NSL (SD) 10/13/98

EXXON COMPANY, U.S.A.
POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

HOUSTON PRODUCTION ORGANIZATION
PERMITTING

August 5, 1998

New Mexico "S" State Lease
Unorthodox Location, Well No. 12
Simultaneous Dedication, Well Nos. 12 and 13
Units: A and B
Section 2, T22S - R37E
Lea County, NM
Tubb Oil and Gas Pool
Pool Code 60240

Mr. William J. LeMay
Director
New Mexico Oil Conservation Division
2040 S. Pacheco
Sante Fe, NM 87505

Dear Mr. LeMay:

Exxon Corp. has requested administrative approval for an Unorthodox Location consisting of 160 acres and for Simultaneous Dedication for the Exxon Corp., New Mexico "S" State Wells 12 and 13. The basis for this request is (1) Special Rules and Regulations for the Tubb Oil and Gas Pool, Rule B.2.(a).1 and (2) New Mexico Oil Conservation Division Rule 104.C.(2).(a).

Well No. 12 will become a Tubb Oil and Gas Pool well and occupy the same 160 acre proration unit as the current Tubb producer, Well No. 13. A copy of the C101 and C102 for Well No. 12 is attached. Offset operators were notified by Certified Mail on August 5, 1998, return receipt requested.

Sincerely,

D. Gilman for

Charlotte H. Harper
Permits Supervisor

JRW/bjh
g:\permitng\secrtry\jrw\nm2-07-07-98.doc

RECYCLED

State of New Mexico
Energy, Minerals and Natural Resoures Department

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

Form C 101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells) 3002509961

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

6. State Oil & Gas Lease No. B-934

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

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

7. Lease Name or Unit Agreement Name: NEW MEXICO S STATE

2. Name of Operator: EXXON CORPORATION

8. Well No. 12

3. Address of Operator: ATTN: REGULATORY AFFAIRS
P. O. BOX 4358
HOUSTON, TX 77210

9. Pool name or Wildcat: TUBB OIL & GAS

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 770 Feet From The EAST Line

Section 2 Township 22S Range 37E NMPM LEA County

10. Proposed Depth 6300 | 11. Formation TUBB | 12. Rotary or C.T.

13. Elevations (Show whether DF,RT,GR,etc.) 3370 DF | 14. Kind & Status Plug. Bond BLANKET | 15. Drilling Contractor | 16. Approx. Date Work will start 09/30/98

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

MIRU WELL SERVICE UNIT
CEMENT SQUEEZE THE BLINEBRY PERFORATIONS: ABOUT 5450' TO 5862'
DRILL OUT, CLEAN OUT CEMENT AND WELLBORE TO 6250'
SET CIBP @ ABOUT 6300' WITH 35' OF CEMENT ON TOP
TEST PLUG TO 500#
PERFORATE THE TUBB FORAMTION @ 1 SPF: ABOUT 5906' TO 5978, 5988 TO 6016, 6036 TO 6060, 6072 TO 6120, 6132 TO 6170, 6176 TO 6200, 6210 TO 6245
FRACTURE STIMULATE THE TUBB FORMATION
PUT WELL ON AS A GAS PRODUCER

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 J.R. Ward TITLE Sr. Regulatory Specialist DATE 08/05/98

TYPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
PO Drawer DD, Artesia, NM 88211-0719

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025 09961	060240	Tubb Oil And Gas Pool

Property Code	Property Name	Well Number
004198	New Mexico "S" State	12

OGRID No.	Operator Name	Elevation
007673	Exxon Corporation	3,370'

Surface Location

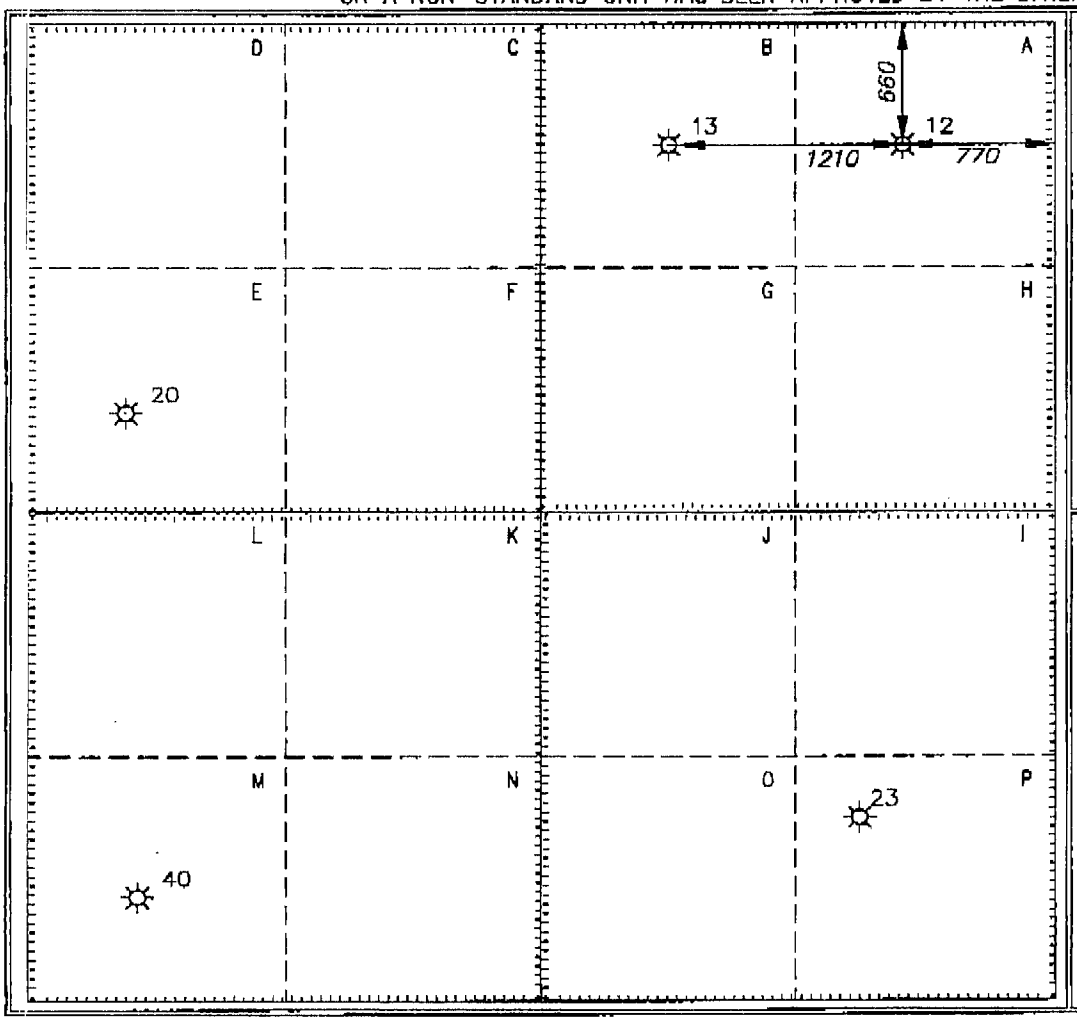
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	2	22/S	37/E		660	North	770	East	Lea

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNITL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

Signature: for CHARLOTTE HARPER

Printed Name: PERMITS SUPERVISOR

Title: 8/5/98

Date

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 belief.

6-6-74

Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

Distance to nearest Town	Drawn By	Date	Drawing File Name
1.6 Miles SE of Eunice, New Mexico.			File No.: A-01839W

EXXON COMPANY, U.S.A.
POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

HOUSTON PRODUCTION ORGANIZATION
PERMITTING

August 5, 1998

New Mexico "S" State Lease
Unorthodox Location, Well No. 12
Simultaneous Dedication, Well Nos. 12 and 13
Units: A and B
Section 2, T22S - R37E
Lea County, NM
Tubb Oil and Gas Pool
Pool Code 60240

Mr. William J. LeMay
Director
New Mexico Oil Conservation Division
2040 S. Pacheco
Sante Fe, NM 87505

Dear Mr. LeMay:

Exxon Corp. has requested administrative approval for an Unorthodox Location consisting of 160 acres and for Simultaneous Dedication for the Exxon Corp. New Mexico "S" State Wells 12 and 13. The basis for this request is (1) Special Rules and Regulations for the Tubb Oil and Gas Pool, Rule B.2.(a).1 and (2) New Mexico Oil Conservation Division Rule 104.C.(2).(a).

Well No. 12 will become a [illegible] well and occupy the 160 acre proration unit as the current Tubb producer, Well No. 13. A copy of the application for Well No. 12 to the Hobbs Offset Operators were notified by Certified Mail on August 5, 1998, return receipt requested.

Sincerely,

D. Allman for
Charlotte H. Harper
Permits Supervisor

JRW/bjh
g:\permitng\secrtry\jrw\nm2-07-07-98.doc

New Mexico S State #12
Offset Operators
Lea County, New Mexico

OXY USA INC.
P.O. Box 50250
Midland, Texas 79710

MARATHON OIL COMPANY
P.O. Box 552
Midland, Texas 79702

CROSS TIMBERS OPERATING CO.
810 Houston Street, Suite 2000
Fort Worth, Texas 76102

APACHE CORPORATION
2000 Post Oak Blvd., Suite 100
Houston, Texas 77056-4400

J. H. Hendrix Corporation
P.O. Box 3040
Midland, Texas 79702

PROSPECTIVE INVESTMENT &
TRADING CO., LTD
P.O. Box 702320
Tulsa, Oklahoma 74170

G:\PERMITNG\SECRTRY\JRW\New Mexico S State.doc

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

J. H. Hendrix Corporation
P O Box 3040
Midland, TX 79702

4a. Article Number: Z 095 641 086

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

nm "8" State 12

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

APACHE CORPORATION
2000 Post Oak Blvd., Suite 100
Houston, TX 77056-4400

4a. Article Number: Z 095 641 067

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 8-10-98

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

nm "9" State 12

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARATHON OIL COMPANY
P.O. Box 552
Midland TX 79702

4a. Article Number: Z 740 404 648

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

nm "9" State 12

Is your RETURN ADDRESS completed on the reverse side?

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2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

PROSPECTIVE INVESTMENT & TRADING CO., LTD
P.O. Box 702120
Tulsa, OK 74170

4a. Article Number: Z 095 641 069

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 8 10

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

nm 16s' slate #12

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- 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. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

OXY USA INC.
P.O. Box 50250
Midland, TX 79710

4a. Article Number: Z 095 641 265

4b. Service Type
☐ Registered ☑ Certified
☑ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 8/10/98

5. Received By: (Print Name): Robert Mitchell

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

nm 16s' slate #12

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

SENDER:
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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GROSS TIMBERS OPERATING CO.
810 Houston St., Suite 2000
Fort Worth, TX 76102

4a. Article Number: Z 095 641 160

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: AUG 10

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

nm 16s' slate #12

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

State of New Mexico
Energy, Minerals and Natural Resoures Department

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

Form C 101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

API NO. (assigned by OCD on New Wells) 3002509961

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

6. State Oil & Gas Lease No. B-934

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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

7. Lease Name or Unit Agreement Name: NEW MEXICO S STATE

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

2. Name of Operator: EXXON CORPORATION

8. Well No. 12

3. Address of Operator: ATTN: REGULATORY AFFAIRS
P. O. BOX 4358
HOUSTON, TX 77210

9. Pool name or Wildcat: TUBB OIL & GAS

4. Well Location
Unit Letter A : 660 Feet From The NORTH Line and 770 Feet From The EAST Line

Section 2 Township 22S Range 37E NMPM LEA County

10. Proposed Depth	11. Formation	12. Rotary or C.T.
6300	TUBB	

13. Elevations (Show whether DF,RT,GR,etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3370 DF	BLANKET		09/30/98

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

MIRU WELL SERVICE UNIT
CEMENT SQUEEZE THE BLINEBRY PERFORATIONS: ABOUT 5450' TO 5862'
DRILL OUT, CLEAN OUT CEMENT AND WELLBORE TO 6250'
SET CIBP @ ABOUT 6300' WITH 35' OF CEMENT ON TOP
TEST PLUG TO 500#
PERFORATE THE TUBB FORAMTION @ 1 SPF: ABOUT 5906' TO 5978, 5988 TO 6016, 6036 TO 6060, 6072 TO 6120, 6132 TO 6170, 6176 TO 6200, 6210 TO 6245
FRACTURE STIMULATE THE TUBB FORMATION
PUT WELL ON AS A GAS PRODUCER

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 J. R. Ward TITLE Sr. Regulatory Specialist DATE 08/05/98

TYPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
PO Drawer DD, Artesia, NM 88211-0719

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

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025 09961	060240	Tubb Oil And Gas Pool

Property Code	Property Name	Well Number
004198	New Mexico "S" State	12

OGRID No.	Operator Name	Elevation
007673	Exxon Corporation	3,370'

Surface Location

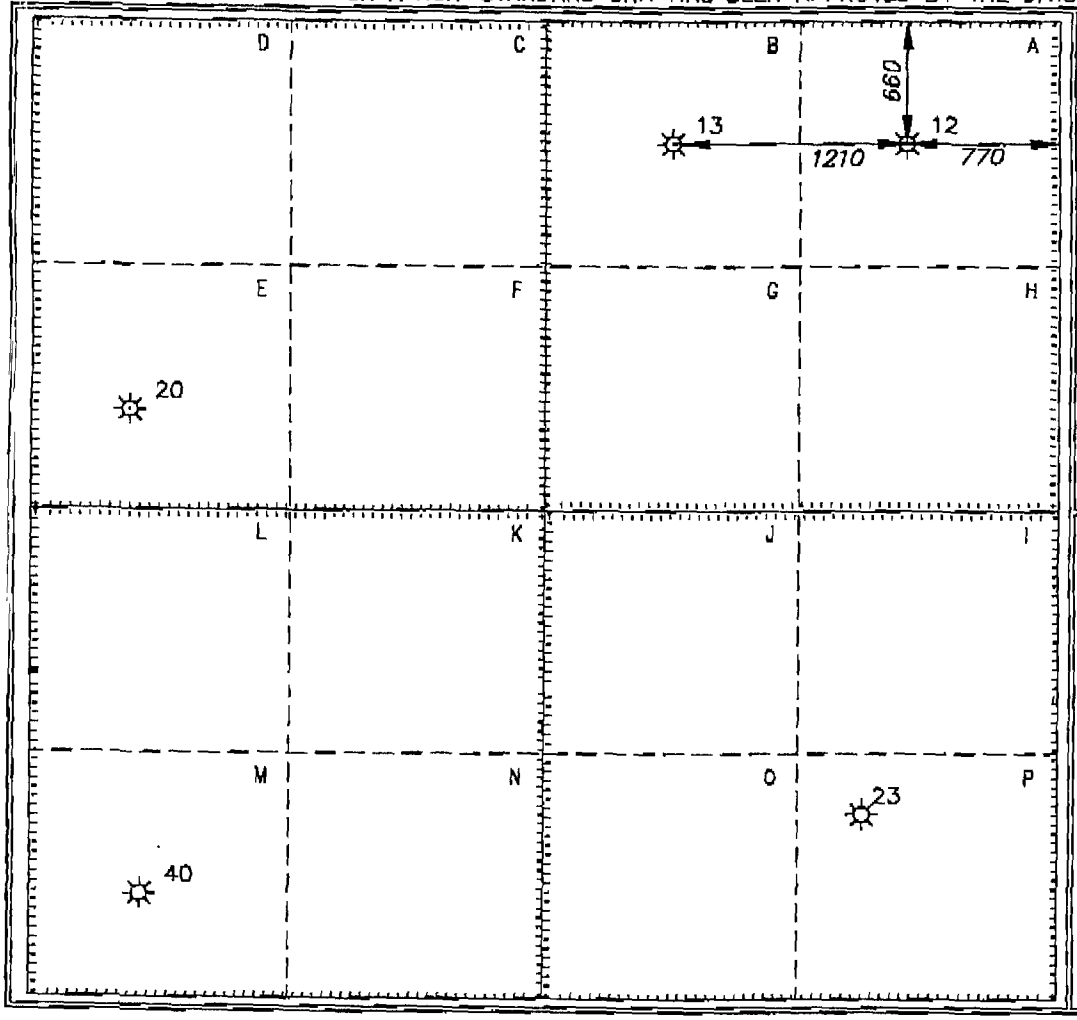
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	2	22/S	37/E		660	North	770	East	Lea

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

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNITL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

Signature

for CHARLOTTE HARPER

Printed Name

Permits Supervisor

Title

8/5/98

Date

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 belief.

6-6-74

Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

Distance to nearest Town	Drawn By	Date	Drawing File Name
1.6 Miles SE of Eunice, New Mexico.			File No.: A-01839W

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

09/30/98 15:26:49
OGOIV -EMFH
PAGE NO: 1

Sec : 02 Twp : 22S Rng : 37E Section Type : NORMAL

4	3	2	1
39.78	39.76	39.76	39.74
CS	CS	CS	CS
B00934 0016 11/38	B00934 0016 11/38	B00934 0000 11/38	B00934 0000 11/38
EXXON CORP	EXXON CORP	EXXON CORP	EXXON CORP
U	U	U	U
A A	A A A	A A A	A A
E	**F**	**G**	**H**
40.00	40.00	40.00	40.00
CS	CS	CS	CS
B00934 0016 11/38	B00934 0016 11/38	B00934 0000 11/38	B00934 0000 11/38
EXXON CORP	EXXON CORP	EXXON CORP	EXXON CORP
U	U	U	U
P A A	A A	A A	A

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12

1 1 1
79.74
79.76
159.50

Sec : 02 Twp : 22S Rng : 37E Section Type : NORMAL

L	K	J	I
40.00	40.00	40.00	40.00
CS	CS	CS	CS
B00934 0016 11/38	B00934 0016 11/38	B00934 0000 11/38	B00934 0000 11/38
EXXON CORP	EXXON CORP	EXXON CORP	EXXON CORP
C U	C U	U	U
A A A	A A	A	A A

M	N	O	P
40.00	40.00	40.00	40.00
CS	CS	CS	CS
B00934 0021 11/38	B00934 0016 11/38	B00934 0000 11/38	B00934 0000 11/38
EXXON CORP	EXXON CORP	EXXON CORP	EXXON CORP
C U	C U	U	U
A A	A A	A A	A A

CMD : ONGARD 09/30/98 15:27:13
OG6IWCM INQUIRE WELL COMPLETIONS OGOIV -EMFH

API Well No : 30 25 9962 Eff Date : 04-22-1994 WC Status : A
Pool Idn : 86440 TUBB OIL & GAS (PRO GAS)
OGRID Idn : 7673 EXXON CORP
Prop Idn : 4198 NEW MEXICO S STATE

Well No : 013
GL Elevation: 3362

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act(P/A)
B.H. Locn :	2	2	22S	37E	FTG 660 F N	FTG 1980 F E	A

Lot Identifier:
Dedicated Acre: 159.50
Lease Type : S
Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 PF08 PF09 PF10 NEXT-WC PF11 HISTORY PF12 NXTREC