



OIL CONSERVATION DIVISION
RECEIVED

Penrose Exploration and Production Inc
Midland Producing Division

500 N Lorraine
Midland TX 79701

95 APR 14 PM 8:52
Midland TX 79702

March 22, 1995

Suspense Date

4/24/95

GOV - STATE AND LOCAL GOVERNMENTS

NON-STANDARD GAS PRORATION UNIT

Eumont "16'" State Well No. 1

Eumont Yates 7 Rivers Queen (Pro Gas) Field

Lea County, New Mexico

State of New Mexico
Energy and Minerals Department
Oil Conservation Division
2040 South Pacheco
Santa Fe, New Mexico 87505

Attention: Mr. Michael E. Stogner

Gentlemen:

An Exception, by administrative approval, to Rule 104, D. II. is requested for the captioned well. This well is located 1930' FNL & 760' FWL, Unit Letter "E", of Section 16, T-19-S, R-37-E.

This well must be drilled in this location to ensure proper development of the field. Wells drilled previously on Non-Standard Gas Proration Units in this field have proven to be viable wells. It will be completed in the Penrose formation.

The offset operators of this lease have been notified of this request. Attached is Form C-102 and the offset operator's list with proof of notification. Any questions concerning this request should be directed to me at (915) 688-4606.

Yours very truly,

C. Wade Howard

C. W. Howard
Engineer's Assistant

CWH:cwh

Attachment

cc: NMOCD, P. O. Box 1980, Hobbs, NM 88240

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

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

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

DISTRICT IV
P. O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals and Natural Resources Department

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

☐ AMENDED REPORT

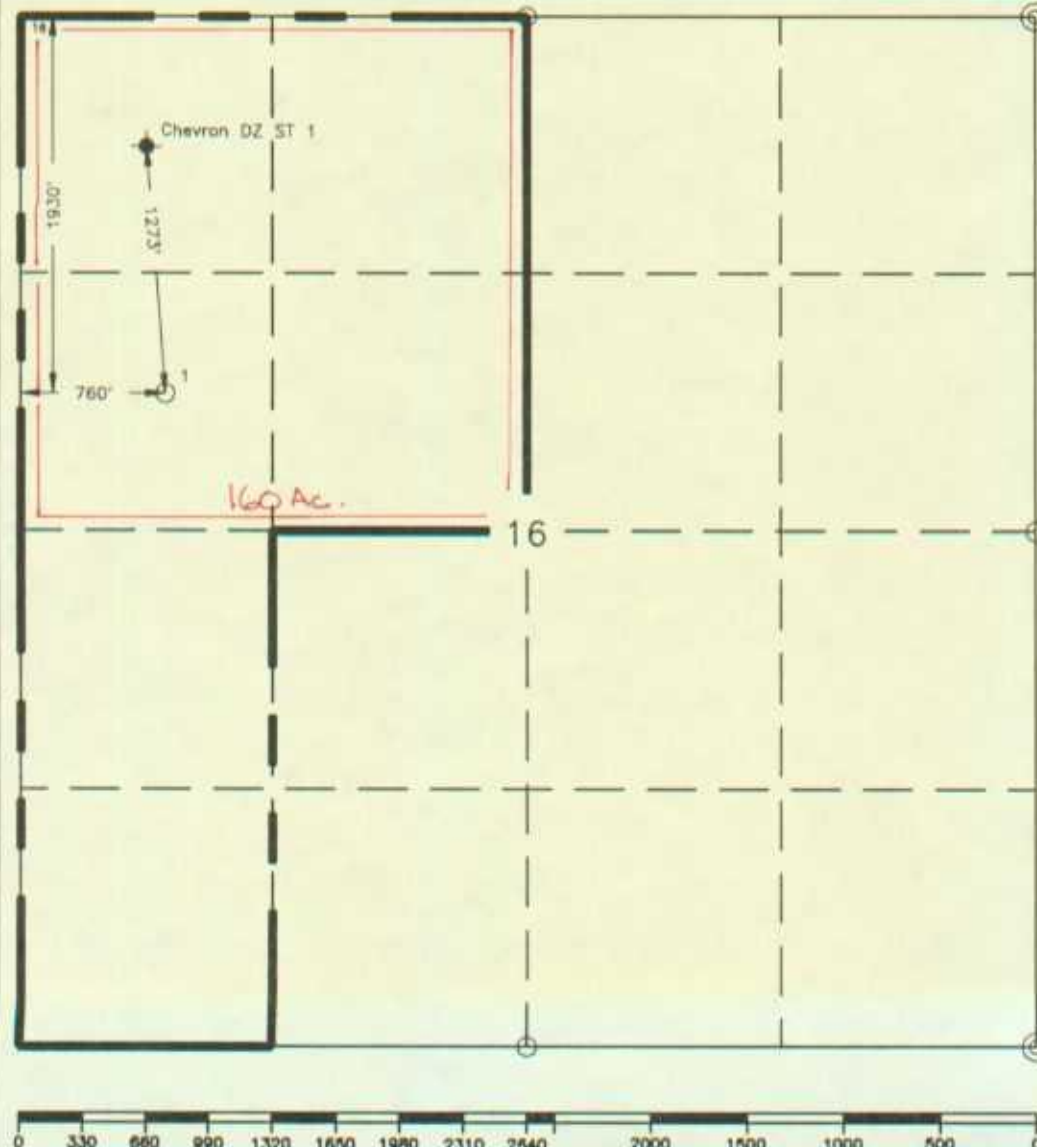
WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name	
				Eumont Pro Gas Yates, Seven Rivers, Queens	
4 Property Code		5 Property Name			6 Well Number
		Eumont "16" State			1
7 OGRD No.		8 Operator Name			9 Elevation
22351		TEXACO EXPLORATION & PRODUCTION, INC.			3660'

10 Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
E	16	19-S	37-E		1930'	North	760'	West	Lea

11 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
12 Dedicated Acres		13 Joint or Infill		14 Consolidation Code		15 Order No.			
160									

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.

 0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0	16 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.	
	Signature <i>C. Wade Howard</i>	
	Printed Name C. Wade Howard	
	Position Engineer's Assistant	
	Company Texaco Expl. & Prod. Inc.	
	Date March 21, 1995	
	17 SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.	
	Date Surveyed March 10, 1995	
	Signature & Seal of Professional Surveyor <i>John S. Piper</i>	
	Certificate No. 7254 John S. Piper	



Texaco Exploration and Production Inc
Midland Producing Division

500 N. Loraine
Midland TX 79701

P. O. Box 3105
Midland TX 79701

March 22, 1995

GOV - STATE AND LOCAL GOVERNMENTS
NON-STANDARD GAS PRORATION UNIT

Eumont "16" State Well No. 1
Sec. 16, T-19-S, R-37-E
Eumont Yates 7 Rivers Queen (Pro Gas) Field
Lea County, New Mexico

TO THE OFFSET OPERATORS

Gentlemen:

As an offset operator to the captioned lease, you are being furnished with a copy of our Application for an Exception to Rule 104, D. II. If you have no objection, please sign the waiver at the bottom of this letter and return in the enclosed envelope.

Any questions concerning this request should be directed to me at (915) 688-4606.

Yours very truly,

C. Wade Howard

C. W. Howard
Engineer's Assistant

CWH:cwh

File

WAIVER APPROVED:

COMPANY: _____

BY: _____

DATE: _____

EUMONT "16" STATE WELL NO. 1

OFFSET OPERATORS

Meridian Oil, Inc.
21 Desta Dr.
Midland, Texas 79705

Chevron U.S.A. Inc.
P. O. Box 1150
Midland, Texas 79702

Exxon Company USA
P. O. Box 1600
Midland, Texas 79702

Wayne A. Bissett
P. O. Box 2101
Midland, Texas 79702

Timothy D. Collier
P. O. Box 50066
Midland, Texas 79710

Donald G. Becker, Jr.
P. O. Box 481
Artesia, New Mexico 88211

Charles M. Morgan
210 South 8th St.
Artesia, New Mexico 88210

Conoco Inc.
10 Desta Dr. Ste. 100W
Midland, Texas 79705

Mewbourne Oil Company
500 W. Texas, Ste. 1020
Midland, Texas 79701

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- 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:

MEADIAN OIL, Inc.
21 DESTA DR.
MIDLAND, TX 79705

4a. Article Number
P 188 919 582

4b. Service Type

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

7. Date of Delivery
3-23

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **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.
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3. Article Addressed to:

CHEVRON U.S.A. INC.
P.O. BOX 1150
MIDLAND, TX 79702

4a. Article Number
P 188 919 583

4b. Service Type

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

7. Date of Delivery
MAR 23 1995

5. Signature (Addressee)

6. Signature (Agent)

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

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3. Article Addressed to:

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

4a. Article Number
P 188 919 584

4b. Service Type

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

7. Date of Delivery
MAR 20 1995

5. Signature (Addressee)

6. Signature (Agent)

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

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3. Article Addressed to:

WAYNE A. BISSETT
P.O. BOX 2101
MIDLAND, TX 79702

4a. Article Number
P 188 919 585

4b. Service Type

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

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)
Bonnie M. St...

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

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3. Article Addressed to:

TIMOTHY D. COLLIER
P.O. BOX 50066
MIDLAND, TX 79710

4a. Article Number
P 188 919 642

4b. Service Type

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

7. Date of Delivery
MAR 23 1993

5. Signature (Addressee)

6. Signature (Agent)
Bonnie M. St...

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

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

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- 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:

DONALD G. BECKER, JR.
P.O. BOX 481
ARTESIA, NM 88211

4a. Article Number
P 188 919 641

4b. Service Type

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

7. Date of Delivery
03-23-95

5. Signature (Addressee)
Chonda Becker

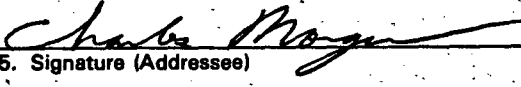
6. Signature (Agent)

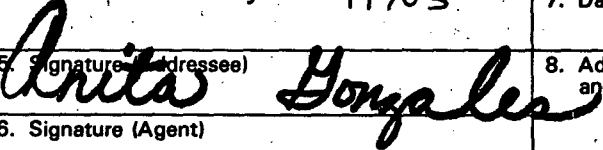
8. Addressee's Address (Only if requested and fee is paid)

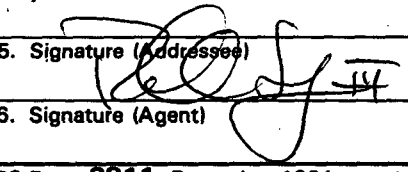
PS Form 3811, December 1991 *U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

SENDER: • 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: CHARLES M. MORGAN 210 SOUTH 8 TH ST. ARTESIA, NM 88210 		4a. Article Number P 188 919 640	
5. Signature (Addressee)		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	
6. Signature (Agent)		7. Date of Delivery 3-27-95	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 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 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 checked="" type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: CONOCO INC. 10 DESTA DR. STE. 100W MIDLAND, TX 79705 		4a. Article Number P 188 919 639	
5. Signature (Addressee)		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	
6. Signature (Agent)		7. Date of Delivery 3-23-95	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 *U.S. GPO: 1992-323-402 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 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: MEWBOURNE Oil COMPANY 500 W. TEXAS, STE. 1020 MIDLAND, TX 79701 		4a. Article Number P 237 053 903	
5. Signature (Addressee)		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	
6. Signature (Agent)		7. Date of Delivery 3-23-95	
		8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT			