# HAL J. RASMUSSEN OPERATING, INGO OCT 10 AM 9 13

MIDLAND, TEXAS 79705 (915) 687-1664

October 3, 1990

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

Administrative Approval of an Unorthodox Well Location RE: State "A" a/c 1 #122 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 1 # 122 at an unorthodox well location , located 2100 ft FSL and 660 ft FWL of Section 13, T23S R36E, Lea County, New Mexico. The State "A" a/c 1 # 122 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 1 #122, 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,

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

Operator

#### State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

Wal No.

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

WELL LOCATION AND ACREAGE DEDICATION PLAT All Distances must be from the outer boundaries of the section

| that Foodge Location of Well:  2,000 feet from the Sourt's lifes and food feet from the West T line  2,000 feet from the Sourt's lifes and food feet from the West T line  1. Outline the screege declicated to the subject well by colored pencil or backete marks on the plat below.  2. If more than one lease is declicated to the well, outline each and identify the concernity floored from the to working interest and royalty).  3. If more than one lease of different ownership is declicated to the well, have the interest of all owners been operalisated by communication, non-pooling, each of the well and the state of the second which have samply been consolidated. (Use reverse side of the second with the declinest of the well and the second of the operation of the well and the second of the well and the well and the second of t | Operator             |                   | Van.                                    |   | Lease            |                                     |            |                     | Well No.   |             |
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| that Foodge Location of Well:  2,000 feet from the Sourt's lifes and food feet from the West T line  2,000 feet from the Sourt's lifes and food feet from the West T line  1. Outline the screege declicated to the subject well by colored pencil or backete marks on the plat below.  2. If more than one lease is declicated to the well, outline each and identify the concernity floored from the to working interest and royalty).  3. If more than one lease of different ownership is declicated to the well, have the interest of all owners been operalisated by communication, non-pooling, each of the well and the state of the second which have samply been consolidated. (Use reverse side of the second with the declinest of the well and the second of the operation of the well and the second of the well and the well and the second of t | Hal J. Ras           | smussen Op        | erating, Inc                            | •   | State            | A A/C 1                             |            |                     | 122  |             |
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| The process of the control of Very State of the Control of the Con | L                    | 13                | 23 S                                    | et j  |                  | 36E                                 | NMPN       |                     | a  |             |
| Tenderical Formation   | Actual Footage Local | tion of Well:     |   |   | 1.9              |                                     |            | ^_^                 |  |             |
| Tenderical Formation   | 2100                 | feet from the     | SOUTH                                   | line and  | 6(               |                                     | feet from  | the WEST            | line   |             |
| 1. Outline the screege dedicated to the subject well by colored peech or hackers marks on the plat below.  2. If more than one lease of different connects by it dedicated to the well, have the interest of all owners been consolidated by communication, force-pooling, or otherwise)  It sawer is "one list the owners and trust descriptions which have sensity been consolidated. (Use reverse side of this form if necessary.)  No slow-blow will be satisfied to the well until all interests have been consolidated by communication, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.  Sec. Tion  CONCOLO  Sec. CO.  CO | Ground level Elev.   | Prod              | ucing Formation                         |   |                  |                                     |            |                     |  | टास्परुट:   |
| 1. Outline the screege dedicated to the subject well by colored peech or hackers marks on the plat below.  2. If more than one lease of different connects by it dedicated to the well, have the interest of all owners been consolidated by communication, force-pooling, or otherwise)  It sawer is "one list the owners and trust descriptions which have sensity been consolidated. (Use reverse side of this form if necessary.)  No slow-blow will be satisfied to the well until all interests have been consolidated by communication, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.  Sec. Tion  CONCOLO  Sec. CO.  CO |                      | T                 | WSILL - YAT                             | ES  | Jalmat-          | -TNSL-YTS-7R                        |            |                     | 640  | Acres       |
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| Printed Name  Jay D. Cherski Position  Agent Company  Hal J. Rasmussen Operating, Date  (a) 46  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  Sec. 17000  Sec. 17000  Sec. 17000  Certificate No.  Certificate No.  |                      | ä                 | 1                                       | *LC   |                  |                                     |            | and by my warm      | ~ · · · · · · · · · · · · · · · · · · ·          | '*·         |
| Printed Name  Jay D. Cherski Position Agent Congray Hal J. Rasmussen Operating, Date  (a) 3 96  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.  SEC 1703  23  24  Certificate No.  Certificate No.   |                      | 4                 |   | ]   | 74.              |                                     | 2 3        | ignature            |  |             |
| Printed Name  Jay D. Cherski Position  Agent Company Hal J. Rasmussen Operating, Date  (a) 3 96  SURVEYOR CERTIFICATION  I hereby certify that the well location shown on this plat war 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 browledge and belief.  Date Surveyed  Signature & Seal of Professional Surveyor  Certificate No.   |                      | 4                 | **************************************  |   |                  | <b>1</b>                            | 60 J       | \                   |  | · (/        |
| Jay D. Cherski Position Agent Company  Agent Company  Hal J. Rasmussen Operating, Data  (a) 3 9 6  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 browledge and belief.  Date Surveyed  Signiture & Seal of Professional Surveyor  Certificate No.  |                      | 4                 |   | v de  |                  | <b>.</b> +2.                        | \ P        | rinted Name         | <del>}                                    </del> |             |
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| Agent Company Hal J. Rasmussen Operating, Date  (c) 3 96  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 browledge and belief.  SEC 1710-03  23  SEC 1710-03  Signature & Seal of Professional Surveyor  Certificate No.   |                      |                   |   |   | SEC              |                                     | F          |                     | HELSKI   |             |
| Company  Hal J. Rasmussen Operating, Date  (C) 3   46  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.  Sec. 1710-0  23  Sec. 1710-0  Certificate No.  Certificate No.  |                      | 1,4               | ***                                     | 660   |                  | 13                                  |            |                     |  | 1           |
| Hal J. Rasmussen Operating, Date    Conoco   Conoco  |                      | 1                 |   | 1 27  | <b>-</b>         |                                     | 1 1        |                     |  | <del></del> |
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| 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.  SEC [Tlong   Sec. Tlong    23   Signature & Seal of Professional Surveyor  Certificate No.   |                      | i                 |   | ر المراجعة | , b' A           |                                     | 一十二        |                     |  |             |
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## Offset Operators

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

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

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

Doyle Hartman Oil Operators Inc.
Drawer M
Jal, New Mexico 88252
Attn: Mr. Harold Swain



**GARREY CARRUTHERS** 

GOVERNOR

STATE OF NEW MEXICO

## ENERGY AND MINERALS DEPARTMENT

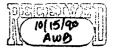
OIL CONSERVATION DIVISION HOBBS DISTRIBO OF TOLE? AM 9 25

10-9-90

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 NSP SWD WFX PMX Gentlemen: I have examined the application for the: AK-1 #122-213-23-36 and my recommendations are as follows: Yours very truly

Supervisor, District 1



### HAL J. RASMUSSEN OPERATING, INC.

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

October 3, 1990

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

Dear Sirs,

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c 1 well no. 122; a proprosed producing well in the Jalmat Pool, as a non-standard location. The well is located 2100 feet FSL and 660 feet FWL of Section (13, T23s, R36E,) Lea County, New Mexico.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Hal J Rasmussen Operating, Inc.

Jay Cherski

EXECUTED THE 7 DAY OF NOV 1990

BY Alan W. Bohling

Provalion Engineer

Chevron, U.S.A.

OIL CONSERS ON DIVISIPAL J. RASMUSSEN OPERATING, INC.

REFE VED

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

'90 OCT 25 AM 9 17

October 22, 1990

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

Dear Mr. Stogner:

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

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

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.

nona Hopkins

Nona Hopkins

Secretary

/nh

Enclosures

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| 1. Show to whom delivered; date, and addressee's a   | ddress. 2.   Restricted Delivery  (Extra charge)   |
| 3. Article Addressed to:   | 4. Artisle Number  |
| Noyle Hartman  | 1 046 612 028  |
| Go Harold Iwain  | Type of Service:   |
| Diawerm.   | Certified COD  |
|  | Express Mail Anturn Receipt for Merchandise  |
| Jal, New Mexico 88252  | Always obtain signature of addressee or agent and DATE DELIVERED.  |
| 5. Signature — Address   | 8. Addressee's Address (ONLY if  |
| X,   | requested and fee paid)  |
| 6. Signature - Agent   |  |
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| 10-10-90   |  |
| Form 3811; Mar. 1988 U.S.G.P.O. 1988-212   | -865 DOMESTIC RETURN RECEIPT   |
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| Jahoe  | P 046 612 022  |
| attn K. A. Freeman   | Type of Service:   |
| 4402 W. Industrial   | Registered Insured COD   |
|  | Express Mail Fletum Receipt for Merchandise  |
| Midland, Ju 19703  | Always obtain signature of addressee   |
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| Form 3811, Mar. 1988 • U.S.Q.P.O. 1988-212-  |  |
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| attn: Robert Lansford  | Type of Service:   |
| P.O. Box 1206  | ☐ Certified ☐ COD  |
| Gal, new Mexico  | Express Mail Return Receipt for Merchandise                          |
| gue, Herr Merce  | Always obtain algnature of addressee                                 |
|  | or agent and DATE DELIVERED.   |
| 5. Signature — Address   | 8. Addressee's Address (ONLY if                                      |
| X SIIOIN (halve)   | requested and fee paid)  |
| 6. Signature - Agent   | 1 .  |
| <b>x</b>   |  |
| 7. Date of Delivery  | 1  |
| 10-9-90 ver  | 1  |
| P8 Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212  | -865 DOMESTIC RETURN RECEIP  |
| SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the rever card from being returned to you. The return receipt fee will pto and the date of delivery. For additional fees the following for fees and check boxies for additional servicels request 1. □ Show to whom delivered, date, and addressee's ad | ee elde. Feilure to do this will prevent this                        |
| 1. Show to whom delivered, date, and addressee's ad (Extra charge)   | dress. 2. Restricted Delivery (Extra charge)                         |
| 3. Article Addressed to:   | 4. Article Number  |
| arev   | P 046 612 023  |
| attn: Kevin Benfro   | Type of Service:   |
|  | Registered Insured   |
| P.O. Box 1610  | COD  Express Mail  Express Mail  COD  Return Receipt for Merchandise |
| midland, Jx 79702  |  |
|  | Always obtain signature of addressee                                 |
|  | or agent and DATE DELIVERED.   |
| 5. Signature - Address   |  |
| l v  | 8: Addressee's Address (ONLY if requested and fee paid)              |
| x  | 8: Addressee's Address (UNLY if requested and fee paid)              |
| 6. Signature Agent   |  |
| 6. Signature Agent   |  |
| 6. Signature Agent   |  |
| 6. Signature Agent X  7. Date of Delivery OCT 9 1990   | requested and fee paid)  |
| 6. Signature Agent X 7. Date of Delivery 1000  | requested and fee paid)  |

| 9 and 4.  Put your address in the "RETL card from being returned to you to end the date of delivery. For for fees and check box(es) for 1.   Show to whom delivere | JRN TO" Space on the rever | services are desired, and complete items se side. Fallure to do this will prevent this rovide you the name of the person delivered services are evallable. Consult postmaster ted.  2. Restricted Delivery (Extra charge) |
|--|----------------------------|---|
| 3. Article Addressed to:   |                            | 4. Article Number   |
| Thace Petro  | leum                       | P 046 612 027   |
| P.O. Brawer  | 2358                       | Type of Service:  |
| midland, I   | 1. 20202                   | ☐ Contified ☐ COD   |
| ·  | 0 111-22                   | Express Mail Return Receipt for Merchandise   |
|  |                            | Always obtain signature of addressee  |
|  | <u> </u>                   | or agent and DATE DELIVERED.  |
| 5. Signature — Address   | ~1                         | 8. Addressee's Address (ONLY if requested and fee paid)   |
| 6. Signature – Agent   | Bor)II                     |   |
| 7. Date of Belivery  | OCT 9 1990                 |   |
| PS Form 3811 Mar 1089  | + II C C D C 1000-210      | POMESTIC PETUDA PROFIES   |

| ■ SENDER: Complete Items 1 and 2 when additional a 3 and 4.  Put your address in the "RETURN TO" Space on the reven card from being returned to you. The return receipt fee will bro end the date of delivery. For additional fees the following for fees and check boxles) for additional service(s) tequest 1. ☐ Show to whom delivered, date, and addressee's additional service(s). | se side. Fallure to do this will prevent this<br>ovide you the name of the person delivered<br>services are evailable. Consult postmaster<br>ed. |
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| 3. Article Addressed to:  | 4. Article Number  |
|   | P046 612 024   |
| Meridian<br>attn: Jim Cramer<br>21 Desta Drive  | Type of Service:   |
| aun gin vame  | Registered Insured   |
| 21 Desta Drive  | Contified Con  |
| midland, Ix 79705   | Express Mail Return Receipt for Merchandise  |
| ",  | Always obtain signature of addressee   |
|   | or agent and DATE DELIVERED.   |
| 5. Signature :- Address /   | 8. Addressee's Address (ONLY if  |
| x Dona  | requested and fee paid)  |
| 6. Signature - Agent  | 1  |
| x   |  |
| 7. Date of Delivery   | 1  |
| 10-9-90   |  |
|   | A A A A A A A A A A A A A A A A A A A  |

PS Form 3811, Mar. 1988 \* Ú.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

| Put your address in the "RETURN TO" Space on the rever-<br>card from being returned to you. The return receipt fee will or<br>to and the date of delivery. For additional fees the followings<br>for fees and check boxies for additional service(s) request<br>1.   Show to whom delivered, date, and addresses's as  | rovide you the name of the person deliver<br>services are available. Consult postmast  |
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| 1. Show to whom delivered, date, and addressee's ad  | dress. 2. Restricted Delivery  |
| (Extra charge) . 3. Article Addressed to:  | (Extra charge) 4. Article Number   |
| C. E. Long   | P 046 612 029  |
| C. E. Long<br>301 n. Colorado  | Type of Service:   |
| 307-11. Constitute   | Registered Insured   |
| midland, Ix 19101  | Contified COD Return Receipt for Merchandise   |
| ·  |  |
|  | Always obtain signature of addresses or sgent and DATE DELIVERED.  |
| 5. Signature Address   | 8. Addressee's Address (ONLY (f  |
| X _  | requested and fee paid)  |
| 6. Signature - Ageny   | 111  |
| x Kandin Biogo Ste. 160  | <b>1</b>   |
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| Cir-ly 00  |  |
| 8 Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-  | -865 DOMESTIC RETURN RECE  |
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| and the same of th | and the second of the second o |
| SENDER: Complete Items 1 and 2 when additional 3 and 4.  | services are desired, and complete its   |
| 9 3 and 4.   | ree side. Failure to do this will prevent t  |
| card from being returned to you. The return receipt fee will r   | provide you the name of the person delive  |
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| (EAR CHURKE)   | ddress. 2.   Restricted Delivery (Extra charge)  |
| 3. Article Addressed to:   | 4. Article Number  |
| Chevron  | P 046 612 013  |
| attn: al Bohling   | Type of Service:   |
|  | Registered Insured   |
| P.O. 130-6 1150  | Express Mail Return Receipt for Merchandise  |
| Midland Ix 79702   | Always obtain signature of addressee   |
| ** 1<br>** A   | or agent and DATE DELIVERED.   |
| 5. Signature - Address   | 8. Addressee's Address (ONLY if  |
| x /  | requested and fee paid)  |
| 6. Signature - Agent   | 1  |
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| 3 and 4.  Put your address in the "RETURN TO" Space on the reversed from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional eservice(e) reque (Extra charge)  3. Article Addressed to:    Julian   Put   Put  | erse side. Failure to do this will prevent provide you the name of the person delivery general services are evaliable. Consult postmated.  4. Article Number   |
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| 3 and 4.  Put your address in the "RETURN TO" Space on the reveal of from being returned to you. The return receipt fee will to and the date of delivery. For additional fees the following for fees and check box(es) for additional eservice(s) requests.  1. Show to whom delivered, date, and addressee's in (Extra charge)  3. Article Addressed to:  4. Local Poul P.O. Bot 730  Thoubbo, Thew Merica' 88246  5. Signature — Address  X.  7. Date of Delivery  8. Signature — Agest  X.  7. Date of Delivery  9. SENDER: Complete items 1 and 2 when additional Put your address in the "RETURN TO" Space on the reverse of the following for fees and check box(es) for additional fees the following for gens and check box(es) for additional service(s) request (Extra charge)  3. Article Addressed to:  Allaa Me Cacland  9. Old Reports items asservice and P.O. Bot 763  | erse side. Failure to do this will prevent provide you the name of the person delivery german services are dealished. Consult postmasted.  4. Article Number  POHC 6/2 021  Type of Service:  Registered Insured  Certified COD  Express Mail Return Receipt for Merchandie  Always obtain eignature of addressee or egent and DATE DELIVERED.  8. Addressee's Address (ONLY if reguested and fee public for Merchandie)  Services are desired, and complete ite is estide. Failure to do this will prevent the services are available. Consult postmasted.  1 services are desired and complete ite is estide. Selfure to do this will prevent the services are available. Consult postmasted.  4. Article Number  POHC 6/2 026  Type of Service:  Registered Insured  Confided Consult postmasted.   |
| 3 and 4.  Put your address in the "RETURN TO" Space on the reveal of from being returned to you. The return receipt fee will to end the date of delivery. For additional fees the following for fees and check box(es) for additional service(s) reque (Extra charge)  3. Article Addressed to:    Jupacu  | erse side. Failure to do this will prevent provide you the name of the person delivery gervices are evallable. Consult postmasted.  4. Article Number  POHO 6/2 021  Type of Service:  Registered Insured  Contilied Consult postmaster.  Always obtain signature of addresse or agent and DATE DELIVERED.  B. Addresses's Address (ONLX if reguested and fee paid)  Personal in the person delivery (Extra charge)  Consult postmaster.  Addresses are desired, and complete ite reguested. Consult postmasted.  A Article Number  A Article Number  O HO 6/2 021  Pestricted Delivery (Extra charge)   |
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## Memon Division

12/18/90 From

'90 DEC 19 AM 8 55

EVELYN DOWNS
Oil Conservation Staff
Specialist

 $\mathscr{T}_o$  Mike Stogner

Re: Hal J. Rasmussen Operating Inc.

State A A/c-1 State A A/c-2 State A A/c-3

Non-standard locations:

The CalO41s are being held on the following wells pending approval of the unorthodox locations, etc.

State A A/c-1 #103-N 11-23-36 --Buck sheet 10/9/90 well is producing (State A-A/c1-1 #122-L 13-23-36 -- Buck-sheet 10/9/90 well is producing

State A A/c-l #54-I 24-23-36 -- buck sheet 10/8/ 90 well is producing

State A A/c-2 #72-K 9-22-36 -- Buck sheet 10-8-90 well is producing

State A A/c-3 #5-G 10-23-36 -- buck sheet 11-8-90 well is producing

State A A/c-2 #33-0 5-22-36 -- buck sheet 10-9-90 well is producing

State A A/c-2 #67-K 9-22-36 -- buck sheet 10-10-90 well is producing

State A A/c-l #45-H 4-23-36 -- need 320 ac NSP(N/2 sec4) reduced by deletion of Unit H which is dedicated to this oil well completion

If you do not have everything you need for these please let me know. Thanks for your help in this matter

Oil Conservation Division PO Box 1980, Hobbs, New Mexico 88241-1980