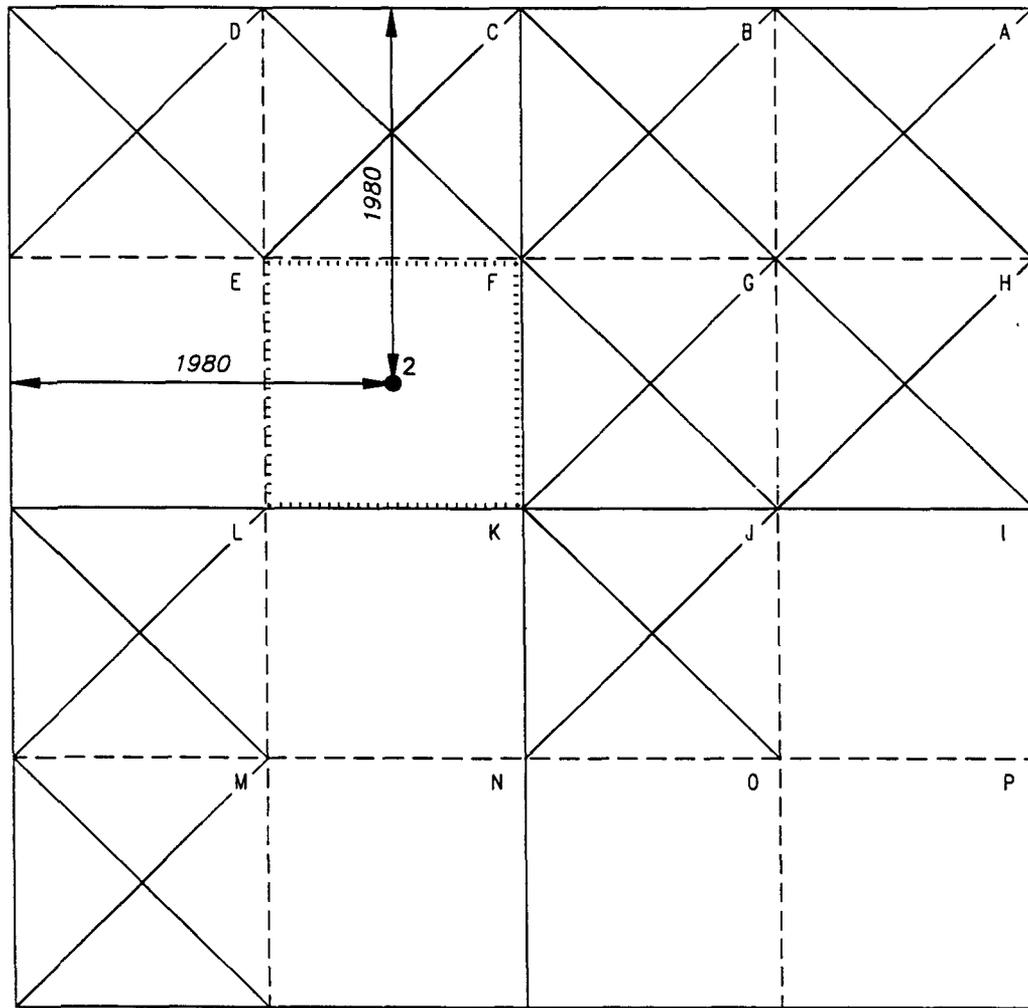
DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

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

Operator Exxon Corporation			Lease NEW MEXICO "B" STATE		Well No. 2
Unit Letter F	Section 29	Township 21	Range 36	County NMPM LEA	
Actual Footage Location of Well: 1980 feet from the NORTH line and 1980 feet from the WEST line.					
Ground level Elev. 3650	Producing Formation YATES, 7 RVRS, QN		Pool EUMONT YATES 7 RVRS QN (OIL)		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 *C.H. Harper*
 Printed Name C.H. HARPER

Position PERMITS SUPERVISOR

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

Date 2/14/94

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 2/6/35

Signature & Seal of Professional Surveyor

Certificate No.

OFFSET OPERATORS

Exxon Corp.
New Mexico B State
Well #1, Unit Letter E
Section 29, T 21S-R 36E
Lea County, New Mexico

ARCO Oil & Gas Company
P. O. Box 2819
Dallas, TX 75231
ATTN: Land Department

C. E. Long
P. O. Box 1943
Midland, TX 79702-1943

Conoco, Inc.
P. O. Box 4783
Houston, TX 77002
ATTN: Land Department

John H Hendrix Corporation
223 W. Wall, Suite 525
Midland, TX 79701

Lewis B. Burleson &
wife Kathryn K. Burleson
P. O. Box 2479
Midland, TX 79702

MKA Oil Properties
C/O Michael L. Klein
505 Midland National Bank Tower
Midland, TX 79701

Meridian Oil Inc.
P. O. Box 51810
Midland, TX 79710
ATTN: Land Department

Oxy USA Incorporated
P. O. Box 50250
Midland, TX 79705
ATTN: Land Department

Shell Western E & P Inc.
P. O. Box 576
Houston, TX 77001
ATTN: Land Department

Texaco, Inc.
P. O. Box 3109
Midland, TX 79702
ATTN: Land Department

Exxon Corp.
P. O. Box 1600, ML 14
Midland, TX 79702
ATTN: C. H. Harper

EXXON COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

PRODUCTION DEPARTMENT
SOUTHWESTERN DIVISION

ENVIRONMENTAL AND REGULATORY AFFAIRS

February 9, 1994

Non Standard Gas Proration Unit
Eumont Yates 7 Rvrs Qn (Pro Gas)
New Mexico B State
Well #1, Unit Letter E
Section 29, T 21S - R 36E
Lea County, New Mexico

Offset Operators

Gentlemen:

Exxon Corp. is requesting administrative approval of a 40 acre, non-standard gas proration unit for the New Mexico B State #1 (Unit Letter E) in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool. This well presently has an 80 acre, non-standard gas proration unit in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool. This reduction from 80 acres to 40 acres will provide a 40 acre proration unit for well #2 (Unit Letter F) to be recompleted to the Eumont Yates 7 Rvrs Qn (Oil).

If you have no objections to the above referenced 40 acre, non-standard gas proration unit, please sign and return one copy of the enclosed waiver to the N. M. O. C. D. office in Santa Fe and one copy to me. Return envelope and copies of associated documents are enclosed.

If you have any questions, please call me at (915) 688-6782.

Sincerely,



Alex M. Correa
Senior Regulatory Specialist

AMC/des
Enclosures

B:81.AMC

is your RETURN ADDRESS completed on the reverse side?

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: **Lewis B. Bullison's wife**

PO Box 2479
Midland TX 79702

4. Article Number: **322 579 522**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

6. Signature - Agent: **S. H. Hall**

7. Date of Delivery: **2-15-94**

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service

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: **Penoco Inc**

PO Box 4783
Humble TX 77002
Attn: Land Dept

4. Article Number: **322 579 525**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

6. Signature - Agent: **D. Coz**

7. Date of Delivery: **FEB 17 1994**

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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: **ARED Oil & Gas Comp.**

PO Box 2815
Dallas TX 75221

4. Article Number: **322 579 524**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

6. Signature - Agent: **Fabrizio Brunini**

7. Date of Delivery: **FEB 22 1994**

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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: **ARED Oil & Gas Comp.**

PO Box 2815
Dallas TX 75221

4. Article Number: **322 579 524**

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

Always obtain signature of addressee or agent and DATE DELIVERED.

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

5. Signature - Addressee

6. Signature - Agent: **Fabrizio Brunini**

7. Date of Delivery: **FEB 22 1994**

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

New Mexico B State #1 & 2

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

Print your name, address and ZIP Code here.

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML14

FEB 16 1994
NGPA Permits

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE \$300



UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

Print Sender's name, address, and ZIP Code in the space below.

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML14

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of article. Endorse article "Return Receipt Requested" adjacent to number.

1994 FEB 15 5:18 PM MIDLAND TEXAS

FEB 16 1994
NGPA Permits

PENALTY FOR PRIVATE USE \$300



New Mexico B State #1 & 2

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

RETURN TO

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of article. Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML 14

PENALTY FOR PRIVATE USE \$300



New Mexico B State #1 & 2

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

RETURN TO

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below. Complete items 1, 2, 3, and 4 on the reverse. Attach to front of article if space permits, otherwise affix to back of article. Endorse article "Return Receipt Requested" adjacent to number.

Print Sender's name, address, and ZIP Code in the space below.

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML14

PENALTY FOR PRIVATE USE \$300



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 boxes for additional service(s) requested.

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

3. Article Addressed to: **P.E. Long**
P.O. Box 2943
Midland TX 79703-1943

4. Article Number: **3322 579 526**

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

5. Signature - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: **FEB 9 1989**
MIDLAND TX

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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 boxes 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. Handbirt Corp**
223 W. Wall, St. 525
Midland TX 79701

4. Article Number: **3322 579 523**

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

5. Signature - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: **2-15-89**

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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 boxes for additional service(s) requested.

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

3. Article Addressed to: **Meridian Oil Inc**
P.O. Box 51810
Midland TX 79710
ATTN: Lane Dept

4. Article Number: **3322 579 527**

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

5. Signature - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: **2-16-89**

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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 boxes for additional service(s) requested.

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

3. Article Addressed to: **MKA Oil Properties**
46 Michael L. Klein
505 Midland National Bank
Midland TX 79701

4. Article Number: **3322 579 521**

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

5. Signature - Addressee: *[Signature]*

6. Signature - Agent: *[Signature]*

7. Date of Delivery: **2-15-89**

PS Form 3811, Apr. 1989 * U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

MIDLAND, TX 79702
FEB 17 1994
02:45/94 16:58

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits; otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

New Mexico "B" State #1+2

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

FEB 17 1994
NGPA Permits

PENALTY FOR PRIVATE USE \$300



Print Sender's name, address, and ZIP Code in the space below.

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

NGPA Permits

FEB 16 1994

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits; otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

New Mexico "B" State #1+2

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML 14

Print Sender's name, address, and ZIP Code in the space below.



PENALTY FOR PRIVATE USE \$300

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

MIDLAND, TX 79702
FEB 17 1994
02:18/94 19:11

SENDER INSTRUCTIONS
Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits; otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

New Mexico "B" State #1+2

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

FEB 17 1994
NGPA Permits

PENALTY FOR PRIVATE USE \$300



Print Sender's name, address, and ZIP Code in the space below.

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

NGPA Permits

FEB 16 1994

SENDER INSTRUCTIONS
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RETURN TO

New Mexico "B" State #1+2

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML 14

Print Sender's name, address, and ZIP Code in the space below.



PENALTY FOR PRIVATE USE \$300

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 boxes for additional service(s) requested.

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

3. Article Addressed to:
 Shell Distroy E & P Inc.
 P.O. Box 576
 Houston TX 77001

Particle Number
 P332-579-529

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

8. Addressee's Address (ONLY if requested and fee paid)
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 [Signature]

6. Signature - Agent
 [Signature]

7. Date of Delivery
 FEB 17 1994

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

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 boxes for additional service(s) requested.

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

3. Article Addressed to:
 Oxy USA Inc.
 P.O. Box 50250
 Midland TX 79705

Article Number
 P332-579-528

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

8. Addressee's Address (ONLY if requested and fee paid)
 Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 [Signature]

6. Signature - Agent
 [Signature]

7. Date of Delivery
 2/15/94

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Write "Return Receipt Requested" on the malpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

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 malpiece or on the back if space does not permit.

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

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:
 Ixaco, Inc
 P.O. Box 3109
 Midland TX 79702
 ATTN: Land Dept

Article Number
 P332-579-530

4a. Service Type:
 Registered
 Certified
 Insured
 Express Mail
 Return Receipt for Merchandise

7. Date of Delivery
 2/15/94

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

6. Signature (Agent)
 [Signature]

5. Signature (Addressee)
 [Signature]

PS Form 3811, December 1991 *U.S.G.P.O. 1992-307-530

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits; otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

Print Sender's name, address, and ZIP Code in the space below



PENALTY FOR PRIVATE USE, \$300

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML14

New Mexico
"B" State #1 & 2

RETURN TO

Print Sender's name, address, and ZIP Code in the space below

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits; otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

FEB 17 1994

NGPA Permits

PENALTY FOR PRIVATE USE, \$300



ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML14

Waiver Response to
New Mexico "B" State
1 & 2

UNITED STATES POSTAL SERVICE

Official Business

FEB 16 1994

Print your name, address and ZIP Code here

ALEX M. CORREA
EXXON COMPANY USA
P. O. BOX 1600
MIDLAND, TX 79702

ML14.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300

OIL CONSERVATION DIVISION
RECEIVED

'94 FEB 24 AM 8 39

WAIVER

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

This is to advise that the undersigned has been given due notice that Exxon Corp. has made application for a Non-Standard gas proration unit in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool for the Exxon Corp. New Mexico B St well #1. This Non-Standard gas proration unit will consist of 40 acres.

We, the undersigned, hereby waive any objection to the granting of this application for a Non-Standard Gas Proration Unit consisting of 40 acres in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool for the Exxon Corp. New Mexico B St well #1. Well #1 is located 1980' FNL & 660' FWL, Sec. 29, T21S - R36E, Lea Co., New Mexico.

Executed this 21st day of February, 1994.

Company

Texas Inc

By

[Signature]

FEB 18 1994

NGPA Permits

WAIVER

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

This is to advise that the undersigned has been given due notice that Exxon Corp. has made application for a Non-Standard gas proration unit in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool for the Exxon Corp. New Mexico B St well #1. This Non-Standard gas proration unit will consist of 40 acres.

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Executed this 17 day of Feb, 1994.

Company C. E. LONG
By Maurice J. Kimmel

FEB 18 1994

NGPA Permits

WAIVER

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

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Executed this 17 day of February, 1994.

Company _____

By Michael L. Llewellyn

OIL CONSERVATION DIVISION
RECEIVED

'94 FEB 18 AM 8 35

WAIVER

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

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Executed this 15 day of Feb, 1994.

Company Lewis Burleson, Inc.

By [Signature]

OIL CONSERVATION DIVISION
RECEIVED
'94 FEB 21 AM 8 35

WAIVER

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

This is to advise that the undersigned has been given due notice that Exxon Corp. has made application for a Non-Standard gas proration unit in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool for the Exxon Corp. New Mexico B St well #1. This Non-Standard gas proration unit will consist of 40 acres.

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Executed this 15 day of February, 1994.

Company John H Hendrix Corp
By Ronni A Westwood

OIL CONSERVATION DIVISION
RECEIVED

'94 MAR 15 AM 8 39

WAIVER

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

This is to advise that the undersigned has been given due notice that Exxon Corp. has made application for a Non-Standard gas proration unit in the Eumont Yates 7 Rvrs Qn (Pro Gas) Pool for the Exxon Corp. New Mexico B St well #1. This Non-Standard gas proration unit will consist of 40 acres.

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Executed this 10th day of March, 1994.

Company Shell Western E&P Inc.

By R. L. Sykes



STATE OF NEW MEXICO

OIL CONSERVATION DIVISION
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

RECEIVED
'94 FEB 21 AM 8 35

2-17-94

BRUCE KING
GOVERNOR

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:

Exxon Corp.	New Mexico B State	#1-E	29-21-36
Operator	Lease & Well No.	Unit	S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
Supervisor, District 1

/ed