

OIL CONSERVATION DIVISION
RECEIVED

'90 OCT 25 AM 9 17

HAL J. RASMUSSEN OPERATING, INC.

SIX DESTA DRIVE, SUITE 2700
MIDLAND, TEXAS 79705
(915) 687-1664

October 22, 1990

Mr. Michael E. Stogner
Chief Hearing Officer/Engineer
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504


Dear Mr. Stogner:

Enclosed are certified mail return receipts for the unorthodox location applications recently submitted on the State A Account 1 #54, #57, (#65), #103, #122, State A Account 2 #72, #52, #45, #29, #67, State A Account 3 #6.

If you have any questions or need any further information please call Jay Cherski at 915-687-1664. Thank you for your consideration in this manner.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.



Nona Hopkins
Secretary

/nh

Enclosures

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:
Noyle Hartman
c/o Harold Swain
Drawerm.
Jal, New Mexico 88252

4. Article Number
P 046 612 028

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 *Harold Swain*

7. Date of Delivery
10-10-90

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

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:
Lanier
attn: Robert Lanford
P.O. Box 1206
Jal, New Mexico

4. Article Number
P 046 612 020

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
10-9-90

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

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:
Jahoe
attn: K.A. Freeman
4402 W. Industrial
Midland, Tx 79703

4. Article Number
P 046 612 022

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 *James Deombe*

7. Date of Delivery
10-9-90

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

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:
Ancu
attn: Kevin Benfro
P.O. Box 1610
Midland, Tx 79702

4. Article Number
P 046 612 023

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 *Kevin Benfro*

7. Date of Delivery
OCT 9 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

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
attn: W.O. Snyder
Box 552
Midland, Tx 79702

4. Article Number
P 046 612 025

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 *Sammy Edwards*

7. Date of Delivery
OCT 9 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

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:
Grace Petroleum
P.O. Drawer 2358
Midland, Tx 79702

4. Article Number
P 046 612 027

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 *Edward Perry*

7. Date of Delivery
OCT 9 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

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:
Conoco
attn: Bob Kiker
10 Delta Drive
Midland, Tx 79703

4. Article Number
P 046 612 019

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 *Walter Gonzales*

7. Date of Delivery
10-9-90

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

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:
Meridian
attn: Jim Cramer
21 Delta Drive
Midland, Tx 79705

4. Article Number
P 046 612 024

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
10-9-90

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

● **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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>C. E. Long 301 N. Colorado Midland, Tx 79701</i>	4. Article Number <i>P 046 612 039</i> Type of Service: <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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X (Randy Briggs Ste. 160)</i>	
7. Date of Delivery <i>1-5</i>	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Cherron attn: Al Bohling P.O. Box 1150 Midland, Tx 79702</i>	4. Article Number <i>P 046 612 018</i> Type of Service: <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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address <i>X</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X (Al Bohling)</i>	
7. Date of Delivery <i>OCT 9 1990</i>	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Jefaco Russell Pool P.O. Box 730 Hobbs, New Mexico 88240</i>	4. Article Number <i>P 046 612 021</i> Type of Service: <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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address <i>X (S.D. Hume)</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X</i>	
7. Date of Delivery <i>10-11-90</i>	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Dallas Mc Casland 90 Oil Reports & Gas Services Inc. P.O. Box 763 Hobbs, New Mexico 88240</i>	4. Article Number <i>P 046 612 026</i> Type of Service: <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 Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address <i>(X) (D. Mc Casland)</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X</i>	
7. Date of Delivery <i>10-12-90</i>	

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

#16

OIL CONSERVATION DIVISION
RECEIVED
'91 FEB 29 AM 9 15

HAL J. RASMUSSEN OPERATING, INC.
SIX DESTA DRIVE, SUITE 2700
MIDLAND, TEXAS 79705
(915) 687-1664

February 26, 1991

Mr. William J. LeMay, Director
New Mexico Oil Conservation Division
P. O. Box 2088
Santa Fe, NM 87501

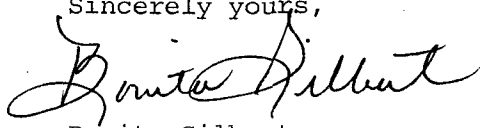
Re: State A A/C 1-#78
State A A/C 1-#79
State A A/C 1-#109
Jalmat Gas Pool
Lea County, New Mexico

Dear Mr. LeMay:

As stated in our most recent application for a 40-acre non-standard gas proration unit dated February 19, 1991 for the captioned wells, I have enclosed photocopies of the return receipts from the letters we ailed to the offset operators notifying them of such application.

Please contact me if you have any questions.

Sincerely yours,


Bonita Gilbert

/s
encls.

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Conoco Attn: Mr. Hugh Ingram P.O. Box 460 Hobbs, New Mexico 88240 </div>	4. Article Number P 046 612 066
5. Signature — Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X <i>Unita Gonzales</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery <i>2/22/88</i>	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

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Meridian Attn: Mr. Jim Cramer 21 Desta Drive Midland, Texas 79705 </div>	4. Article Number P 046 612 064
5. Signature — Address X	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise
6. Signature — Agent X <i>W. W. W. W.</i>	Always obtain signature of addressee or agent and DATE DELIVERED .
7. Date of Delivery <i>2/21</i>	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

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Chevron Attn: Mr. Al Bohling P.O. Box 670 Hobbs, New Mexico 88240	4. Article Number P 046 612 070 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X <i>Ruth Bueck</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 2-20-91	

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Lanexco, Inc. Attn: Mr. Robert Lansford P.O. Box 1206 Jal, New Mexico 88252	4. Article Number P 046 612 065 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Susan Chacer</i>	
7. Date of Delivery 2-20-91	

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Arco Attn: Mr. Kevin Renfro P.O. Box 1610 Midland, Texas 79702	4. Article Number P 046 612 068 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery FEB 20 1991	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 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. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Parker & Parsley Attn: Mr. Jim Moring P.O. Box 3179 3178 Midland, Texas 79702	4. Article Number P 046 612 069 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature - Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery FEB 20 1991	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION



BRUCE KING
GOVERNOR

ANITA LOCKWOOD
CABINET SECRETARY

October 23, 1992

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87504
(505) 827-5800

Clayton W. Williams, Jr., Inc.
Attention: David G. Grafe
Six Desta Drive
Midland, TX 79705

*RE: Administrative Application for Unorthodox Gas
Well Location, State "A" A/C-1 Well No. 109*

Dear Mr. Grafe:

At this time I am returning the above-referenced application since Division Administrative Order NSL-3023(SD), dated June 28, 1991, approved an unorthodox location for the No. 109 well (see copy attached).

Sincerely,

A large, stylized handwritten signature in dark ink, likely belonging to Michael E. Stogner.

Michael E. Stogner
Petroleum Engineer

MES/amg

cc: File: NSL-3023(SD)
Oil Conservation Division - Hobbs



STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION

BRUCE KING
GOVERNOR

June 28, 1991

POST OFFICE BOX 2098
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501
(505) 827-5800

Hal J. Rasmussen Operating, Inc.
Six Desia Drive
Suite 2700
Midland, Texas 79705

Attention: Bonita Gilbert

Administrative Order NSL-3023(SD)

Dear Ms. Gilbert:

Reference is made to two Rasmussen applications dated October 3, 1990 and February 26, 1991 for two unorthodox Jalmat gas well locations in an existing non-standard 320-acre gas spacing and proration unit (GPU) for said Jalmat Gas Pool comprising the N/2 of Section 23, Township 23 South, Range 36 East, NMPM, Lea County, New Mexico. Said GPU was authorized by Division Order No. R-9073, dated December 14, 1989 (Paragraph No. (16) of Exhibit "A") and had dedicated thereon the State "A" A/C-1 Well Nos. 26, 27, and 105 located in Units G, F, and H respectively, of said Section 23 to this proration unit.

Subsequent to the issuance of said Order No. R-9073 three additional wells were included in the subject GPU, the State "A" A/C-1 Well Nos. 73, 84, and 98 all located at standard gas well locations for the proration unit in Units C, G, and B, respectively, of said Section 23.

It is our understanding that the two subject wells to be considered at this time are temporarily abandoned in the Langlie-Matrix Pool, however, said wells will be plugged back to the Jalmat Gas Pool upon issuance of this order.

By authority granted me under the provisions of Rule 2(c) of the Special Rules and Regulations for the Jalmat Gas Pool, as promulgated by Division Order No. R-8170, as amended, the following described wells located at unorthodox gas well locations in said Section 23 are hereby approved:

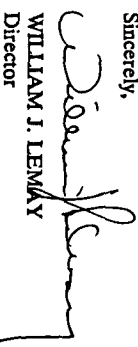
Administrative Order NSL-3023(SD)
Hal J. Rasmussen, Inc.
Page 2
June 28, 1991

State "A" A/C-1 Well No. 65
660' FNL - 760' FWL (Unit D)
State "A" A/C-1 Well No. 109
560' FNL - 660' FEL (Unit A)

Also, you are hereby authorized to simultaneously dedicate Jalmat Gas production from the State "A" A/C-1 Well Nos. 65 and 109 with the State "A" A/C-1 Well Nos. 26, 27, 73, 84, 98 and 105; furthermore, you are hereby permitted to produce the allowable assigned the subject GPU from all of the said wells in any proportion.

All provisions applicable to the subject GPU in Division Order No. R-9073 (Paragraph No. (16) of Exhibit "A") shall remain in full force and effect until further notice.

Sincerely,


WILLIAM J. LEMLEY
Director

cc: Oil Conservation Division - Hobbs
NM State Land Office - Santa Fe
File: Case No. 9775

WJL/MES/joc

ENG706T--ENG706-01
RUN-DATE: 11-22-28

GAS PRORATION SCHEDULE
SOUTHEAST, NEW MEXICO

APR-SEP, 1991

RUN-DATE 05/20/91
PAGE: 63

POOL/OPERATOR/LEASE/WELL
NUM U SE INN RAN STA TRANS
BER L CT SHP GE TUS

MAR 91
O/U

MAR 91
OLD O/P

MONTHLY
ALLOWABLE

JALMAT TANSILL YT 7 RVRS (PRO GAS)
HAL J. RASMUSSEN OPER. INC.

STATE	A	AC	1	MAU	X	C	9,301
77	B	14	235	36E	MAU	X	C
71	M	13	235	36E	MAU	X	C
66	D	13	235	36E	MAU	X	C
75	F	13	235	36E	MAU	X	C
106	A	13	235	36E	MAU	X	C
P. U.	SUMMARY						
31	H	15	235	36E	MAU	X	C
33	F	15	235	36E	MAU	X	C
28	F	14	235	36E	MAU	X	C
102	D	14	235	36E	MAU	X	C
82	B	15	235	36E	MAU	X	C
P. U.	SUMMARY						
16	A	11	235	36E	MAU	X	C
29	C	11	235	36E	MAU	X	C
34	K	11	235	36E	MAU	X	C
62	B	11	235	36E	MAU	X	C
67	H	11	235	36E	MAU	X	C
99	E	11	235	36E	MAU	X	C
85	F	11	235	36E	MAU	X	C
103	N	11	235	36E	MAU	X	C
P. U.	SUMMARY						
26	G	23	235	36E	MAU	X	C
27	F	23	235	36E	MAU	X	C
28	H	23	235	36E	MAU	X	C
73	C	23	235	36E	MAU	X	C
84	G	23	235	36E	MAU	X	C
P. U.	SUMMARY						
24	N	24	235	36E	MAU	X	C
50	O	24	235	36E	MAU	X	C
52	J	24	235	36E	MAU	X	C
53	E	24	235	36E	MAU	X	C
107	L	24	235	36E	MAU	X	C
152	K	24	235	36E	MAU	X	C
126	C	24	235	36E	MAU	X	C
P. U.	SUMMARY						
35	L	3	235	36E	MAU	X	C
61	J	3	235	36E	MAU	X	C
30	I	3	235	36E	MAU	X	C
69	P	3	235	36E	MAU	X	C
48	N	3	235	36E	MAU	X	C
P. U.	SUMMARY						
18	M	4	235	36E	MAU	X	C
111	N	4	235	36E	MAU	X	C
P. U.	SUMMARY						
15	F	4	235	36E	MAU	X	C
23	B	4	235	36E	MAU	X	C
82	G	4	235	36E	MAU	X	C

R-907326
R-907327
R-907328

48,007
48,007
35,003
54,900
36,724
43,427
30,071
9,459

9,301
4,463
14,707
9,090
1,885
48,007
5,672
6,267
3,535
10,243
9,286
35,003
3,758
2,030
3,628
12,813
13,057
5,033
2,079
42,398
734
5,031
6,108
7,752
17,099
36,724
14,034
5,310
6,497
6,379
11,207
43,427
3,581
7,388
4,940
11,543
2,619
30,071
5,731
3,728
9,459
3,533
3,328

334,800
54,385-
36,724

480.00
3.00
480.00
3.00
320.00
2.00
480.00
3.00
320.00
2.00
440.00
2.75



**NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT**

OIL CONSERVATION DIVISION
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

September 22, 1999

Raptor Resources, Inc.
P. O. Box 160430
Austin, Texas 78716-0430
Attention: Bill R. Keathly

Administrative Order NSL-3023-A (SD)

Dear Mr. Keathly:

Reference is made to the following: (i) your application submitted to the New Mexico Oil Conservation Division ("Division") on September 2, 1999; and (ii) the Division's records in Santa Fe: all concerning Raptor Resources, Inc.'s ("Raptor") request for an unorthodox Jalmat infill gas well location in an existing non-standard 320-acre gas spacing and proration unit ("GPU") for the Jalmat Gas Pool comprising the N/2 of Section 23, Township 23 South, Range 36 East, NMPM, Lea County, New Mexico, which was established by Division Order No. R-9073, dated December 14, 1989 [Paragraph No. (16) of Exhibit "A"]. The following described eight wells are currently dedicated to this unit:

- (1) State "A" A/C-1 Well No. 26 (API No. 30-025-09392), located at a standard gas well location 1650 feet from the North and East lines (Unit G) of Section 23;
- (2) State "A" A/C-1 Well No. 27 (API No. 30-025-09393), located at a standard gas well location 1650 feet from the North and West line (Unit F) of Section 23;
- (3) State "A" A/C-1 Well No. 65 (API No. 30-025-09394), located at an unorthodox gas well location [approved by Division Administrative Order NSL-3023 (SD), dated June 28, 1991] 660 feet from the North line and 760 feet from the West line (Unit D) of Section 23;
- (4) State "A" A/C-1 Well No. 73 (API No. 30-025-09396), located at a standard gas well location 660 feet from the North line and 1980 feet from the West line (Unit C) of Section 23;
- (5) State "A" A/C-1 Well No. 84 (API No. 30-025-09397),

located at a standard gas well location 1980 feet from the North line and 2310 feet from the East line (Unit G) of Section 23;

- (6) State "A" A/C-1 Well No. 98 (**API No. 30-025-09398**), located at a standard gas well location 660 feet from the North line and 2310 feet from the East line (Unit B) of Section 23;
- (7) State "A" A/C-1 Well No. 105 (**API No. 30-025-20973**), located at an unorthodox gas well location (also approved by Division Order No. R-9073) 2080 feet from the North line and 660 feet from the East line (Unit H) of Section 23; and
- (8) State "A" A/C-1 Well No. 109 (**API No. 30-025-20977**), located at an unorthodox gas well location [approved by Division Administrative Order NSL-3023 (SD)] 560 feet from the North line and 660 feet from the East line (Unit A) of Section 23.

It is our understanding that the subject well to be considered at this time is currently completed in the Langlie-Mattix-Seven Rivers-Queen-Grayburg Pool, however it is to be plugged back and recompleted up-hole into the Jalmat Gas Pool upon issuance of this order.

By authority granted me under the provisions of Rule 2(d) of the "*Special Rules and Regulations for the Jalmat Gas Pool*", as promulgated by Division Order No. R-8170, as amended, and Division Rule 104.F (2) the following well located at an unorthodox Jalmat gas well location in Section 23 is hereby approved:

**State "A" A/C-1 Well No. 72
1980' FNL & 660' FWL (Unit E)
(API No. 30-025-09395).**

Also, Raptor is hereby authorized to simultaneously dedicate Jalmat gas production from the State "A" A/C-1 Well No. 72 with the State "A" A/C-1 Wells No. 26, 27, 65, 73, 84, 98, 105, and 109. Furthermore, Raptor is hereby permitted to produce the allowable assigned the subject 320-acre GPU from all nine of these wells in any proportion

All provisions applicable to the subject GPU in Division Order No. R-9073 and Division Administrative Order NSL-3023 (SD) shall remain in full force and affect until further notice.

Administrative Order NSL-3023-A(SD)

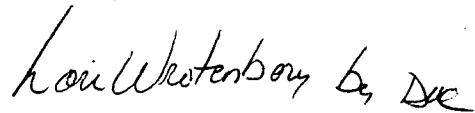
Raptor Resources, Inc.

September 22, 1999

Page 3

Jurisdiction of this matter shall be further retained for the entry of any such subsequent orders, as the Division may deem necessary.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lori Wrotenbery".

Lori Wrotenbery

Director

LW/MES/kv

cc: New Mexico Oil Conservation Division - Hobbs
New Mexico State Land Office - Santa Fe
File: NSL-3023 (SD)