(3)

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

OIL CONSERVATION DIVISION
RECEIVED
'90 AUG 13 AM 9 12

July 25, 1990

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

RE: Administrative Approval of an Unorthodox Well Location
State "A" a/c 2 (# 55)
Jalmat Gas Pool
Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State A a/c 2 # 55 at an unorthodox well location , located 660 ft FSL and 660 ft FEL of Section 8, T22S R36E, Lea County, New Mexico. The State "A" a/c 2 # 55 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 2 #55, and the proration unit the well will be included in. A list of offset operators has also been attached.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cherski

Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office
P.O. Box 1980
Hobbs, New Mexico 88240

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator	Lease	Well No.
Hal J. Rasmussen Operating, Inc.	STATE "A" A/C 2	55

Unit Letter	Section	Township	Range	County
P	8	22S	36E NMPM	Lea

Actual Footage Location of Well:
660 feet from the SOUTH line and 660 feet from the EAST line

Ground level Elev.	Producing Formation	Pool	Dedicated Acreage:
	YATES	Jalmat-TNSL-YTS-7R	640 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

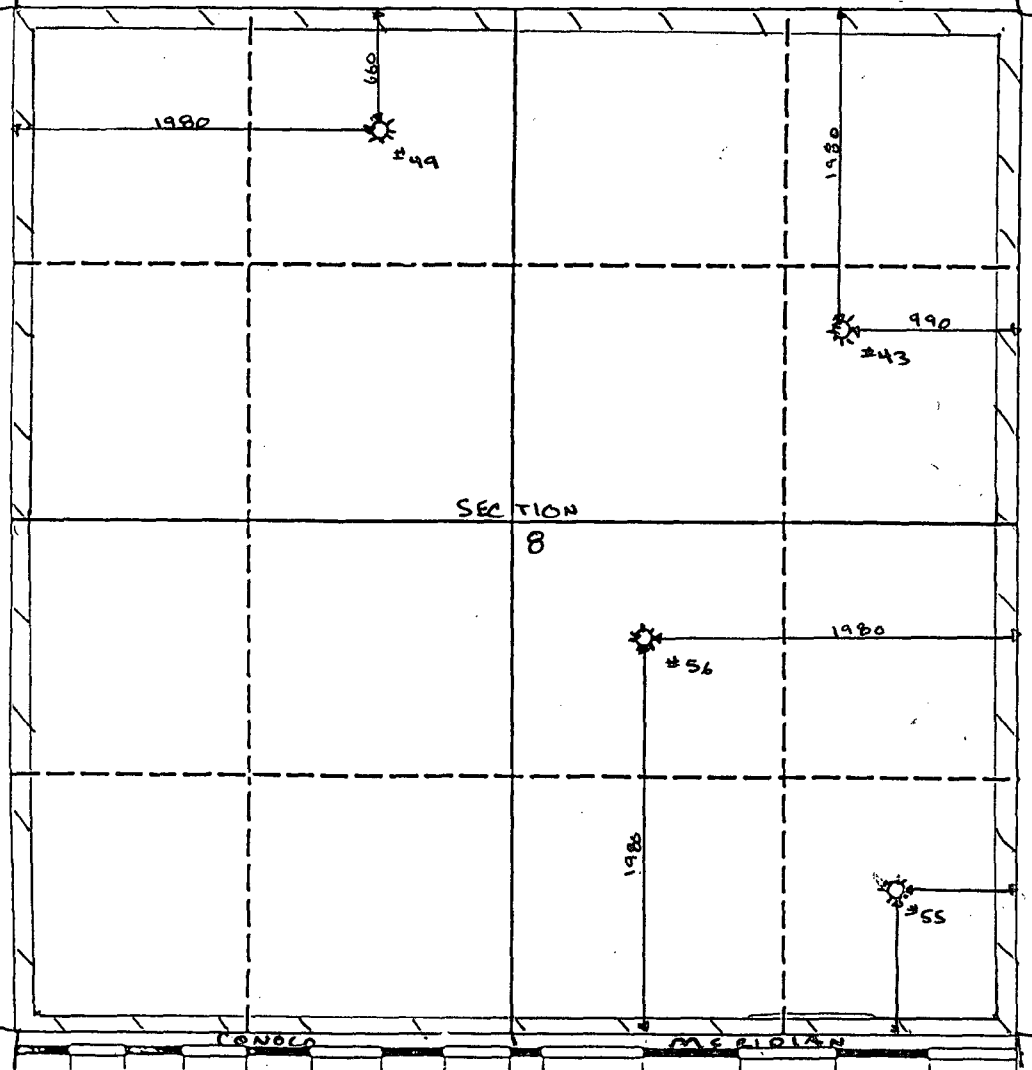
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if neccessary. _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

DRUG MCLAB SLAND

CHEVRON



OXY

OPERATOR CERTIFICATION

I hereby certify that the information contained herein in true and complete to the best of my knowledge and belief.

Signature

Printed Name
Jay D. Cherski

Position
Agent

Company
Hal J. Rasmussen Operating, Inc

Date
7/26/90

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 supervison, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of Professional Surveyor

Certificate No.

WISER OIL

State "A" a/c 2 well #55
Offset Operators

Chevron
Mr. Al Bohling
P.O. Box 670
Hobbs, New Mexico 88240

Meridian Oil Corp.
Mr. Jim Cramer
21 Desta Drive
Midland , Texas 79705

Conoco, Inc.
Mr. Hugh Ingram
P.O. Box 460
Hobbs, New Mexico 88240

Wiser Oil Company
700 Petroleum Building
Wichita Fall, Texas 76301

Oxy U.S.A. Inc.
Mr. Scott Gengler
P.O. Box 50250
Midland, Texas 79710

Dallas McCasland
c/o Oil Reports & Gas Services Inc.
P.O. Box 763
Hobbs, New Mexico 88240

OIL CONSERVATION DIVISION
RECEIVED
'90 AUG 20 AM 9 47

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

(3)

GARREY CARRUTHERS
GOVERNOR

8-10-90

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RE: Proposed:
MC_____
DHC_____
NSL X
NSP_____
SWD_____
WFX_____
PMX_____

Gentlemen:

I have examined the application for the:

Hal J. Rasmussen Oper. Inc. State A A/C-2 #353 P 8-22-36
Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
Supervisor, District 1

/ed

Tabled

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AUG 24 1989
OIL CONSERVATION DIV.
SANTA FE

I.

Operator	Well API No.
Hal J. Rasmussen Operating, Inc.	
Address: Six Desta Drive, Suite 5850, Midland, Texas 79705	

Reason(s) for Filing (Check proper box)
- New Well ☐
- Recompletion ☐
- Change in Operator ☐
- Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
- Other (Please explain) ☒: Change in name

If change of operator give name and address of previous operator: Hal J. Rasmussen, 306 W. Wall, Suite 600, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, ~~Federal or Fee~~)	Lease No.
State A Ac 2	55	Eunice SR Qu, South		

Location: Unit Letter P : 660 Feet From The South Line and 660. Feet From The East Line

Section 8 Township 22 S Range 36 E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	Box 42130, Houston, Texas 77242
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company	Bartlesville, Oklahoma

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wm Scott Ramsey
Signature
Wm. Scott Ramsey — General Manager
Printed Name — Title
July 13, 1989 — 915-687-1664
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1989

By
DISTRICT I SUPERVISOR
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.
30-025-08842

5. Indicate Type of Lease STATE [XX] FEE [ ]

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
State A AC 2

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Clayton W. Williams, Jr., Inc.

8. Well No.
55

3. Address of Operator
Six Desta Drive, Suite 3000 Midland, Texas 79705

9. Pool name or Wildcat
Eunice 7 Rvrs Queen South

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line

Section 8 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL - 3581'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

12/07/90 CIBP set @ 3710'/

3/15/93 Spot 30 sx Class "C" w/2% CaCl2 on CIBP. Displaced hole w/100 bbls 10 PPG gelled brine. POOH to 2600'. Spot 30 sx cement plug 2600-±2311'. POOH to 610'. Spot 30 sx cement plug 610 - ±330'. Perforate 5-1/2" casing @ 330', 2 SPF. Pump 95 sx Class "C" w/2% CaCl2 down 5-1/2" casing and up 5-1/2"/8-5/8" annulus. Circulate 5 sx cement to pits. Cut casing off 3' below G.L. and install P & A marker.

SEE ATTACHED WELLBORE DIAGRAM

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

SIGNATURE David Grafe TITLE Petroleum Engineer DATE 3/26/93

TYPE OR PRINT NAME David Grafe TELEPHONE NO. 682-6324

(This space for State Use)

APPROVED BY Charles Perrin TITLE OIL & GAS INSPECTOR DATE APR 20 1993

CONDITIONS OF APPROVAL, IF ANY:

Sec 8-22S 36E

WELL COMPLETION SKETCHES LOCATION 660FSL + 660'FEL

WELL	FIELD	DATE
Account 2 #55	Eunice SR-Qu, S	3-25-93

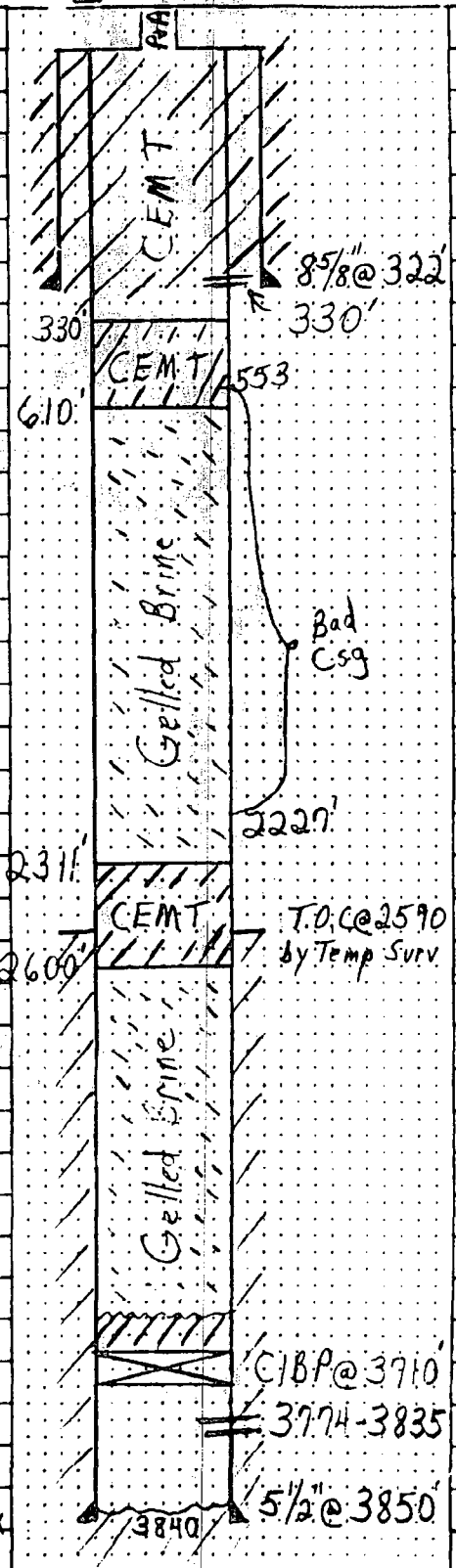
☒ PRESENT COMPLETION ☐ SUGESSTED COMPLETION for P+A

PERMANENT WELL BORE DATA

8⅝" 24# @ 322' cmt w/ 300 sx

Tops: Tansil - 2980'
Yates - 3144'
Seven River - 3328'
Queen - 3681
Grayburg - 3836

5½" 14# @ 3850' cmt w/ 250 sx



WELL HISTORY

3/61 - Perf 3774-3835
Vibrofrac 3804-08
50T / 20000 gal + 20000# sd
9/90 - convert to WIW
4/96 Convert to Producer

2/90 - Set CIBP @ 3710
Isolate Bad Casing
f/553' to 2227'

3/93 - P+A as Proposed
+ As Shown (Left)

Proposed P+A Procedure:
1) Spot 35' cement Plug on CIBP
2) Circulate Hole w/ 10PPG gelled Brine
3) Spot a 20 sx Balance Cemt Plug f/2400' ± 2600'
4) Spot @ 30 sx Balanced Cemt Plug f/400-600'
5) Perf 5⅛" @ ± 300'
6) Circulate Cemt down 5½ + up 5½/8⅝ Annulus
7) Cut Csg 3' below GL and set P+A marker.

3

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.	30-025-[illegible]8842
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name	State A AC 2
1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER	
2. Name of Operator: Clayton W. Williams, Jr., Inc.	8. Well No. 55
3. Address of Operator: Six Desta Drive, Suite 3000 Midland, Texas 79705	9. Pool name or Wildcat: Eunice SR-Queen-South

4. Well Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line
Section 8 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GL - 3581'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[XX]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. WORK WILL COMMENCE UPON OCD APPROVAL

1) Spot 35' cement plug on CIBP that was set 12/07/90 @ 3710'
2) Circulate hole w/10 PPG Gelled Brine
3) Spot 20 sx balanced cement plug from 2400 - 2600'.
4) Spot 20 sx balanced cement plug from 400 - 600'.
5) Perforate @ 300'
6) Circulate cement down 5-1/2, 8-5/8" annulus to surface (±75 sx cement)
7) Cut 5-1/2" and 8-5/8" casing 3' below GL. Set P & A marker. Cut Deadmen. Clea location of all junk. Plug and abandon wellbore.

SEE ATTACHED WELLBORE DIAGRAM

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

SIGNATURE David Grafe TITLE Petroleum Engineer DATE 02/18/93

TYPE OR PRINT NAME David Grafe TELEPHONE NO. 682-6324

(This space for State Use)

APPROVED BY [signature] TITLE DISTRICT I SUPERVISOR DATE FEB 22 1993

CONDITIONS OF APPROVAL, IF ANY:

(3)

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

OIL CONSERVATION DIVISION
RECEIVED
'90 AUG 13 AM 9 12

July 25, 1990

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

RE: Administrative Approval of an Unorthodox Well Location
State "A" a/c 2 (#. 58)
Jalmat Gas Pool
Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State A a/c 2 # 58 at an unorthodox well location , located 2030 ft FSL and 680 ft FWL of Section 8, T22S R36E, Lea County, New Mexico. The State "A" a/c 2 # 58 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 2 #58, and the proration unit the well will be included in. A list of offset operators has also been attached.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cherski

Jay Cherski

CC: New Mexico OIl Conservation Division District 1 Office
P.O. Box 1980
Hobbs, New Mexico 88240

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator	Lease	Well No.
Hal J. Rasmussen Operating, Inc.	STATE "A" A/C 2	58

Unit Letter	Section	Township	Range	County
L	8	22S	36E NMPM	Lea

Actual Footage Location of Well:
2030 feet from the SOUTH line and 680 feet from the WEST line

Ground level Elev.	Producing Formation	Pool	Dedicated Acreage:
	YATES	Jalmat-TNSL-YTS-7R	646 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

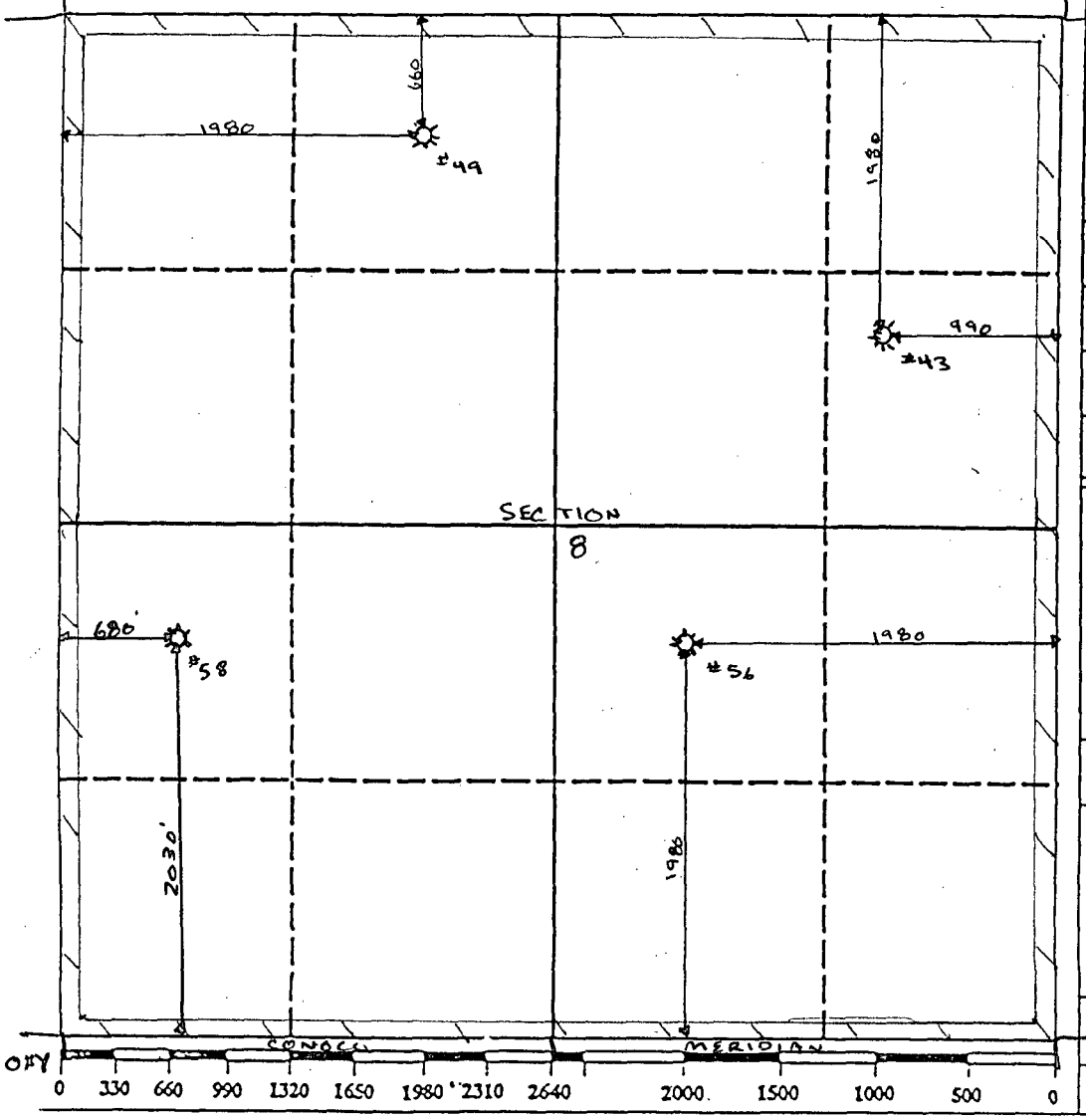
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary. _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

DALLAS MORNINGLAND

CHEVRON



OPERATOR CERTIFICATION

I hereby certify that the information contained herein in true and complete to the best of my knowledge and belief.

Signature

Printed Name
Jay D. Cherski

Position
Agent

Company
Hal J. Rasmussen Operating, Inc

Date
7/26/90

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 supervison, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.
WISER 02

State "A" a/c 2 well #58
Offset Operators

Chevron
Mr. Al Bohling
P.O. Box 670
Hobbs, New Mexico 88240

Meridian Oil Corp.
Mr. Jim Cramer
21 Desta Drive
Midland , Texas 79705

Conoco, Inc.
Mr. Hugh Ingram
P.O. Box 460
Hobbs, New Mexico 88240

Wiser Oil Company
700 Petroleum Building
Wichita Fall, Texas 76301

Oxy U.S.A. Inc.
Mr. Scott Gengler
P.O. Box 50250
Midland, Texas 79710

Dallas McCasland
c/o Oil Reports & Gas Services Inc.
P.O. Box 763
Hobbs, New Mexico 88240

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

OIL CONSERVATION DIVISION
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(3)

8-10-90

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RE: Proposed:
MC _____
DHC _____
NSL X
NSP _____
SWD _____
WFX _____
PMX _____

Gentlemen:

I have examined the application for the:

Hal J. Rasmussen Oper. Inc. State A A/C-2 #58-L 8-22-36
Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
Supervisor, District 1

/ed

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

AUG 24 1989
OIL CONSERVATION DIV.
SANTA FE

Operator	Well API No.
Hal J. Rasmussen Operating, Inc.	
Address: Six Desta Drive, Suite 5850, Midland, Texas 79705	

Reason(s) for Filing (Check proper box) — [X] Other (Please explain): Change in name

- New Well [ ]
- Recompletion [ ]
- Change in Operator [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator: Hal J. Rasmussen, 306 W. Wall, Suite 600, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, ~~Federal or Fee~~)	Lease No.
State A Ac 2	58	Euncie SR Qu, South		

Location: Unit Letter L : 2030 Feet From The South Line and 680 660 Feet From The West Line

Section 8 Township 22 S Range 36 E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Corp.	Box 2658, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company	Bartlesville, Oklahoma

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Wm. Scott Ramsey
Signature
Wm. Scott Ramsey — General Manager
Printed Name — Title
July 13, 1989 — 915-687-1664
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1989

By _____

Title DISTRICT 1 SUPERVISOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
2) All sections of this form must be filled out for allowable on new and recompleted wells.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 3 Copies to Appropriate District Office

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

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

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

OIL CONSER... RECEIVED '92 APR 10 AM 8 56

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30 025 20978

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: State A A/C 2

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Clayton W. Williams, Jr., Inc.

8. Well No. 58

3. Address of Operator: Six Desta Drive, Suite 3000 Midland, Texas 79705

9. Pool name or Wildcat: Eunice-SR-Queen South

4. Well Location
Unit Letter L : 2030 Feet From The South Line and 660 Feet From The West Line

Section 8 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR - 3611'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

12/10/91 - Set CIBP at 3660' and dumped 2 sx cement on CIBP.

3-17-92
1) Circulated 9.5 PPG gelled Brine from CIBP to surface.
2) Layed down 2 3/8" tbg. Perforated 4 1/2" csg at 400', 4 SPF.
3) Pumped 150 sx Class C w/2% CaCl2 down 4 1/2" casing through 7 5/8"/4 1/2" annulus. Circulated 40 sx to pit. Left 4 1/2" csg full of cement.
4) Cut 7 5/8" and 4 1/2" csg 3' below ground level. Installed P & A marker.
5) Covered cellar, dressed location, removed deadmen and junk.

Plugged and Abandoned

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

SIGNATURE David Grafe TITLE Petroleum Engineer DATE 3-19-92

TYPE OR PRINT NAME David G. Grafe TELEPHONE NO. 682-6324

(This space for State Use)

APPROVED BY R Hadden TITLE OIL & GAS INSPECTOR DATE APR 03 '92

CONDITIONS OF APPROVAL, IF ANY:

Sec 8-22S-36E

WELL COMPLETION SKETCHES **LOCATION** 2030'FSL + 660'FWL

WELL	FIELD	DATE
A/C-2 #58-L	Eunice-SR-Q, South	2-20-92

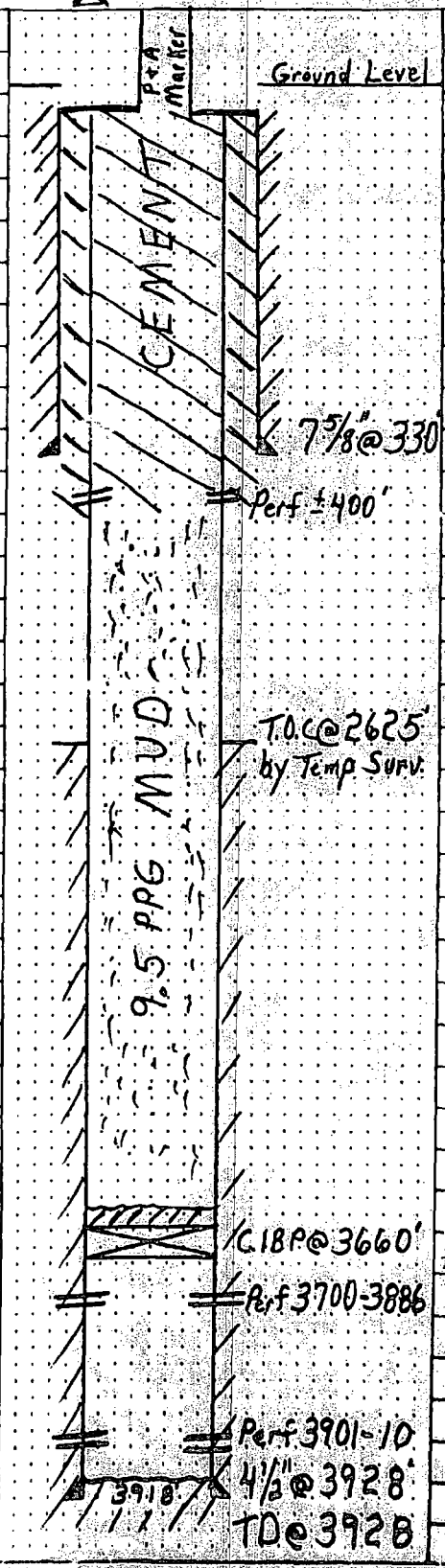
☐ PRESENT COMPLETION ☒ SUGESSTED COMPLETION for PNA *

PERMANENT WELL BORE DATA

7 5/8" 24# @ 330' cmt w/ 250 sx to Surface

Tops: Tansill - 3100
Yates - 3275
Seven Rivers - 3472
Queen - 3900

4 1/2" 9.5# @ 3928' cmt w/ 250 sx T.O.C @ 2625 by Temp. Surv.



WELL HISTORY

10/64 - Perf 3901-10
Acid w/ 1000g 15%
S.O.T. w/ 20000g oil + 20000# sd
12/65 - Perf 3700-3886
Set RBP @ 3895
Acid w/ 1000g 15%
S.O.T. w/ 45000g oil + 51000# sd
Pull RBP - P.O.P.
12/91 - Set CIBP @ 3660'
w/ 15' cmt above
Ran Csg Insp. Log
Csg Bad 391 to 2530
Desicion to P+A

P+A Proposal:
1) Circulate 9.5 PPG Mud
2) Perf ± 400'
3) Circ Cmt to Surface in 7 5/8" / 4 1/2" Annulus and Inside 4 1/2" Csg
4) Cut Csg 3' below Ground Level and Set P+A Marker

* * * * * * *
* Plugged and Abandoned
As Proposed 3-17-1992
* * * * * * *

Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

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

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

WELL API NO.
30 025 20978

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
State A A/C 2

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Clayton W. Williams, Jr., Inc.

8. Well No.
58

3. Address of Operator
#6 Desta Dr., Suite 3000 Midland, Texas 79705

9. Pool name or Wildcat
Eunice-SR-Queen South

4. Well Location
Unit Letter L : 2030 Feet From The South Line and 660 Feet From The West Line

Section 8 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR - 3611

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[X]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[X]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. Describe Proposed or Completed Operations *(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)* SEE RULE 1103.

12-09-91 thru 12-12-91
When attempting to recomplete to Jalmat, casing was found to be bad from 391' - 2530'. Decision was made to plug and abandon well

PNA will begin upon OCD approval of plan

1) CIBP has been set @ 3660' w/2 sx cement dumped on CIBP.
2) Circulate 9.5 PPG mud from CIBP to surface. (± 60 bbls)
3) Perforate 4 1/2" casing @ ± 400'. Circulate cement to surface (± 150 sx Class C cement w/2% CaCl2).
4) Cut 7 5/8" and 4 1/2" casing 3' below ground level and set PNA marker in cement.

(See attached wellbore Diagram)

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

SIGNATURE David Grafe TITLE Petroleum Engineer DATE 02/20/92

TYPE OR PRINT NAME David G. Grafe TELEPHONE NO. 688-3239

(This space for State Use)

APPROVED BY Jerry Sexton TITLE DISTRICT 1 SUPERVISOR DATE FEB 24 '92

CONDITIONS OF APPROVAL, IF ANY:

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THIS C-103 TO BE APPROVED.

Sec 8-22S-36E

WELL COMPLETION SKETCHES **LOCATION** 2030'FSL & 660'FWL

WELL	FIELD	DATE
A/C-2 #58-L	Eunice-SR-Q, South	2-20-92

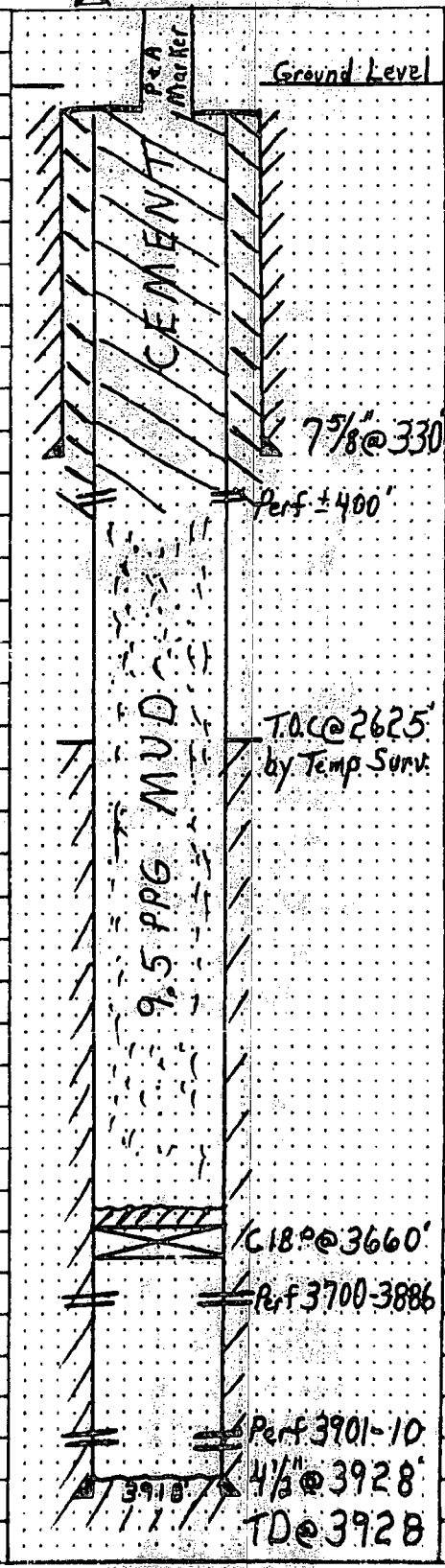
☐ PRESENT COMPLETION ☒ SUGESSTED COMPLETION for PNA *

PERMANENT WELL BORE DATA

7 5/8" 24# @ 330' cmt w/ 250 sx to Surface

Tops: Tansill - 3100
Yates - 3275
Seven Rivers - 3472
Queen - 3900

4 1/2" 9.5# @ 3928' cmt w/ 250 sx T.O.C @ 2625 by Temp. Surv.



WELL HISTORY

10/64 - Perf 3901-10
Acid w/ 1000g 15%
S.O.T. w/ 20000g oil + 20000# sd
12/65 - Perf 3700-3886
Set RBP @ 3895
Acid w/ 1000g 15%
S.O.T. w/ 45000g oil + 51000# sd
Pull RBP - P.O.P.
12/91 - Set C18P @ 3660'
w/ 15' cmt above
Ran Csg Insp. Log
Csg Bad 391 to 2530
Desicion to P & A

P & A Proposal:
1) Circulate 9.5 PPG Mud
2) Perf ± 400'
3) Circ Cmt to Surface in 7 5/8" / 4 1/2" Annulus and Inside 4 1/2" Csg
4) Cut Csg 3' below Ground Level and Set P & A Marker

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

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

API NO. (assigned by OCD on New Wells)
~~Not Available~~ 30-025-20978

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

b. Type of Well:
OIL WELL [ ] GAS WELL [X] OTHER SINGLE ZONE [X] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
State A A/C 2

2. Name of Operator
Clayton W. Williams, Jr., Inc.

8. Well No.
58

3. Address of Operator
#6 Desta Drive, Suite 3000 Midland, Tx 79705

9. Pool name or Wildcat
Jalmat Tansil Yates-7Rivers

4. Well Location
Unit Letter L : 2030 Feet From The South Line and 660 Feet From The West Line

Section 8 Township 22S Range 36E NMPM Lea County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
PBTD 3650'	Yates	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
GR - 3611'			12/10/91

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	7 5/8"	24#	330'	250	Surface
6 3/4"	4 1/2"	9.5	3928'	250	2625'

Current Status - TA'D - Eunice-Seven Rivers-Queen-South

Proposed Operation:

1) Set CIBP @ 3650'
2) Test Csg and repair as necessary
3) Perforate Yates Formation
4) Acidize
5) Frac
6) Put on Pump

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

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

SIGNATURE David Grafe TITLE Petroleum Engineer DATE 12/09/91

TYPE OR PRINT NAME David G. Grafe TELEPHONE NO 915/682-6324

(This space for State Use)

APPROVED BY [signature] TITLE Geologist DATE DEC 11 1991

CONDITIONS OF APPROV. L, IF ANY:

NSL-2816 SD-A

(3) - 10-11-12

OIL CONSERVATION DIVISION
RECEIVED
'90 SEP 7 AM 8 21

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

August 20, 1990

Oil Conservation Division
P.O. Box 2088
State Land Office Building
Santa Fe, New Mexico 87504

Attn: Mr. Michael Stogner

Dear Mr. Stogner:

Enclosed are the Certified Mail Return Receipts from Offset Operators pertaining to our recent applications for Unorthodox Locations on the State "A" Account 1 well no.'s (85), (102), (106), State "A" Account 2 well no.'s (55) and (58).

(10) (12) (11) (3) (3)

If you have any questions or if I can be of any further assistance please let me know.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.

Nona Hopkins

Nona Hopkins
Secretary

/nh
Enclosures
cc: Oil Conservation Division
P.O. Box 1980
Hobbs, New Mexico 88240

(10) Well #85 - F-11-23-36

(3) Well #55 - P-8-22-36

(3) Well #58 - L-8-22-36

(11) Well #106 - A-13-23-36

(12) Well #102 - D-14-23-36

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:
Conoco
P.O. Box 460
Hobbs N.M. 88240

4. Article Number
P 046 612 006

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 Anita Gonzales

7. Date of Delivery
8-9

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:
Wiser Oil Co
700 Petroleum Bldg
Wichita Falls, Tx 76301

4. Article Number
P 046 612 002

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 Susan Hopper

7. Date of Delivery
8-13-90

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

3. Article Addressed to:
Lanexco
P.O. Box 1206
Jal, N.M. 88252

4. Article Number
P 046 611 999

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

6. Signature — Agent
Susan Chacon

7. Date of Delivery
8-10-90

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

3. Article Addressed to:
Texaco
P.O. Box 728
Hobbs, N.M. 88240

4. Article Number
P 046 612 001

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 SD Lyon

6. Signature — Agent
X

7. Date of Delivery
8-14-90

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:
Chevron
P.O. Box 670
Hobbs N.M. 88240

4. Article Number
P 046 612 007

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
8-10-90

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

and 4.
ur address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this
m being returned to you. The return receipt fee will provide you the name of the person delivered
e date of delivery. For additional fees the following services are available. Consult postmaster
nd check box(es) for additional service(s) requested.
ow to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
(Extra charge) (Extra charge)

3. Article Addressed to:
City of U.S.A.
P.O. Box 5025.0
Midland Tx 79710

4. Article Number
P 046 612 005

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

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

6. Signature — Agent
X

7. Date of Delivery
8/14

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) (Extra charge)

3. Article Addressed to:
Meridian
21 Desta Drive
Midland Tx 79705

4. Article Number
P 046 612 003

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

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

6. Signature — Agent
X

7. Date of Delivery
8-10-90

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

3. Article Addressed to:
Parker & Parsley
P.O. Box 3178
Midland, Tx 79702

4. Article Number
P 046 611 998

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

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

6. Signature — Agent
X M Smith

7. Date of Delivery
AUG 10 1990

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

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

3. Article Addressed to:
Tahoe Energy
4402 W. Industrial
Midland Tx 79703

4. Article Number
P 046 612 000

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

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

6. Signature — Agent
X Betty Freeman

7. Date of Delivery
8/10/90

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

3. Article Addressed to:
DALLAS McCASLAND
C/O OIL REPORTS & GAS SERVICES
P.O. BOX 763
HOBBS, NEW MEXICO 88240

4. Article Number
P 046 611 966

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

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:
CHEVRON
ATTN: MR. AL BOHLING
P.O. BOX 670
HOBBS, NEW MEXICO 88240

4. Article Number
P 046 611 963

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
1-24-90

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:
CONOCO
ATTN: MR. HUGH INGRAM
P.O. BOX 460
HOBBS, NEW MEXICO 88240

4. Article Number
P 046 611 965

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
1-24-90

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

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

3. Article Addressed to:
OXY U.S.A.
ATTN: MR. SCOTT GENGLER
P.O. BOX 50250
MIDLAND, TEXAS 79710

4. Article Number
P 046 611 961

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
1-24-90

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:
WISER OIL CO.
700 PETROLEUM BLDG.
WICHITA FALLS, TEXAS 76301

4. Article Number
P 046 611 964

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
1-25-90

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: MR. JIM CRAMER
21 DESTA DRIVE
MIDLAND, TEXAS 79705

4. Article Number
P 046 611 962

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
1-24

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