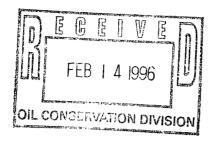
# AMERADA HESS CORPORATION

P. O. Box 52 Monument, NM 88260 Phone: (505) 393-2144



February 12, 1996

ADMINISTRATIVE APPLICATION FOR SIMULTANEOUS DEDICATION EUMONT YATES SEVEN RIVERS QUEEN PRORATED GAS POOL NEW MEXICO 'F' STATE #4 UNIT LETTER 'M' 660' FSL & 660' FWL SECTION 17, T-20S, R-37E LEA COUNTY, NEW MEXICO

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
2040 S. Pacheco
Santa Fe, New Mexico 87505

Attn: Mr. William J. LeMay

Dear Mr. LeMay:

Amerada Hess Corporation (AHC) respectfully requests administrative approval to recomplete the New Mexico 'F' State #4, which is located at a standard location, to the Eumont Yates Seven Rivers Queen Prorated Gas Pool and simultaneously dedicate this well and the existing New Mexico 'F' State #1 well to the 160 acre lease identified as the New Mexico 'F' State lease.

The 160 acre New Mexico 'F' State lease, consisting of the SW/4 of Section 17, T-20S, R-37, was purchased by Amerada Hess Corporation from MKA in November of 1989. One of the wells existing on the lease, the New Mexico 'F' State #1, had been re-completed from the Monument Grayburg Pool to the Eumont as a gas well in April of 1953 prior to the establishment of the Eumont Gas Pool and subsequent 'Special Pool Rules' in late 1953 and therefore a 'gas proration unit' (GPU) was not formed. While a GPU has not been officially established, AHC assumes the State of New Mexico Oil Conservation Division considers the New Mexico 'F' State #1 well, located at a standard location 1980' FSL and 1986.7' FWL in Section 17, Unit letter K, as dedicated to this acreage.

The New Mexico 'F' State #4 is a temporary abandoned Grayburg oil completion located at a current standard location of 660' FSL & 660' FWL, Section 17, T-20S, R-37E, Unit letter M. AHC desires to re-complete this well to the Eumont Pool as a gas well. Offset operator notification is required due to the request to simultaneously dedicate both wells as Eumont gas producers to the same 160 acres.

Attached is an original 'Well Location and Acreage Dedication Plat' (NMOCD form C-102) depicting the AHC New Mexico 'F' State lease and the proposed dedicated Eumont producers, a general acreage ownership plat, and copies of certified offset operator notification.

Your consideration and approval of this application is appreciated.

Sincerely,

Robert L. Williams Jr. Sr. Production Foreman

RLW/rlw

- Attachments: 1) NMOCD Form C-102
  - 2) General Acreage Ownership Plat 3) Offset Operator notification letter
  - 4) Offset Operator notification 'Waiver of Objection'
  - 5) Offset Operator notification letter certification receipts

State of New Mexico Energy, Minerals and Natural Resources Department Oil Conservation Division 1000 West Broadway Hobbs, New Mexico 88240

Attn: Mr. Jerry Sexton

XC: R. Howell

R. Wheeler

B. Tupman

R. West

J. Hermann

P. Bacon

file- Eumont/N.M. 'F' State #4

State of New Mexico Energy, Minerals & Natural Resources Department

District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 S. 1st Street, Artesia, NM 88210-2834 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088

<sup>1</sup> API Number

30-025-06148

<sup>4</sup> Property Code

# OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

<sup>2</sup> Pool Code

76480

Form C-102 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

<sup>6</sup> Well Number

4

<sup>3</sup> Pool Name

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>5</sup> Property Name

Eumont Yates 7RQ

| 0001                            | 60          | New Mexico "F" State |                            |          |          |              |       |                             |  | 4           |              |  |
|---------------------------------|-------------|----------------------|----------------------------|----------|----------|--------------|-------|-----------------------------|--|-------------|--------------|--|
| 7 OGRID No. 8 Operator Name     |             |                      |                            |          |          |              |       | 9                           | Elevation  |             |              |  |
| 000495 Amerada Hess Corporation |             |                      |                            |          |          |              |       |                             | 3531'  |             |              |  |
|                                 |             |                      |                            |          | 10 5     | Surface L    | ocati | on                          |  |             |              |  |
| UL or lot no.                   | Section     | Township             | Range                      | Lot. Idr | n I      | eet from the | he    | North/South Line            | Feet from the                                      | East/W      | est line     | County                                       |
| M                               | 17          | 20S                  | 37E                        |          |          | 660          |       | South                       | 660  | We          | st           | Lea  |
|                                 | •           |                      | 11 Bo                      | ttom H   | ole Loc  | ation If     | Diffe | rent From Surfac            | ee   | •           |              |  |
| UL or lot no.                   | Section     | Township             | Range                      | Lot. Id: | n I      | Feet from t  | he    | North/South Line            | Feet from the                                      | East/W      | Vest line    | County                                       |
| 12 11                           | 12 7        | 1 (1)                | 40 111 1                   | <u> </u> | 15.0.1   |              |       |                             |  |             |              |  |
| 12 Dedicated Acre               | s Joint     |                      | <sup>4</sup> Consolidation | 1 Code   | 15 Order |              | r     |                             |  | D I         | /10F4        | `  |
| 160                             |             | Υ                    |                            |          |          |              |       | ted prior to I              |  |             |              |  |
| NO ALLO                         | WABLE W     |                      |                            |          |          |              |       | NTIL ALL INT<br>APPROVED BY |  |             | N CON        | SOLIDATED                                    |
|                                 | <u> </u>    |                      | <del></del>                |          |          | 11110 2      |       | THI THE VED B               | 15   |             |              |  |
| ļ                               |             |                      |                            |          |          |              |       |                             | OPEKA  |             |              | ICATION n contained herein is                |
|                                 |             |                      | ,                          |          |          |              |       |                             |  |             |              | knowledge and belief.                        |
|                                 |             |                      |                            |          |          |              |       |                             |  |             |              |  |
| l.<br>I                         |             |                      |                            |          |          |              |       |                             |  |             |              |  |
|                                 |             |                      |                            |          |          |              |       |                             |  | 0           | $\bigcap$    |  |
|                                 |             |                      |                            |          |          |              |       |                             | $\mathbb{N} \setminus \mathcal{N} \cup \mathbb{N}$ | 1           |              | / \  |
|                                 | <del></del> |                      |                            |          |          |              |       |                             |  |             |              |  |
|                                 |             |                      |                            |          |          |              |       |                             | Signature  |             |              |  |
|                                 |             |                      |                            |          |          |              |       |                             | Robert L.  | Willia      | ams Jr       |  |
|                                 |             |                      |                            |          |          |              |       |                             | Printed Name                                       |             |              |  |
|                                 |             |                      |                            |          |          |              |       |                             | Sr. Product  | tion F      | oremar       | 1  |
|                                 |             |                      |                            |          |          |              |       |                             | 2/7/95   |             |              |  |
|                                 |             |                      |                            |          |          |              |       |                             | Date   |             |              |  |
| 4                               | ••••        | ****                 | ,,,,,,                     |          |          |              |       |                             | 18 SURVE   | YOR (       | ERTIF        | FICATION                                     |
| <b>,</b>                        |             |                      | -                          |          |          |              |       |                             | I hereby certify th                                | at the w    | rell locatio | n shown on this plat                         |
| ľ                               | .           |                      | 10.1                       |          |          |              |       |                             |  |             |              | tual surveys made by<br>hat the same is true |
| 148                             | 36.7'-      |                      | •#1                        |          |          |              |       |                             | and correct to the best                            | of my belie | f.           |  |
| ון                              |             |                      | -                          |          |          |              |       |                             |  |             |              |  |
| Ŀ                               |             |                      | 1 7                        |          |          |              |       |                             |  |             |              |  |
|                                 |             |                      |                            |          |          |              |       |                             | Date of Survey                                     |             |              | <del></del>                                  |
| -                               |             |                      | ;                          |          |          |              |       |                             | Signature and Seal of                              | Professiona | l Surveyer:  |  |
| Ŀ                               |             |                      |                            |          |          |              |       |                             |  |             | -,           |  |
| E.                              |             | •                    | g :                        |          |          |              |       |                             |  |             |              |  |
| - 660'-                         | #4          | Š                    | 产                          |          |          | j            |       |                             |  |             |              | ŀ  |
| k '0                            |             |                      | 1 1                        |          |          | ļ            |       |                             |  |             |              |  |
| 1 3                             |             |                      | 1 7                        |          |          |              |       |                             |  |             |              |  |
| K                               |             |                      | <u>l</u>                   |          |          |              |       |                             | Certificate Number                                 |             |              |  |

State of New Mexico Energy, Minerals & Natural Resources Department

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 S. Ist Street, Artesia, NM 88210-2834
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

<sup>1</sup> API Number

30-025-06148

4 Property Code 000160

7 OGRID No.

000495

# OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

<sup>2</sup> Pool Code

76480

New Mexico "F" State

Amerada Hess Corporation

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

<sup>3</sup> Pool Name

AMENDED REPORT

<sup>6</sup> Well Number

9 Elevation

3531'

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>5</sup> Property Name

8 Operator Name

Eumont Yates 7RQ

|                   |            |             |   | 10            | Surface Locati   | on                           |  |  |   |
|-------------------|------------|-------------|---|---------------|------------------|------------------------------|--|--|---|
| UL or lot no.     | Section    | Township    | Range                                     | Lot. Idn      | Feet from the    | North/South Line             | Feet from the  | East/West line   | . County                                    |
| М                 | 17         | 20\$        | 37E                                       |               | 660              | South                        | 660  | West   | Lea   |
|                   |            |             | 11 Bo                                     | ottom Hole L  | ocation If Diffe | rent From Surfac             | ce   | •  |   |
| UL or lot no.     | Section    | Township    | Range                                     | Lot. Idn      | Feet from the    | North/South Line             | Feet from the  | East/West line   | County                                      |
| 12 Dedicated Acre | s l3 Join  | t or Infill | <sup>14</sup> Consolidation               | n Code 15 Ord | ler No.          |                              |  |  |   |
| 160               |            | Υ           |   |               |                  | ted prior to I               |  |  |   |
| NO ALLOV          | VABLE V    |             |   |               |                  | INTIL ALL INT<br>APPROVED BY |  |  | SOLIDATED                                   |
| 148               | ,<br>6.7'- |             | (980 ———————————————————————————————————— |               |                  |                              | I hereby certify true and complete signature Robert L. Printed Name Sr. Product Title 2/7/95 Date  18 SURVE I hereby certify the was plotted from me or under my and correct to the best  Date of Survey | Williams Jr. tion Foremar  YOR CERTIF at the well location field notes of act supervision, and its | n contained herein is knowledge and belief. |
| 97                | . , , ,    |             |   |               |                  |                              | Certificate Number   | w  |   |
|                   |            |             |   |               |                  |                              | <del></del>  |  |   |

State of New Mexico. Energy, Minerals & Natural Resources Department

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 S. 1st Street, Artesia, NM 88210-2834
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

<sup>1</sup> API Number

30-025-06148

<sup>4</sup> Property Code

000160

7 OGRID No.

# OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

<sup>2</sup> Pool Code

76480

New Mexico "F" State

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

<sup>3</sup> Pool Name

AMENDED REPORT

<sup>6</sup> Well Number

Elevation

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

5 Property Name

8 Operator Name

Eumont Yates 7RQ

| 0004                         | 95                   | Amera    | da Hess Co                            |   |               |                     |  |                          | 3531'  |
|------------------------------|----------------------|----------|---------------------------------------|---|---------------|---------------------|--|--------------------------|--|
|                              |                      |          |                                       | 10                                      | Surface Lo    | cation              |  |                          |  |
| UL or lot no.                | Section              | Township | Range                                 | Lot. Idn                                | Feet from the | North/South Line    | Feet from the                                | East/West line           | County                                       |
| М                            | 17                   | 20S      | 37E                                   |   | 660           | South               | 660  | West                     | Lea  |
|                              |                      |          | 11 Bc                                 | ottom Hole I                            | Location If D | ifferent From Surfa | ce   |                          | ,  |
| UL or lot no.                | Section              | Township | Range                                 | Lot. Idn                                | Feet from the | North/South Line    | Feet from the                                | East/West line           | County                                       |
|                              |                      |          |                                       |   |               |                     |  |                          |  |
| <sup>12</sup> Dedicated Acre | s <sup>13</sup> Join |          | <sup>14</sup> Consolidation           | 1 Code 15 Or                            | der No.       |                     |  |                          |  |
| 160                          |                      | Υ        |                                       |   |               | xisted prior to     |  |                          |  |
| NO ALLOV                     | WABLE                |          |                                       |   |               | N UNTIL ALL INT     |  |                          | SOLIDATED                                    |
|                              |                      | OR A     | NONSTA                                | NDARD UI                                | NIT HAS BE    | EN APPROVED B       | Y THE DIVISI                                 | ON                       |  |
|                              |                      |          |                                       |   |               |                     | 17 OPERA                                     | TOR CERTIFI              | CATION                                       |
|                              |                      |          |                                       |   |               |                     |  |                          | n contained herein is knowledge and belief . |
|                              |                      |          |                                       |   | 1             |                     | "= == :===                                   | ne to the beat of the    |  |
|                              |                      |          |                                       |   |               | •                   |  |                          |  |
|                              |                      |          |                                       |   |               |                     |  | $\alpha$                 |  |
|                              |                      |          |                                       |   |               |                     | $   \langle \rangle \rangle \langle \rangle$ | /                        |  |
|                              |                      |          |                                       | , |               |                     |  |                          |  |
|                              |                      |          |                                       |   |               |                     | Signature                                    |                          | <del></del>                                  |
|                              |                      |          | Ì                                     |   |               |                     |  | <u>Williams Jr.</u>      |  |
|                              |                      |          |                                       |   |               |                     | Printed Name                                 | stion Famous             |  |
|                              |                      |          | .                                     |   |               |                     | Title  | ction Foreman            |  |
|                              |                      |          | j                                     |   |               |                     | 2/7/95                                       |                          |  |
|                              |                      |          |                                       |   |               |                     | Date   |                          |  |
|                              |                      |          | · · · · · · · · · · · · · · · · · · · |   |               |                     | 18 SURVI                                     | EYOR CERTIF              | ICATION                                      |
| E                            |                      |          | 1                                     |   |               |                     |  |                          | shown on this plat                           |
| F                            | ,                    |          | -, 1                                  |   |               |                     | me or under my                               | supervision, and the     | ual surveys made by<br>nat the same is true  |
| 148                          | 367'-                |          | 1" 1                                  |   |               |                     | and correct to the bes                       | st of my belief.         |  |
| ‡                            |                      |          | 1 1                                   |   |               |                     |  |                          |  |
| F                            |                      |          | 1 1                                   |   |               |                     |  |                          |  |
| <u> </u>                     |                      |          |                                       |   |               |                     | Date of Survey                               |                          |  |
| E                            |                      |          | ]                                     | •                                       |               |                     | Signature and Seal or                        | f Professional Surveyer: |  |
| E                            |                      | •        | ·/ }                                  |   |               |                     | }}   |                          | }  |
| b- 660'                      | #4                   |          | 8 1                                   |   |               |                     |  |                          | }  |
|                              |                      |          | - 1                                   |   |               |                     |  |                          |  |
| 1 9                          |                      | i        | ]                                     |   |               |                     | 11   |                          | ĺ  |
| Ĭ                            |                      |          | 1                                     |   |               |                     | Certificate Number                           |                          |  |
| <del>~~~~~~~~~</del>         | <u> </u>             | <u> </u> | <u>uuuu</u>                           |   |               |                     | 1 COMMISSIO MUMBER                           |                          |  |

State of New Mexico Energy, Minerals & Natural Resources Department

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
811 S. Ist Street, Artesia, NM 88210-2834
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Sauta Fe, NM 87504-2088

<sup>1</sup> API Number

30-025-06148

<sup>4</sup> Property Code 000160

7 OGRID No.

# OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

<sup>3</sup> Pool Name

AMENDED REPORT

6 Well Number

Elevation

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

5 Property Name

8 Operator Name

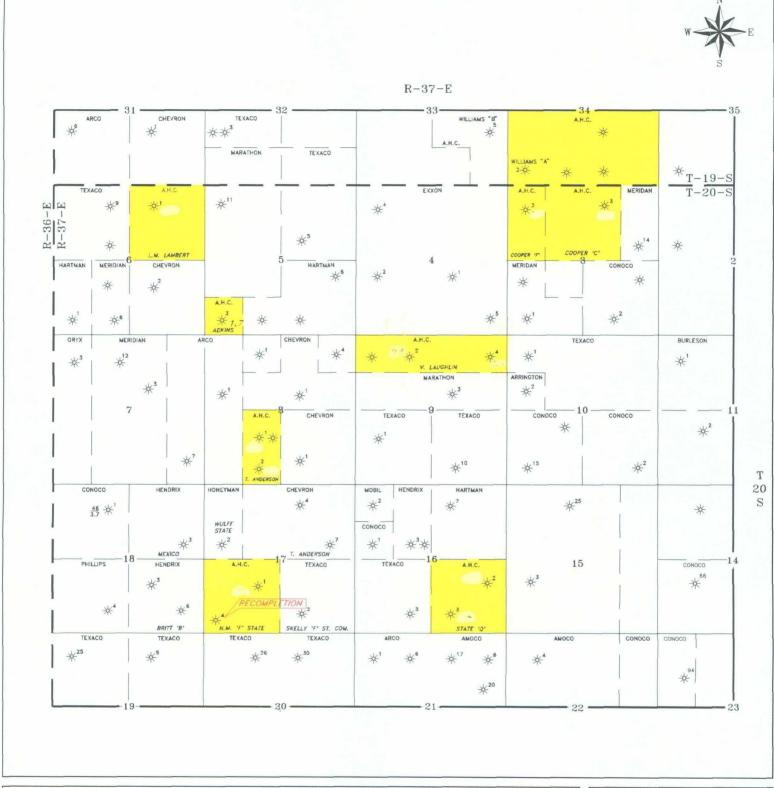
Eumont Yates 7RQ

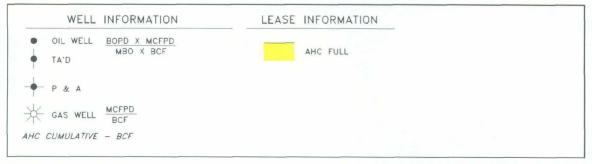
<sup>2</sup> Pool Code

76480

New Mexico "F" State

| 000495 Amerada Hess Corporation |  |                                       |               |              |             |      | 3531'                        |                         |               |             |   |
|---------------------------------|--|---------------------------------------|---------------|--------------|-------------|------|------------------------------|-------------------------|---------------|-------------|---|
|                                 | <sup>10</sup> Surface Location                 |                                       |               |              |             |      |                              |                         |               |             |   |
| UL or lot no.                   | Section  | Township                              | Range         | Lot. Idn     | Feet from t | he   | North/South Line             | Feet from the           | East/W        | est line    | County  |
| M                               | 17   | 20S                                   | 37E           |              | 660         |      | South                        | 660                     | We:           | st          | Lea   |
|                                 | Bottom Hole Location If Different From Surface |                                       |               |              |             |      |                              |                         |               |             |   |
| UL or lot no.                   | Section  | Township                              | Range         | Lot. Idn     | Feet from t | he   | North/South Line             | Feet from the           | East/W        | est line    | County  |
|                                 | <u> </u>                                       | <u> </u>                              |               |              | <u> </u>    |      |                              |                         |               |             |   |
| 12 Dedicated Acre               | es 13 Join                                     |                                       | Consolidation | n Code 15 Or | der No.     |      |                              |                         |               |             |   |
| 160                             |  | Υ                                     |               | <u></u> _    |             | Exis | ted prior to                 | Eumont Field            | Rules         | (1954       | l)  |
| NO ALLO                         | WABLE V  |                                       |               |              |             |      | INTIL ALL INT<br>APPROVED BY |                         |               | N CON       | ISOLIDATED                                    |
|                                 | 1  |                                       | <del></del>   |              | <del></del> | 1    |                              | 17 OPERA                | TOR CI        | FRTIF       | ICATION                                       |
| 1                               | }  |                                       |               |              | i           |      |                              | I hereby certify        | that the      | informatic  | on contained herein is                        |
| #                               | 1  |                                       | 1             |              |             |      |                              | true and complet        | e to the l    | best of my  | knowledge and belief.                         |
| <u> </u>                        | į  |                                       | ļ             |              |             |      |                              |                         |               |             |   |
|                                 | -  |                                       |               |              |             | ļ    |                              | <b>[</b> [              | <b>~</b> \    | <u> </u>    | _   |
| -                               | (  |                                       | 1             |              |             |      |                              |                         | ( ) Y         | ( ( )       |   |
|                                 |  |                                       |               |              |             |      |                              | $\times$ $0$ C $I$ II   | 5/ )          | S           |   |
|                                 | ]  |                                       |               |              |             |      |                              | Signature               |               |             |   |
| ]]                              | 1  |                                       | ]             |              |             |      |                              | Robert L.               | Willia        | ms Jr       | •   |
|                                 | }  |                                       |               |              |             |      |                              | Printed Name            | r             |             |   |
| <b>)</b>                        | }  |                                       | }             |              |             |      |                              | Sr. Production Foreman  |               |             |   |
| <u> </u>                        | }  |                                       |               |              | ļ           |      |                              | 2/7/95                  | 2/7/95        |             |   |
|                                 |  |                                       |               |              |             |      |                              | Date                    |               |             |   |
|                                 | ```  | ,,,,,                                 | 777.7         |              |             |      |                              | 18 SURVE                | YOR C         | ERTI        | FICATION                                      |
| E                               | 1  |                                       | 1             |              | Į           |      |                              | I hereby certify ti     | hat the we    | ell locatio | on shown on this plat                         |
| F                               |  |                                       | 1             |              | į           |      |                              | me or under my          | supervision   | i, and      | tual surveys made by<br>that the same is true |
| 148                             | 36.7   | · · · · · · · · · · · · · · · · · · · | '"' 1         |              |             |      |                              | and correct to the best | of my belief. | •           | ·   |
| E                               |  |                                       | 1             |              |             |      |                              |                         |               |             |   |
| E                               |  |                                       | 1             |              |             |      |                              |                         |               |             | ····  |
|                                 |  |                                       |               |              |             |      | -                            | Date of Survey          |               |             |   |
| lt .                            |  |                                       | 1             | ,            | ļ           |      |                              | Signature and Seal of   | Professional  | Surveyer:   |   |
| lt .                            | j  | . '                                   | , 1           |              | }           |      |                              |                         |               |             |   |
| 148                             | #4   | Ş                                     | 1             |              |             |      |                              |                         |               |             |   |
|                                 | 1  | 1                                     | 4             |              |             |      |                              |                         |               |             |   |
| Ę J                             |  |                                       | 1             |              |             |      |                              |                         |               |             | ł   |
| Karrada                         | ليبينا   | ليبيين                                | burr          |              |             |      |                              | Certificate Number      |               |             | ·   |





AMERADA HESS CORPORATION

BASE MAP FIGURE 3

> JULY, 1995 PRU3-B1.DWG

# AMERADA HESS CORPORATION

P.O. Drawer D Monument, NM 88260 Phone: (505) 393-2144 Fax: (505) 393-1927

#### CERTIFIED RETURN RECEIPT REQUESTED

February 7, 1996

To: Offset Eumont (Gas) Operators

Amerada Hess Corporation New Mexico 'F' State lease

Re: Waiver Request

Administrative Application for Simultaneous Dedication Eumont Yates Seven Rivers Queen Prorated Gas Pool

New Mexico 'F' State lease New Mexico 'F' State #4

Unit Letter M

660' FSL & 660' FWL Section 17, T-20S, R-37E Lea County, New Mexico

#### Offset Eumont (Gas) Operators:

Amerada Hess Corporation (AHC) respectfully requests your approval of our application to obtain administrative approval from the New Mexico Oil Conservation Division (NMOCD) to recomplete the New Mexico 'F' State #4, which is located at a standard location, to the Eumont Yates Seven Rivers Queen Prorated Gas Pool and simultaneously dedicate this well and the existing New Mexico 'F' State #1 well to the 160 acre lease identified as the New Mexico 'F' State lease. This lease had established Eumont production prior to the establishment of the Eumont Gas Pool and subsequent 'Special Pool Rules' in late 1953 and therefore a 'gas proration unit' (GPU) was not formed.

If you have no objections to the proposed simultaneous dedication, please sign the enclosed waiver and mail the original and two copies to the NMOCD office in Santa Fe and one to the NMOCD Hobbs Division office. We also request that a copy be returned or faxed to the AHC Monument office. Self-addressed stamped envelopes have been provided for your convenience.

If you require additional information, please contact the undersigned at (505) 393-2144. Thank you in advance for your prompt consideration.

Sincerely.

Robert L. Williams Jr. Sr. Production Foreman (505) 393-2144 office (505) 393-1917 fax

# **Amerada Hess Corporation**

Application for Simultaneous Dedication Eumont Prorated Gas Pool

New Mexico 'F' State lease New Mexico 'F' State #4 Unit Letter M 660' FSL & 660' FWL Section 17, T-20S, R-37E Lea County, New Mexico

#### **WAIVER TO OBJECTION**

We, the undersigned, as an offset operator, waive any objection to Amerada Hess Corporation's application for NMOCD administrative approval to recomplete the New Mexico 'F' State #4, which is located at a standard location, to the Eumont Yates Seven Rivers Queen Prorated Gas Pool and simultaneously dedicate this well and the existing New Mexico 'F' State #1 well to the 160 acre lease identified as the New Mexico 'F' State lease.

| Executed This day of | , 1996. |
|----------------------|---------|
| Company:             |         |
| Representative:      |         |
| Signature:           |         |

# **Amerada Hess Corporation**

#### Application for Simultaneous Dedication Eumont Prorated Gas Pool

New Mexico 'F' State #4 660' FSL, 660' FWL, Unit letter 'M' Section 17, T-20S, R-37E Lea County, New Mexico

#### OFFSET OPERATOR LISTING

f/ Mexico and Britt 'B' 18 John H. Hendrix Corporation P.O. Box 3040 Midland, Texas 79702-3040 Attn: Dan Veirs

f/ Wulff State
R. B. Honeyman Jr.
c/o Oil Reports and Gas Services
1008 West Broadway
Hobbs, New Mexico

f/ Theodore Anderson Chevron USA, Inc. P. O. Box 1150 Midland, Texas 79702 Attn: Denise Beckham

f/ New Mexico 'H' State NCT 1, New Mexico 'C' State NCT 2, and Skelly 'F' State Comm Texaco Exploration and Production Inc.

P. O. Box 730

Hobbs, New Mexico 88240

Attn: Dorothy Brelih

# Z 699 245 234



### Receipt for **Certified Mail**

No Insurance Coverage Provided Do not use for International Mail (See Reverse),

|                              | Sent to (D                                      | or | othy Bro | alih |
|------------------------------|---|----|----------|------|
|                              | Texaco Explorati                                | on | & Prod   |      |
|                              | Street and No.                                  |    |          | ]    |
|                              | P.O. Box 730                                    |    |          | 4    |
|                              | P.O., State and ZIP Code Hobbs NM 88240         |    |          | 1    |
|                              | Postage   |    |          | 1    |
|                              |   | \$ | .78      | ]    |
|                              | Certified Fee                                   |    | 1 10     | ]    |
|                              | Consist Dalines Con                             |    | 1.10     | -    |
|                              | Special Delivery Fee                            |    |          | į    |
|                              | Restricted Delivery Fee                         | -  |          | 1    |
| က္က                          |   |    |          | 1    |
| 199                          | Return Receipt Showing to Whom & Date Delivered |    | 1 10     |      |
| 당                            | Return Receipt Showing to Whom,                 |    | 1.10     | ┨    |
| Лaг                          | Date, and Addressee's Address                   |    |          |      |
| 2                            | TOTAL Rostage .                                 | ٨  |          | 1    |
| 8                            | & FASSE CENT                                    | Ą  | 2.98     | 1    |
| Form <b>3800,</b> March 1993 | Postrivirk or Dale                              |    |          |      |
| 6                            | of 12   |    |          |      |
| E O                          | × 1996,   |    |          | 1    |
| LL                           |   |    |          |      |

# Z 699 245 233



Receipt for
Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse) (See Reverse)

|                                  | Sent to  |     |                                       | Ι, |  |  |  |  |  |  |
|----------------------------------|--|-----|---------------------------------------|----|--|--|--|--|--|--|
|                                  | Chevron USA (Der   | use | Beckha                                | m, |  |  |  |  |  |  |
|                                  | P.O. Box 1150  |     |                                       |    |  |  |  |  |  |  |
|                                  | P.O., State and ZIP Code   |     |                                       | ł  |  |  |  |  |  |  |
|                                  | Midland, Texas 79702   |     |                                       |    |  |  |  |  |  |  |
|                                  | Postage  |     | · · · · · · · · · · · · · · · · · · · | 1  |  |  |  |  |  |  |
|                                  |  | \$  | .78                                   |    |  |  |  |  |  |  |
|                                  | Certified Fee  | ĺ   | 1 10                                  |    |  |  |  |  |  |  |
|                                  | Second Belliam For   | ļ   | 1.10                                  |    |  |  |  |  |  |  |
|                                  | Special Delivery Fee   |     |                                       | l  |  |  |  |  |  |  |
|                                  | Restricted Delivery Fee  |     |                                       |    |  |  |  |  |  |  |
| က                                |  |     |                                       |    |  |  |  |  |  |  |
| 99                               | Return Receipt Showing   |     |                                       |    |  |  |  |  |  |  |
| 7                                | to Whom & Date Delivered   |     | 1.10                                  | ŀ  |  |  |  |  |  |  |
| ည္ထ                              | Return Receipt Showing to Whom,<br>Date, and Addressee's Address |     |                                       |    |  |  |  |  |  |  |
| Σ                                |  |     |                                       |    |  |  |  |  |  |  |
| 0                                | TOTAL Postage  | \$  | 2.98                                  |    |  |  |  |  |  |  |
| õ                                |  |     | 4.70                                  |    |  |  |  |  |  |  |
| 38                               | Post or Dale H   |     |                                       |    |  |  |  |  |  |  |
| ٦                                | 0 212  |     |                                       |    |  |  |  |  |  |  |
| .5                               | 7996   |     |                                       |    |  |  |  |  |  |  |
| PS Form <b>3800</b> , March 1993 | 1000   |     | ĺ                                     |    |  |  |  |  |  |  |
| g,                               | USPS   |     | 1                                     |    |  |  |  |  |  |  |

#### Z 699 245 232



# Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

| - 1                   | Sent to . (Dan Ve  |        |          |  |  |  |  |  |  |
|-----------------------|--|--------|----------|--|--|--|--|--|--|
| I                     | John H. Hendrix (  | iorr   | <u> </u> |  |  |  |  |  |  |
|                       | Street and No.   |        |          |  |  |  |  |  |  |
|                       | P.O. Box 3040  |        |          |  |  |  |  |  |  |
| - {                   | P.O., State and ZIP Code Midland, TX 7970                        | 2-3040 |          |  |  |  |  |  |  |
|                       | Postage  | \$     | .78      |  |  |  |  |  |  |
| ĺ                     | Certified Fee  |        | 1.10     |  |  |  |  |  |  |
|                       | Special Delivery Fee   |        |          |  |  |  |  |  |  |
| 3                     | Restricted Delivery Fee  |        |          |  |  |  |  |  |  |
| 199 ו                 | Return Receipt Showing<br>to Whom & Date Delivered               |        | 1.10     |  |  |  |  |  |  |
| Aarch                 | Return Receipt Showing to Whom,<br>Date, and Addresset's Address |        |          |  |  |  |  |  |  |
| ó                     | TO AD Desta FFB  | \$     | 2.98     |  |  |  |  |  |  |
| lorm 3800, March 1993 | 1996<br>USPS   |        |          |  |  |  |  |  |  |

# Z 699 245 231



#### Receipt for **Certified Mail**

No Insurance Coverage Provided
UNITED STATES
DO not use for International Mail

|                                 | (See Reverse)  |    |         |  |  |  |  |  |  |
|---------------------------------|--|----|---------|--|--|--|--|--|--|
|                                 | R.B. Honeyman Jr   | Ga | s Svcs. |  |  |  |  |  |  |
|                                 | Street and No.<br>1008 West Broadway                             |    |         |  |  |  |  |  |  |
|                                 | P.O., State and ZIP Code<br>Hobbs, NM 88240                      |    |         |  |  |  |  |  |  |
|                                 | Postage  | \$ | .78     |  |  |  |  |  |  |
|                                 | Certified Fee  |    | 1.10    |  |  |  |  |  |  |
|                                 | Special Delivery Fee   |    |         |  |  |  |  |  |  |
| 33                              | Restricted Delivery Fee  |    |         |  |  |  |  |  |  |
| h 199                           | Return Receipt Showing to Whom & Date Delivered                  |    | 1.10    |  |  |  |  |  |  |
| Marc                            | Return Receipt Showing to Whom,<br>Date, and Addressee's Address |    |         |  |  |  |  |  |  |
| S Form <b>3800</b> , March 1993 | TOTAL POLICE & Fees  | \$ | 2.98    |  |  |  |  |  |  |
| 38                              | 12 3000 S  |    |         |  |  |  |  |  |  |
| orm                             | 12 )26   |    | 1       |  |  |  |  |  |  |
| 3                               | [1330]   |    |         |  |  |  |  |  |  |
|                                 | ***  |    | Į.      |  |  |  |  |  |  |

. CMD<sub>.</sub>: OG6IWCM

# ONGARD INQUIRE WELL COMPLETIONS

03/01/96 13:46:47 OGOMES -EMFE

API Well No : 30 25 6145 Eff Date : 01-01-1991 WC Status : A

Pool Idn : 22800 EUMONT; YATES-7 RVRS-QUEEN (OIL)

OGRID Idn : 495 AMERADA HESS CORP Prop Idn : 160 NEW MEXICO F STATE

Well No : 001 GL Elevation: 99999

U/L Sec Township Range North/South East/West Prop/Act(P/A)

B.H. Locn : K 17 20S 37E FTG 999 F S FTG 999 F E P

Lot Identifier:

Dedicated Acre: 160.00

Lease Type : S

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06

PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC