



EXXON COMPANY, U.S.A.
POST OFFICE BOX 1600 MIDLAND, TEXAS 79702-1600

MIDLAND PRODUCTION ORGANIZATION
OPERATIONS INTEGRITY

①

NEW MEXICO OIL CONSERVATION DIVISION
RECEIVED

JUL 27 1995 8 52

July 27, 1995

Simultaneous Dedication
Non-Standard Gas Proration Unit
Unorthodox Locations
Exxon Aggie St. Lease
Well Nos. 4, 7, 12 and 13
Section 31, T20S, R37E
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, Unorthodox Locations and a Non-Standard Proration Unit (479.48 acs.) comprised of Unit Letters "A" through "H" and "K" through "N" for well Nos. 4, 7, 12 and 13. Well No 12 will be reentered.

NSP-99, dated 03/02/55, granted a 320 ac. Non-Standard gas proration unit for the W/2 of sec. 31, well No. 4. Order # R-6117, dated 09/24/79, granted an Unorthodox location for No. 13 and simultaneous dedication with No. 4. A copy of the offset operator notifications, C-101, C-102, C-103 for each well are attached. If you have any questions, please call me at (915) 688-6782.

Sincerely,



Alex M. Correa

amc-lemay3.doc

EXXON COMPANY, U.S.A.

POST OFFICE BOX 1600 • MIDLAND, TEXAS 79702-1600

MIDLAND PRODUCTION ORGANIZATION

OPERATIONS INTEGRITY

July 10, 1995

Simultaneous Dedication
Non-Standard Proration Unit (479.48 acs)
Unorthodox Locations
Exxon Aggie St. Lease
Well Nos. 4, 7, 12 and 13
Section 31, T20S, R37E
Lea County, NM
Eumont Yates 7Rvrs Qn (Pro Gas) Pool

Offset Operators

Gentlemen:

Exxon Corp. is requesting administrative approval for Simultaneous Dedication, Unorthodox Locations and a Non-Standard Proration Unit (479.48 acs.) comprised of the N2 and SW4 of Section 31, T20S, R37E, Lea County. The wells in this acreage are Nos. 4, 7, 12 and 13 and all are in the Eumont Yates 7Rvrs Qn (Pro Gas) Pool. A copy of the C-101, C-102 and C-103 are attached. If you have any questions, please call me at (915) 688-6782.

Sincerely,



Alex M. Correa

amc-offset2.doc
Enclosures

Offset Operators

**Exxon Corp. - Aggie St. Lease
Section 31, T20S, R37E
Lea County, New Mexico**

Amerada Hess Corporation
Attn: Land Dept.
1201 Louisiana, Ste. 700
Houston, TX 77002

Arco Oil & Gas Company
Attn: Land Dept.
P.O. Box 1610
Midland, TX 79702

Burgundy Oil & Gas of
New Mexico Inc.
401 W. TX, Ste. 1003
Midland, TX 79701-4413

Chevron Oil & Gas
Attn: Land Dept.
P.O. Box 1150
Midland, TX 79702

Conoco Inc.
Attn: J. W. Hoover
10 Desta Drive, Ste. 100W
Midland, TX 79705

James N. Evans
P.O. Box 755
Hobbs, NM 88241

Doyle Hartman
P.O. Box 10426
Midland, TX 79702

John H. Hendrix Corporation
P.O. Box 3040
Midland, TX 79702-3040

W. A. & E. R. Hudson
616 Texas St.
Fort Worth, TX 76102-4612

M. W. Petroleum
c/o Apache Corporation
2000 Post Oak Blvd., Ste. 100
Houston, TX 77056

Meridian Oil Inc.
Attn: Land Dept.
P.O. Box 51810
Midland, TX 79710

Penroc Oil Corporation
P.O. Box 5970
Hobbs, NM 88241-5970

Phillips Petroleum
Attn: Land Dept.
4001 Penbrook
Odessa, TX 79762

Shell Western E&P Inc.
200 N. Dairy Ashford
Houston, TX 77079

Texaco Inc.
Attn: Land Dept.
P.O. Box 3109
Midland, TX 79702-3040

Trio Oil
P.O. Box 755
Hobbs, NM 88240

OFFSET OPERATORS
 EXXON CORP.
 AGGIE ST. LEASE
 SEC. 31, T20S, R37E
 LEA CO., NM

| | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------|
| 25 ARCO CHEV. TEXACO MW PET. PENROC OIL | 30 AMERADA HESS ARCO CHEV. PHILLIPS HUDSON HENDRIX TEXACO | 29 CHEV. HARTMAN TRIO OIL EVANS |
| 36 ARCO CHEV. SHELL MERIDIAN | 31 EXXON COPR. AGGIE ST. LSE. <div>TEXACO</div> | 32 ARCO BURGUNDY MERIDIAN SHELL HARTMAN |
| 6 ARCO CHEV. MERIDIAN SHELL | 5 ARCO CHEV HARTMAN | 4 CHEV. CONOCO |

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. 3002506299 |
| 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 EXXON AGGIE STATE |
| 8. Well No. 4 |
| 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 31 Township 20S Range 37E 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: **NONSTD PRORATION UNIT, SIMO DED** ☒

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 FOR A 479.48 AC. NON-STANDARD GAS PRORATION UNIT UNORTHODOX LOCATION AND SIMULTANEOUS DEDICATION FOR WELL NOS. 4, 7, 12 AND 13 IN THE EUMONT YATES, 7 RVRS, QN (PRO GAS) POOL HAS BEEN REQUESTED FROM SANTA FE. NSP-99, DATED 03/02/55, GRANTED A 320 AC. NON-STANDARD GAS PRORATION UNIT FOR THE W/2 OF SEC. 31, WELL #4.

OFFSET OPERATORS HAVE BEEN NOTIFIED.

COPY OF 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 **07/10/95**
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 Brazos 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 30-025-06299 | Pool Code 076480 | Pool Name EUMONT YATES 7 RVRS QUEEN (PRO GAS) |
| Property Code 004176 | Property Name EXXON AGGIE STATE | Well Number 4 |
| OCRO No. 007673 | Operator Name Exxon Corp. | Elevation 3555 DF |

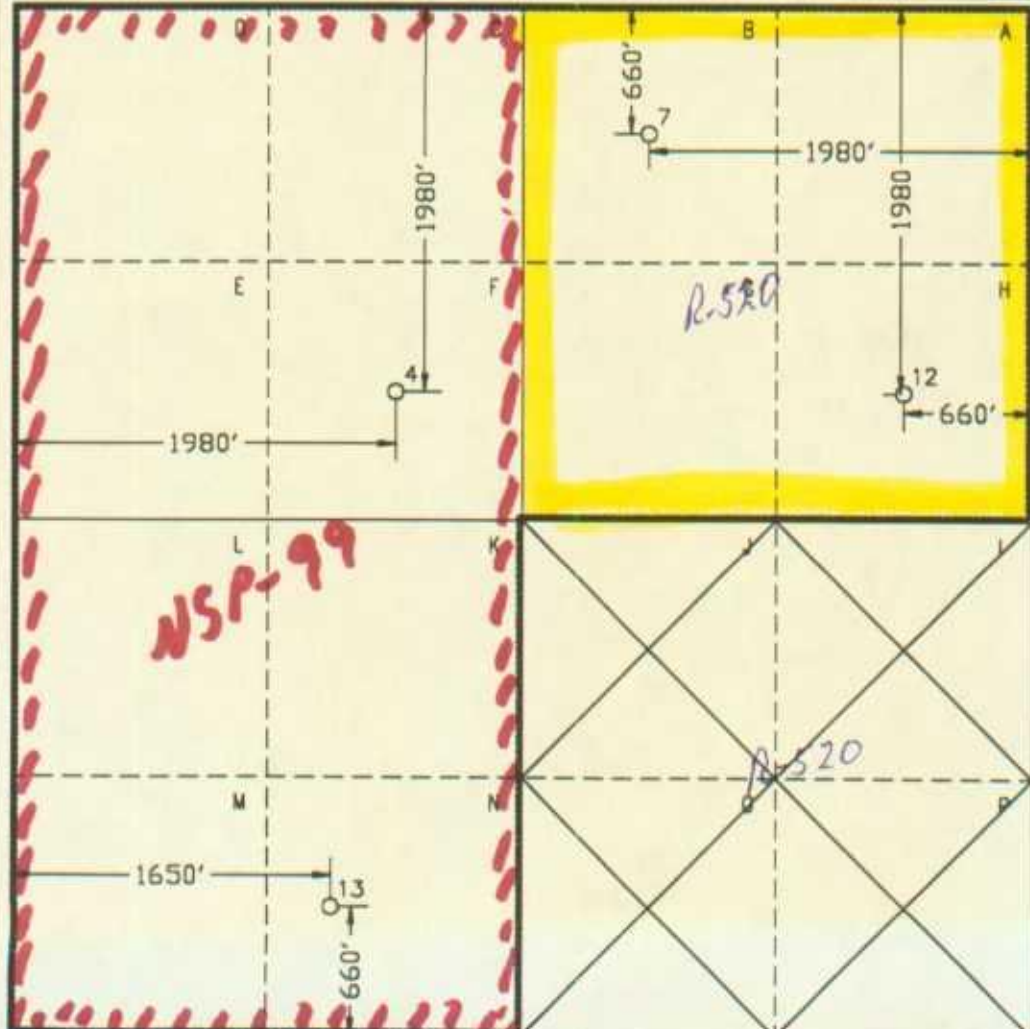
Surface Location

| | | | | | | | | | |
|--------------------|---------------|------------------|---------------|---------|-----------------------|---------------------------|-----------------------|------------------------|---------------|
| UL or lot no. F | Section 31 | Township 20-S | Range 37-E | Lot Idn | Feet from the 1980 | North/South line SOUTH | Feet from the 1980 | East/West line WEST | County 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 479.48 | Joint or Infill | Consolidation Code | Order No. | | | | | | |

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

| | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><u>C.H. Harper</u> 5/1 Signature C.H. Harper Printed Name Permits Supervisor Title Date</p> <p>SURVEYOR CERTIFICATION</p> <p>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.</p> <p>08/08/36 Date of Survey Signature and Seal of Professional Surveyor. Certificate Number</p> |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | | |
|---------------------------------------------------------------|-----------------|-----------------|---------------------------------------|
| Distance to nearest Town 10 Miles NW of EUNICE New Mexico. | Drawn By MLH | Date 4/26/95 | Drawing File Name File No.: A07186 |
|---------------------------------------------------------------|-----------------|-----------------|---------------------------------------|

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. 3002506302 | |
| 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 EXXON AGGIE STATE | |
| 8. Well No. 7 | |
| 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 B : 660 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 31 Township 20S Range 37E 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: **NONSTD PRORATION UNIT, SIMO DED** ☒

SUBSEQUENT REPORT OF:

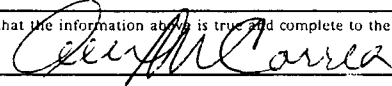
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 FOR A 479.48 AC NON-STANDARD GAS PRORATION UNIT UNORTHODOX LOCATION AND SIMULTANEOUS DEDICATION FOR WELL NOS. 4, 7, 12 AND 13 IN THE EUMONT YATES, 7 RVRS, QN (PRO GAS) POOL HAS BEEN REQUESTED FROM SANTA FE. NSP-99, DATED 03//02,95, GRANTED A 320 AC. NON-STANDARD GAS PRORATION UNIT FOR THE W/2 OF SEC. 31, WELL #4.

OFFSET OPERATORS HAVE BEEN NOTIFIED.

COPY OF C-102 IS ATTACHED.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE  TITLE Sr. Regulatory Specialist DATE 07/10/95
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 30-025-06302 | Pool Code 076480 | Pool Name EUMONT YATES 7 RVRS QUEEN (PRO GAS) |
| Property Code 004176 | Property Name EXXON AGGIE STATE | Well Number 7 |
| OGSD No. 007673 | Operator Name Exxon Corp. | Elevation |

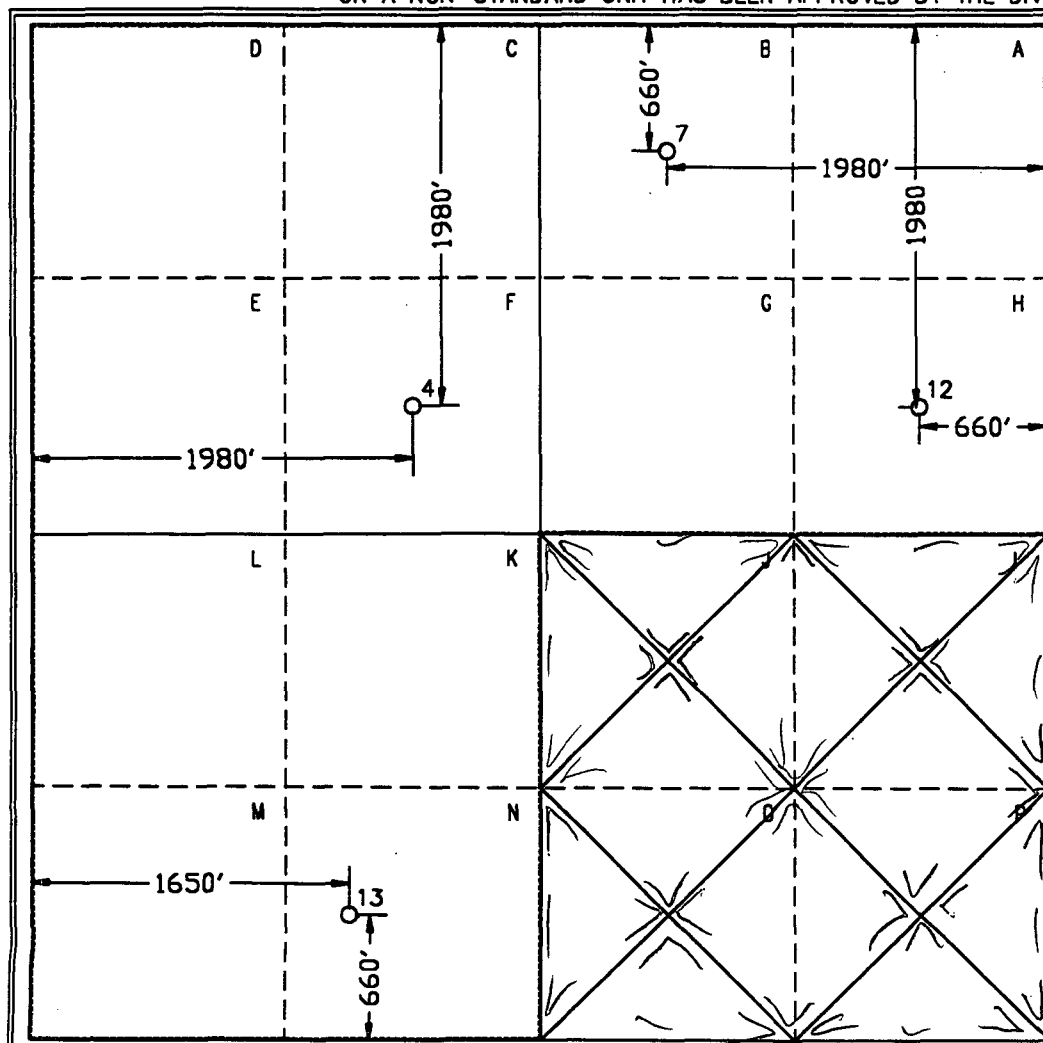
Surface Location

| | | | | | | | | | |
|--------------------|---------------|------------------|---------------|---------|----------------------|---------------------------|-----------------------|------------------------|---------------|
| UL or lot no. B | Section 31 | Township 20-S | Range 37-E | Lot Idn | Feet from the 660 | North/South line NORTH | Feet from the 1980 | East/West line EAST | County 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 479.48 | Joint or Infill | Consolidation Code | Order No. | | | | | | |

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.

C.H. Harper 5/1
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.

11/16/36

Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

Distance to nearest Town
10 Miles NW of FUNICE New Mexico.

Drawn By
MLH

Date
4/26/95

Drawing File Name
File No.: A07186A

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos 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-101
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 6 Copies
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

| | | |
|-------------------------------------------------------------------------------------------|------------------------------------|------------------------------|
| Operator Name and Address. Exxon Corp. P.O. Box 1600, ML-14 Midland, Texas 79702 | | OGRID Number 007673 |
| | | API Number 30 - 025-06307 |
| Property Code 004176 | Property Name Exxon Aggie State | Well No. 12 |

⁷ 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 | 31 | 20S | 37E | | 1980' | North | 660' | East | Lea |

⁸ Proposed 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 |
|-------------------------------------------------------|---------|----------|-------|---------|------------------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |
| Proposed Pool 1 Eumont Yates 7 Rvrs. Qn. (Pro Gas) | | | | | Proposed Pool 2 N/A | | | | |

| Work Type Code | Well Type Code | Cable/Rotary | Lease Type Code | Ground Level Elevation |
|----------------|----------------|--------------------|-----------------|------------------------|
| E | G | R | S | 3544 DF |
| Multiple | Proposed Depth | Formation | Contractor | Spud Date |
| N | 3835' | Yates, 7 Rvrs., Qn | Unknown | ASAP |

²¹ Proposed Casing and Cement Program

| Hole Size | Casing Size | Casing weight/foot | Setting Depth | Sacks of Cement | Estimated TOC |
|-----------|-------------|--------------------|---------------|-----------------|---------------|
| 13 3/4" | 10 3/4" | 35# | 152' | 100 | |
| 9 7/8" | 7 5/8" | 26.4# | 1171' | 400 | |
| 6 3/4" | 5 1/2" | 17# | 3736' | 100 | |
| | | | | | |
| | | | | | |

²² Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

Re-enter well that was P&A'd 11-23-70. Clean out to 3600'; CIBP approx. 3600' w/35' cmt. on top. Perf 7 Rvrs. approx. 3085' - 3215', frac approx. 38,000 gal. + 148,000# sd.; Perf Yates & U. 7 Rvrs. approx. 2725' - 2980', frac approx. 40,000 gal. + 162,000# sd. Administrative approval for a 479.48 ac., Non-Standard Gas Proration Unit, Unorthodox Locations and Simultaneous Dedication for well nos. 4, 7, 12 and 13 in the Eumont Yates, 7 Rvrs., Queen (Pro Gas) Pool has been requested from Santa Fe. Offset Operators have been notified. Copy of C-102 is attached.
NSP-99m dated 03/02/55, granted a 320 ac. non-standard gas proration unit for the W/2 of sec. 31, well #4.

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Alex M. Correa

Printed name:

Alex M. Correa

Title:

Sr. Regulatory Specialist

Date:

07/10/95

Phone:

(915) 688-6782

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

Expiration Date:

Conditions of Approval:

Attached ☐

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 30-025-06307 | Pool Code 076480 | Pool Name EUMONT YATES 7 RVRS QUEEN (PRO GAS) |
| Property Code 004176 | Property Name EXXON AGGIE STATE | Well Number 12 |
| OCRID No. 007673 | Operator Name Exxon Corp. | 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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| H | 31 | 20-S | 37-E | | 1980 | NORTH | 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 479.48 | Joint or Infill | Consolidation Code | Order No. | | | | | | |

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

| | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><u>C.H. Harper 5/1</u> Signature C.H. Harper Printed Name Permits Supervisor Title Date</p> <p>SURVEYOR CERTIFICATION</p> <p>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.</p> <p>03/07/37 Date of Survey Signature and Seal of Professional Surveyor.</p> <p>Certificate Number</p> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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. 3002526325 | |
| 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 EXXON AGGIE STATE | |
| 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 <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 N : 660 Feet From The SOUTH Line and 1650 Feet From The WEST Line Section 31 Township 20S Range 37E 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: **NONSTD PRORATION UNIT, SIMO DED** ☒

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 FOR A 479.48 AC NON-STANDARD GAS PRORATION UNIT, UNORTHODOX LOCATION AND SIMULTANEOUS DEDICATION FOR WELL NOS. 4, 7, 12 AND 13 IN THE EUMONT YATES 7 RVRS QN (PRO GAS) POOL HAS BEEN REQUESTED FROM SANTA FE.NSP-99, DATED 03/02/55, GRANTED A 320 AC. NON-STANDARD GAS PRORATION UNIT FOR THE W/2 OF SEC. 31, WELL #4. ORDER # R-6117, DATED 09/24/79, GRANTED AN UNORTHODOX LOCATION FOR #13, AND SIMULTANEOUS DEDICATION W/ #4.

OFFSET OPERATORS HAVE BEEN NOTIFIED.

COPY OF 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 07/10/95
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, 1984
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 30-025-26235 | Pool Code 076480 | Pool Name EUMONT YATES 7 RVRS QUEEN (PRO GAS) |
| Property Code 004176 | Property Name EXXON AGGIE STATE | Well Number 13 |
| GRID No. 007673 | Operator Name Exxon Corp. | 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 |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 31 | 20-S | 37-E | | 660 | SOUTH | 1650 | WEST | 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 479.48 | Joint or Infill | Consolidation Code | Order No. | | | | | | |

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

| | |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><u>C.H. Harper 5/1</u> Signature</p> <p>C.H. Harper Printed Name</p> <p>Permits Supervisor Title</p> <p>Date</p> |
| | <p>SURVEYOR CERTIFICATION</p> <p>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.</p> <p>05/11/79 Date of Survey</p> <p>Signature and Seal of Professional Surveyor.</p> <p>Certificate Number</p> |

| | | | |
|---------------------------------------------------------------|-----------------|-----------------|----------------------------------------|
| Distance to nearest Town 10 Miles NW of FUNICE New Mexico. | Drawn By MLH | Date 4/26/95 | Drawing File Name File No.: A07186C |
|---------------------------------------------------------------|-----------------|-----------------|----------------------------------------|

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:

Burgundy Oil & Gas of
New Mexico Inc.
401 W. TX, Ste. 1003
Midland, TX 79701-4413

Signature (Addressee)
Angela Buchanan

Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-630

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
7107 903 8100

4b. Service Type
☒ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

8. Addressee's Address (Only if requested and fee is paid)
NGPA Permits
JUL 14 1995

JUL 14 1995

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:

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

Signature (Addressee)

Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-630

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
7107 903 885

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
JUL 5 1995

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

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:

Amerada Hess Corporation
Attn: Land Dept.
1201 Louisiana, Ste. 700
Houston, TX 77002

Signature (Addressee)

Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-630

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
7107 404 7410

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
JUL 14 1995

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

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:

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

Signature (Addressee)

Signature (Agent)

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-630

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
7107 903 884

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
JUL 5 1995

8. Addressee's Address (Only if requested and fee is paid)
JUL 7 1995

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SENDER: <ul style="list-style-type: none"> • 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. | | I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| The Return Receipt will show to whom the article was delivered and the date delivered. | | Consult Postmaster for fee. | |
| 3. Article Addressed to: | | 4a. Article Number 7107963 882 | |
| DOYLE HARTMAN P.O. BOX 1150 MIDLAND, TX 79702 | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| 5. Signature (Addressee) | | 7. Date of Delivery JUL 25 1995 | |
| 3. Signature (Sender) | | 8. Addressee's Address (Only if requested and fee is paid) NGF | |
| S. Form 3811, December 1991 *U.S. GPO: 1993-332-714 | | DUPLICATE RETURN RECEIPT | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: JOHN H. HENDRIX CORP. P.O. BOX 3040 MIDLAND, TX 79702-3040 | | 4a. Article Number 2107-9403883 | |
| Signature (Addressee) [Signature] | | 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise | |
| Signature (Agent) [Signature] | | 7. Date of Delivery 12-25-95 | |
| 8. Addressee's Address (Only if requested and entered by addressee) NCPA Permits | | 9. Date of Receipt 12-25-95 | |
| S 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.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number
Z 107 903 887

4b. Service Type

- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery**Signature (Addressee)**

Signature (Agent)

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

JUL 17 1995
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.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W. A. & E. R. Hudson
616 Texas St.
Fort Worth, TX 76102-4612

4a. Article Number
Z 107 903 802

4b. Service Type

- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery**Signature (Addressee)**

Signature (Agent)

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

JUL 17 1995
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.

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

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Penroc Oil Corporation
P.O. Box 5970
Hobbs, NM 88241-5970

4a. Article Number
Z 107 903 803

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)****Signature (Agent)**

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

JUL 17 1995
DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

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. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

M. W. Petroleum
c/o Apache Corporation
2000 Post Oak Blvd., Ste. 100
Houston, TX 77056

4a. Article Number
Z 440 407 008

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)****Signature (Agent)**

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

JUL 17 1995
DOMESTIC RETURN RECEIPT

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 turn 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:

TEXACO INC.
ATTN: LAND DEPT.
P.O. BOX 3109
MIDLAND, TX 79702-3109

Signature (Agent)

Signature (Addressee)

Form 3811, December 1991 *U.S. GPO: 1983-352-714

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

2107 903889

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL 27 1995

NGPA Permits Only if requested and fee is paid

JUL 27 1995

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 turn 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:

PHILLIPS PETROLEUM
ATTN: LAND DEPT.
4001 PENBROOK
ODESSA, TX 79762

Signature (Agent)

Signature (Addressee)

Form 3811, December 1991 *U.S. GPO: 1983-352-714

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

2107 903886

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL 25 95

NGPA Permits Only if requested and fee is paid

JUL 25 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 turn 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:

Shell Western E&P Inc.
200 N. Dairy Ashford
Houston, TX 77079

Signature (Agent)

Signature (Addressee)

Form 3811, December 1991 *U.S. GPO: 1983-352-714

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

2107 903886

4b. Service Type

☐ Registered ☐ Insured

☒ Certified ☐ COD

☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

JUL 17 1995

NGPA Permits Only if requested and fee is paid

JUL 17 1995

Is your RETURN ADDRESS completed on the reverse side?

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

08/18/95 10:06:12
OGOMES -EMFE
PAGE NO: 2

Sec : 31 Twp : 20S Rng : 37E Section Type : NORMAL

| | | | |
|-------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------|
| 13 39.90 NMSU B00935 11/38 EXXON CORP U A | K 40.00 NMSU B00935 11/38 EXXON CORP U A | J 40.00 NMSU B00160 2 01/41 TEXACO EXPLORATIO U A | I 40.00 NMSU B00160 2 01/41 TEXACO EXPLORATIO U A A |
| 4 39.97 NMSU B00935 11/38 EXXON CORP U A | N 40.00 NMSU B00935 11/38 EXXON CORP U A A | O 40.00 NMSU B00160 2 01/41 TEXACO EXPLORATIO U A | P 40.00 NMSU B00160 2 01/41 TEXACO EXPLORATIO U A |

PF01 HELP
PF07 BKWD

PF02
PF08 FWD

PF03 EXIT
PF09 PRINT

PF04 GoTo
PF10 SDIV

PF05
PF11

PF06
PF12

79.87

80.00

40.00

40.00

79.61

80.00

160.00

40.00

40.00

159.48

16

319.48

8
399.48

8
479.48

479.48

16
319.48

NSL-EXX0.2

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

08/18/95 10:06:04
OGOMES -EMFE
PAGE NO: 1

Sec : 31 Twp : 20S Rng : 37E Section Type : NORMAL

| | | | |
|------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| 1 39.77 NMSU B00935 11/38 EXXON CORP U A | C 40.00 NMSU B00935 11/38 EXXON CORP U A | B 40.00 NMSU B00935 11/38 EXXON CORP U A A | A 40.00 NMSU B00935 11/38 EXXON CORP U A |
| 2 39.84 NMSU B00935 11/38 EXXON CORP U A | F 40.00 NMSU B00935 11/38 EXXON CORP U A A | G 40.00 NMSU B00935 11/38 EXXON CORP U A | H 40.00 NMSU B00935 11/38 EXXON CORP U A A |

PF01 HELP
PF07 BKWD

PF02
PF08 FWD

PF03 EXIT
PF09 PRINT

PF04 GoTo
PF10 SDIV

PF05
PF11

PF06
PF12

1 1 1
39.77
39.84

79.61

80.00

40.00

40.00