

CASE NO.

1 1 0 3 3

LEASE & WELL NAME

STATE COM AJ NO. 34E

LOCATION

1185' FSL & 1485' FWL

SEC. 36, T-32N, R-12W

SAN JUAN COUNTY

POOLS TO BE DOWNHOLE COMMINGLED

Glades Fruitland Sand

Basin Dakota

STATE LEASE NOS. AT WELL LOCATION

Fruitland Sand: E-5152-3

Dakota: E-5152-3

SPACING UNITS

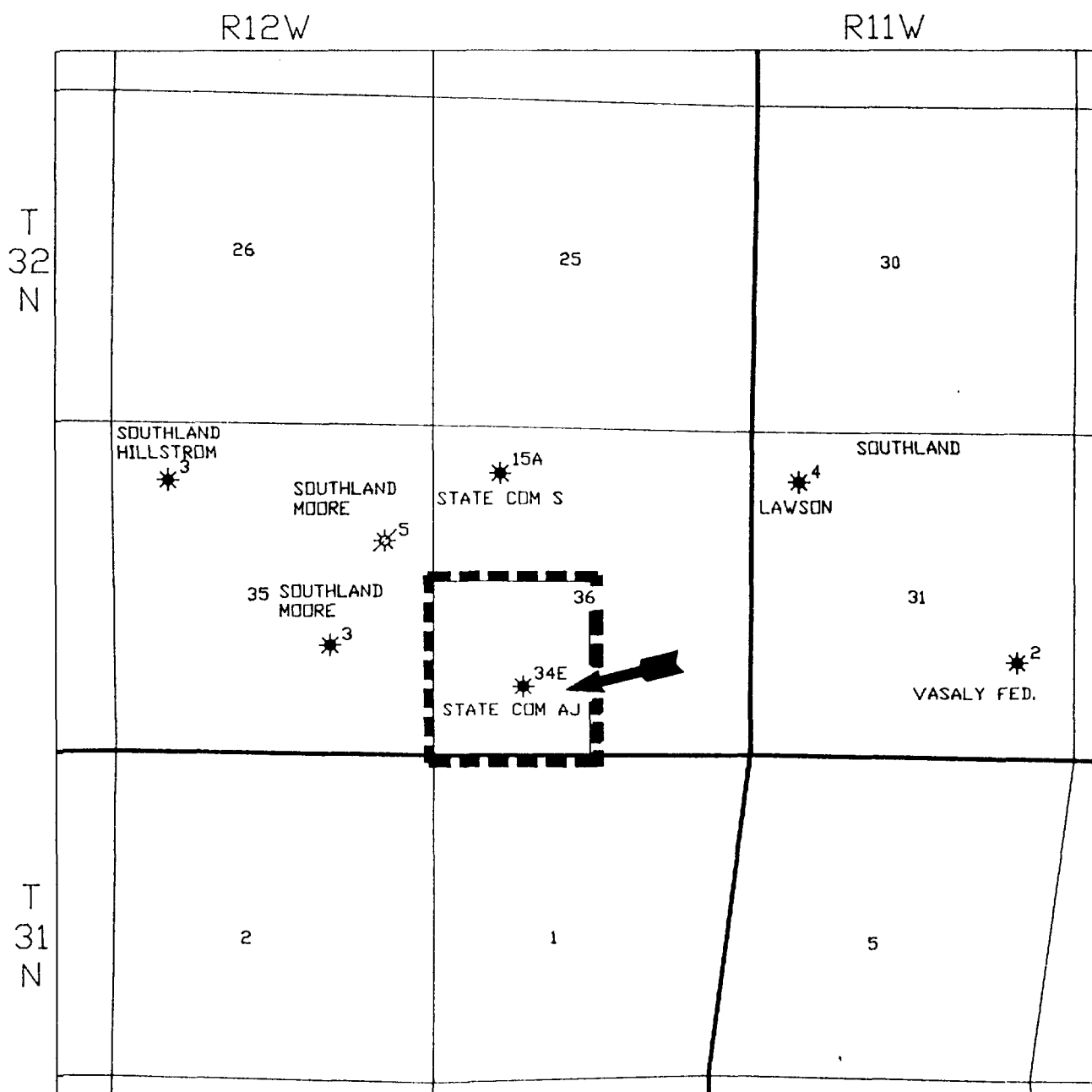
Fruitland Sand: SW/4, Sec. 36 -- 160 acres

Dakota: W/2, Sec. 36 -- 320 acres


*Exhibits 1 through 11
Complete Set*

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 1
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

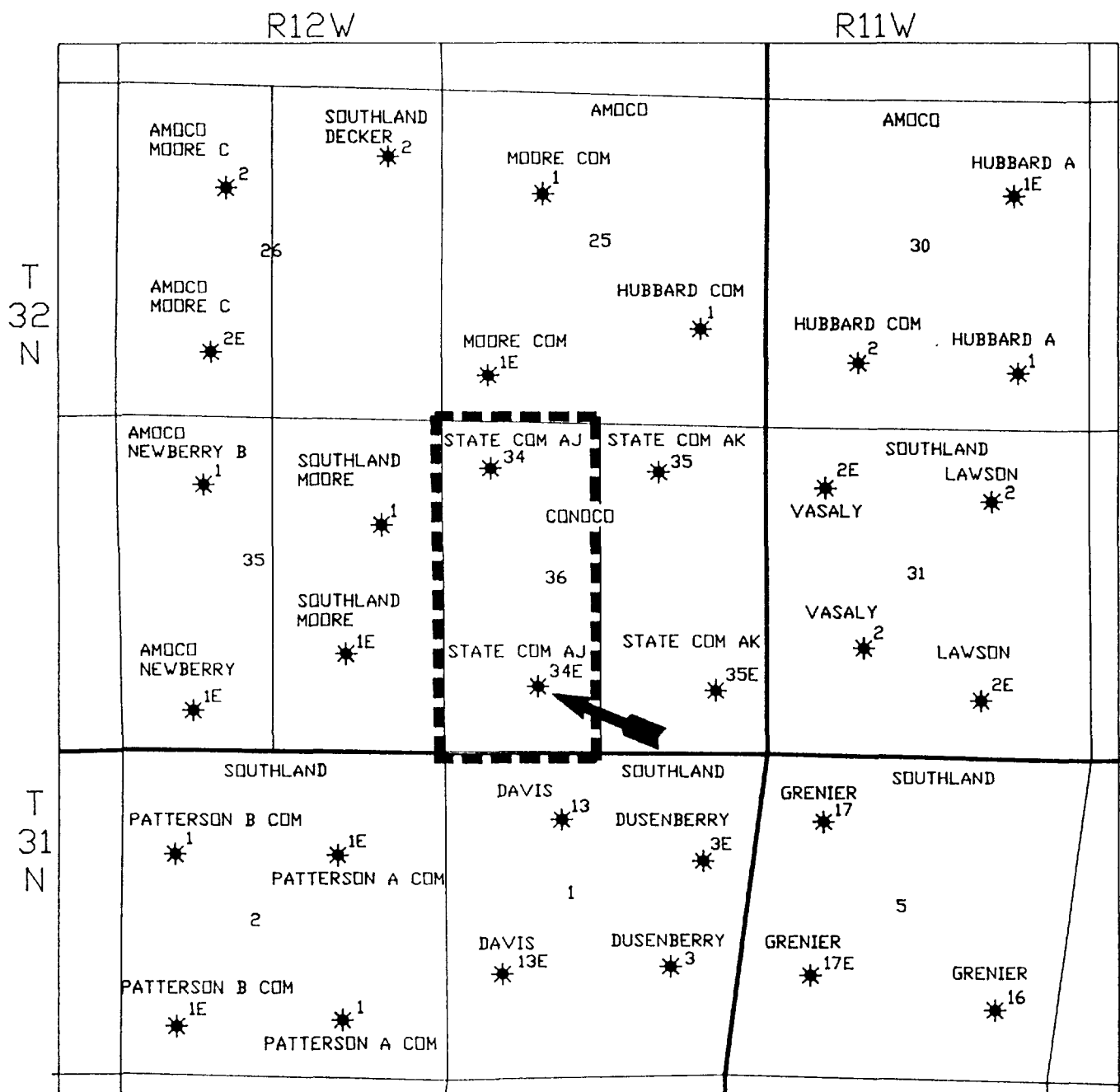


--- FRUITLAND SAND PRORATION UNIT


		EPNGNA MIDLAND DIVISION
STATE COM AJ 34E FRUITLAND SAND WELLS		
		DRAWING NO. PL1144

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 2-A
 CASE NO.: 11033
 Submitted by: Conoco Inc.
 Hearing Date: Sept 1, 1994



--- DAKOTA PRORATION UNIT

		EPNNA MIDLAND DIVISION
STATE COM AJ 34E DAKOTA WELLS ONLY		
		DRAWING NO. PL1143

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 2-B
 CASE NO.: 11033
 Submitted by: Conoco Inc.
 Hearing Date: Sept 1, 1994

State Com AJ #34 36-32N-12W Fruitland Sand (SW/4) Dakota (W/2)	Interest Type*	Fruitland Sand	Interest Type*	Mesaverde
Conoco Inc.	W	0.77960270	W	0.75573430
Conoco A/C Mesa Royalty Trust	CWI	0.08909720	CWI	0.08671690
Conoco A/C Shirley Bernstein	CWI	0.00002080	CWI	0.00002030
Conoco A/C Atwell & Company	CWI	0.00002360	CWI	0.00002290
Conoco A/C Kathleen B. Lipkins	CWI	0.00000570	CWI	0.00000560
Commissioner of Public Lands	R	0.12500000	R	0.12500000
Margaret Allinson Laycock	ORRI	0.00000000	ORRI	0.00058500
Thomas R. Lavery	ORRI	0.00000000	ORRI	0.00101750
Ruth C. Fritts Trust	ORRI	0.00312500	ORRI	0.00156250
James W. Wilson	ORRI	0.00000000	ORRI	0.00148500
James Fritz - Gerald III	ORRI	0.00000000	ORRI	0.00078120
Sharon McAdams Steinberg	ORRI	0.00000000	ORRI	0.00312500
Kitty King Powell	ORRI	0.00000000	ORRI	0.00297000
J.W. Hershey	ORRI	0.00000000	ORRI	0.00594000
Kitty King Powell Marital Trust	ORRI	0.00000000	ORRI	0.00297000
Duff-Leach Family trust	ORRI	0.00156250	ORRI	0.00078130
John B. Allinson, Jr.	ORRI	0.00000000	ORRI	0.00058500
Chilegram	ORRI	0.00000000	ORRI	0.00625000
Ted Edward Duff, Trustee	ORRI	0.00156250	ORRI	0.00078120
Ben Dansby, Jr.	ORRI	0.00000000	ORRI	0.00156260
Stanley Neely	ORRI	0.00000000	ORRI	0.00074250
Michael Fitz - Gerald	ORRI	0.00000000	ORRI	0.00078120
Kelley A. Murrell	ORRI	0.00000000	ORRI	0.00058500

* LEGEND:

W = Working Interest
CWI = Carried Working Interest
R = Royalty Interest
O = Overriding Royalty Interest

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 3
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Southland Royalty Company
% Meridian Oil Inc.
P.O. Box 4289
Farmington, NM 87499-4289

4a. Article Number
Z 111 016 234

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

7. Date of Delivery
6-22-94

5. Signature (Addressee)

6. Signature (Agent)
John Harrellson

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Amoco Production Company
P.O. Box 800
Denver, CO 80201

4a. Article Number
Z 111 016 235

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

7. Date of Delivery
6-22-94

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Commissioner of Public Lands
State of New Mexico
P.O. Box 1148
Santa Fe, NM 87504-1148

4a. Article Number
Z 111 016 232

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

7. Date of Delivery
JUN 23 1994
USPS

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Charles B. Gonsales
P.O. Box 2509
Santa Fe, NM 87504-2509

4a. Article Number
Z 111 016 233

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

7. Date of Delivery
JUN 23 1994
USPS

5. Signature (Addressee)
Charles B. Gonsales

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Stanley Neely
2200 Ross Avenue, Suite 2200
Dallas, TX 75201-6766

4a. Article Number
Z 111 016 229

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

7. Date of Delivery
JUN 22 1994

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Michael Fitz-Gerald
P.O. Box 710
Midland, TX 79702-0710

4a. Article Number
Z 111 016 230

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

7. Date of Delivery
6-21-94

5. Signature (Addressee)

6. Signature (Agent)
Alfred C. Williams

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

John B. Allinson, Jr.
P.O. Box 16
Knickerbocker, TX 76939-0016

4a. Article Number
Z 111 016 227

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

7. Date of Delivery
6-22-94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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:

Ted Edward Duff, Trustee
T. E. Duff Trust
P.O. Box 9908
Midland, TX 79708-9908

4a. Article Number
Z 111 016 228

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

7. Date of Delivery
6-22-94

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

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

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 4
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Kitty King Powell Marital Trust
% Powell Interests
1001 Fannin, Suite 1325
Houston, TX 77002-6706

4a. Article Number
2 111 016 225

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

7. Date of Delivery
JUN 2 1994

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Duff-Leach Family Trust
Judith Dianne Duff Leach and
Kenneth C. Leach, Co-Trustees
% Judith Dianne Duff Leach
P.O. Box 30396
Albuquerque, NM 87190-0396

4a. Article Number
2 111 016 226

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

7. Date of Delivery
25 June 1994

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Ben Dansby, Jr.
P.O. Box 710
Midland, TX 79702-0710

4a. Article Number
2 111 016 223

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

7. Date of Delivery
6-21-94

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

J. W. Hershey
P.O. Box 130244
Houston, TX 77219-0244

4a. Article Number
2 111 016 224

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

7. Date of Delivery
6/23/94

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Sharon McAdams Steinberg
1058 Palm Street
Saginaw, TX 78155-3255

4a. Article Number
2 111 016 221

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

7. Date of Delivery
6/22/94

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Kitty King Powell
% Powell Interests
1001 Fannin, Suite 1325
Houston, TX 77002-6706

4a. Article Number
2 111 016 222

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

7. Date of Delivery
JUN 22 1994

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

James W. Wilson
3218 Reba Drive
Houston, TX 77019-6212

4a. Article Number
2 111 016 219

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

7. Date of Delivery
6-21-94

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

James Fitz-Gerald, III
P.O. Box 1565
Midland, TX 79702-1565

4a. Article Number
2 111 016 220

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

7. Date of Delivery
6-21-94

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Thomas R. Lavery
1313 Glen Lakes Tower
4400 North Central Expressway
Dallas, TX 75216-1720

4a. Article Number
2 111 016 217

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

7. Date of Delivery
6-23

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Ruth C. Fritts
Trust A of Fritts Living Trust No. 2
P.O. Box 868
Roswell, NM 88202-0868

4a. Article Number
2 111 016 218

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

7. Date of Delivery
6-21-94

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Conoco A/C Kathleen B. Lipkins
654 Madison Avenue
New York, NY 10021-8404

4a. Article Number
2 111 016 215

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

7. Date of Delivery
6/24/94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Margaret Allinson Laycock
1511 West 31st Street
Austin, TX 78703-1405

4a. Article Number
2 111 016 216

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

7. Date of Delivery
6-22

5. Signature (Addressee)

6. Signature (Agent)
[Signature]

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Conoco A/C Shirley Bernstein
654 Madison Avenue
New York, NY 10021-8404

4a. Article Number
2 111 016 213

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

7. Date of Delivery
6/24/94

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Conoco A/C Atwell & Company
% United States Trust Co.
of New York
Box 456, Wall Street Station
New York, NY 10005

4a. Article Number
2 111 016 214

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

7. Date of Delivery
JUN 23 1994

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

REGISTERED NO.
R491047195

POSTMARK OF
JUL 20 1994
USPO

Post Office Completion
 Reg. Fee \$ 4.10
 Handling Charge \$
 Postage \$ 7.60
 Special Delivery \$
 Return Receipt \$
 Restricted Delivery \$
 Received by *[Signature]*
 Int'l ☐

Customer must declare Full value \$
☐ With Postal Insurance
☐ Without Postal Insurance
 \$25,000 Domestic Ins. Limit

Customer Completion (Please Print)
 FROM
 CONOCO INC.
 10 DESIST DRIVE STE 100
 LINDEN, TX 75703
 TO
 CH. H. GUNN
 295112 3031
 LINDEN, TX 75703

PS Form 3806, RECEIPT FOR REGISTERED MAIL (Customer Copy)
June 1986
(See Information on Reverse)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Conoco A/C Mesa Royalty Trust
P.O. Box 1267
Ponca City, OK 74602-1267

4a. Article Number
2 111 016 212

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

7. Date of Delivery
JUN 23 1994

5. Signature (Addressee)
[Signature]

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 * U.S.G.P.O.: 1992-307-530 DOMESTIC RETURN RECEIPT

PS Form 3800, March 1993

Postmark of Date
6/20/94

Return Receipt Showing to Whom & Date Delivered
 Return Receipt Showing to Whom, Date, and Addressee's Address
 TOTAL Postage & Fees \$

Special Delivery Fee
 Restricted Delivery Fee
 Certified Fee
 Postage \$
 P.O.
 Kelley A. Murrell
 3512 Cornell
 Dallas, TX 75205-2817

2 111 016 231

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

Submit 2 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

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-1116
Revised 1/1/89

GAS - OIL RATIO TEST

Operator Conoco Inc.		Pool Basin Dakota & Glades Fruitland Sand		County San Juan									
Address 10 Desta Drive, Ste 100W, Midland, TX 79705		TYPE OF TEST - (0)		Average Daily Rates for April, 1994 Completion <input type="checkbox"/> Scheduled <input type="checkbox"/>									
LEASE NAME	WELL NO.	LOCATION			CHOKE SIZE	TUBG PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST			GAS - OIL RATIO CU FT/BSL.	
		U	S	T					R	WATER BLS.	GRAV. OIL		OIL BLS.
State Com AJ (Fruitland)	34E	N	36	32N	12W	--	--	N/A	--	--	--	13	--
	34E	N	36	32N	12W	--	--	Marginal Well	--	--	--	133	--

Instructions:

During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.
Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.
Report casing pressure in lieu of tubing pressure for any well producing through casing.

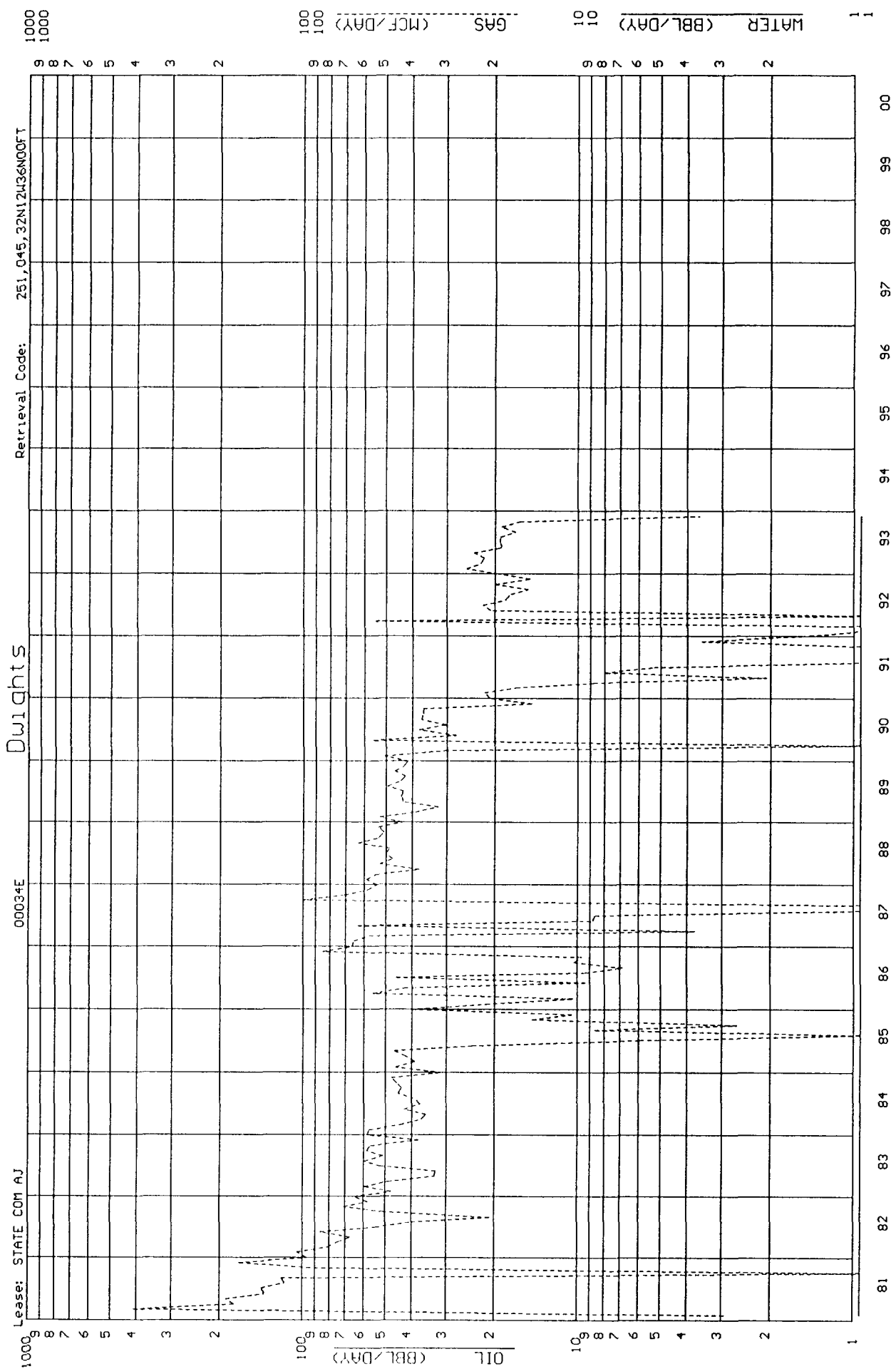
(See Rule 301, Rule 1116 & appropriate pool rules.)

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

Signature	Sr. Conservation
Jerry W. Hoover,	Coordinator
Printed name and title	
6/17/94	(915) 686-6548
Date	Telephone No.

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 5
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



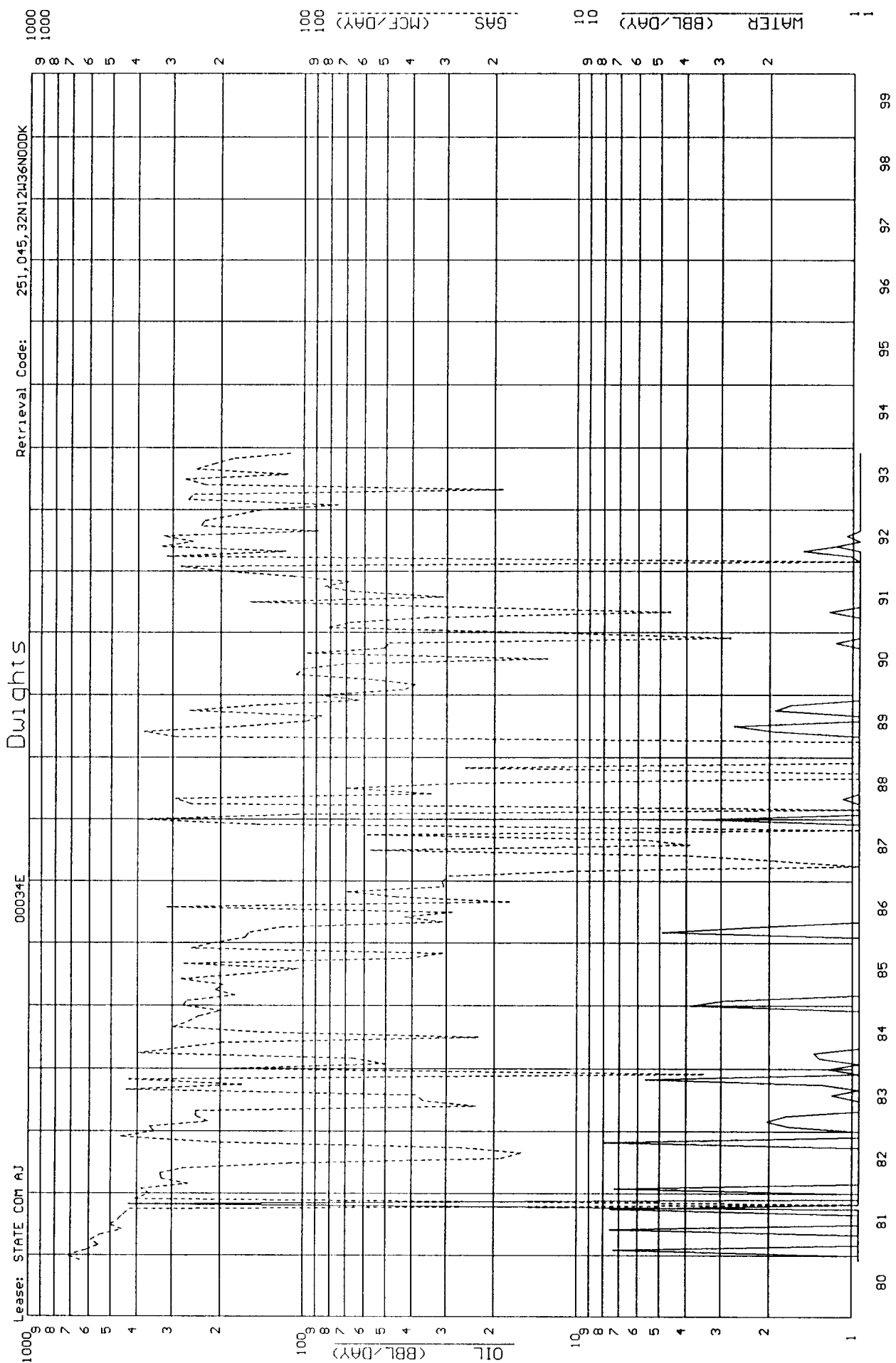
County:	SAN JUAN	State:	NM
Field:	GLADES (FRUITLAND) FT		
Reservoir:	FRUITLAND		
Operator:	CONOCO INC		
Oil Cum:	34	Gas Cum:	202603
Location:	36N 32N 12W		

F.P. Date 01-81

Date: 05-13-94

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 6-A
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



County:	SAN JUAN	State:	NM
Field:	BASIN (DAKOTA) DK		
Reservoir:	DAKOTA		
Operator:	CONOCO INC		
Oil Cum:	3198	Gas Cum:	81355
Location:	36N 32N 12W		

F.P. Date 11-80

Date: 05-13-94

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 6-B
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



1115 FARMINGTON AVE. - FARMINGTON, NM 87401
(505) 325-6622

ANALYSIS NO. CON20180

WELL/LEASE INFORMATION

COMPANY: CONOCO, INC.

WELL NAME: STATE COM AJ #34E

PRESSURE: 54 PSIG

LEASE:

SAMPLE TEMP.: 63 DEG.F

COUNTY: SAN JUAN

WELL FLOWING: YES

FORMATION: Fruitland Sand

DATE SAMPLED: 10/23/92

METER NO.: 066-010-130

SAMPLED BY: J. DAVIS

REMARKS:

ANALYSIS

COMPONENT	MOLE %	GPM	*B.T.U.	*SP. GR.
NITROGEN	0.428	0.0000	0.00	0.0041
CO2	0.139	0.0000	0.00	0.0021
METHANE	78.007	0.0000	789.67	0.4321
ETHANE	9.459	2.5809	167.77	0.0982
PROPANE	7.741	2.1762	195.23	0.1179
I-BUTANE	1.360	0.4536	44.31	0.0273
N-BUTANE	1.599	0.5141	52.27	0.0321
I-PENTANE	0.448	0.1672	17.96	0.0112
N-PENTANE	0.310	0.1144	12.45	0.0077
HEXANE	0.509	0.2266	26.18	0.0164
TOTAL	100.000	6.2330	1305.84	0.7491

* @ 14.730 PSIA DRY & UNCORRECTED FOR COMPRESSIBILITY

COMPRESSIBILITY FACTOR (1/Z) 1.0040
BTU/CU.FT. (DRY) CORRECTED FOR (1/Z) 1337.3
BTU/CU.FT. (WET) CORRECTED FOR (1/Z) 1314.1
REAL SPECIFIC GRAVITY 0.7517

ANALYSIS RUN AT 15.025 PSIA & 60 DEGREES F

CYLINDER PRESSURE: 49 PSIG

CYLINDER NO.: GAS-ATZ019

DATE RUN: 10/25/92

ANALYSIS RUN BY: CHELLE DURBIN

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 7-A
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



1115 FARMINGTON AVE. - FARMINGTON, NM 87401

(505) 325-6622

ANALYSIS NO. CON20179

WELL/LEASE INFORMATION

COMPANY: CONOCO, INC.

WELL NAME: STATE COM AJ 34E

PRESSURE: 52 PSIG

LEASE:

SAMPLE TEMP.: 63 DEG.F

COUNTY: SAN JUAN

WELL FLOWING: YES

FORMATION: DAKOTA

DATE SAMPLED: 10/23/92

METER NO.: 066-010-034

SAMPLED BY: J. DAVIS

REMARKS:

ANALYSIS

COMPONENT	MOLE %	GPM	*B.T.U.	*SP. GR.
NITROGEN	0.239	0.0000	0.00	0.0023
CO2	2.372	0.0000	0.00	0.0360
METHANE	85.921	0.0000	869.78	0.4759
ETHANE	6.991	1.9075	123.99	0.0726
PROPANE	2.408	0.6770	60.73	0.0367
I-BUTANE	0.503	0.1677	16.38	0.0101
N-BUTANE	0.614	0.1974	20.07	0.0123
I-PENTANE	0.284	0.1059	11.38	0.0071
N-PENTANE	0.185	0.0685	7.45	0.0046
HEXANE	0.483	0.2149	24.84	0.0155
TOTAL	100.000	3.3389	1134.62	0.6731

* @ 14.730 PSIA DRY & UNCORRECTED FOR COMPRESSIBILITY

COMPRESSIBILITY FACTOR (1/Z) 1.0030

BTU/CU.FT. (DRY) CORRECTED FOR (1/Z) 1160.9

BTU/CU.FT. (WET) CORRECTED FOR (1/Z) 1140.7

REAL SPECIFIC GRAVITY 0.6749

ANALYSIS RUN AT 15.025 PSIA & 60 DEGREES F

CYLINDER PRESSURE: 49 PSIG

CYLINDER NO.: GAS-ATZ047

DATE RUN: 10/25/92

ANALYSIS RUN BY: CHELLE DURBIN

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 7-B
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

STATE COM AJ NO. 34E

BOTTOMHOLE PRESSURE DATA

<u>POOL</u>	<u>PERFS</u>	<u>DATUM</u>	<u>BHP</u>	<u>% of Higher Pressure</u>
Fruitland Sand	2800' (top)	5223'	145	28
Dakota	7646'-7658'	5223'	551	--

BTU-WEIGHTED PRODUCTION PERCENTAGES

<u>POOL</u>	<u>MCFGPD</u>	<u>BTU/CU FT</u>	<u>% of Production</u>
Fruitland Sand	13	1337	10.12
Dakota	133	1161	89.88

ECONOMIC LIMIT CALCULATIONS

<u>OPERATING COSTS</u>	Direct Operating Expense	\$700/Month
	Overhead/Accounting Expense	<u>\$600/Month</u>
	TOTAL OPERATING COSTS	\$1300/Month

WORKOVER COSTS.....\$20,000 / Workover

CURRENT GAS PRICE.....\$1.35 / MCFG

ECONOMIC LIMIT WITHOUT WORKOVER COSTS.....37 MCFGPD

ECONOMIC LIMIT WITH WORKOVER COSTS.....49 MCFGPD

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 8
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

RESERVOIR SIMULATIONS OF GAS FLOW IN
DUAL & COMMINGLED COMPLETIONS

IMEX BLACK OIL SIMULATOR

INPUT

OUTPUT

Dry Gas Reservoir
Two Zones
160 Acre Spacing
.2 Millidarcies
Fruitland Porosity = 10%
Fruitland NEP = 20 Ft.
Dakota Porosity = 12%
Dakota NEP = 48 Ft.
Avg. Water Sat. = 32%

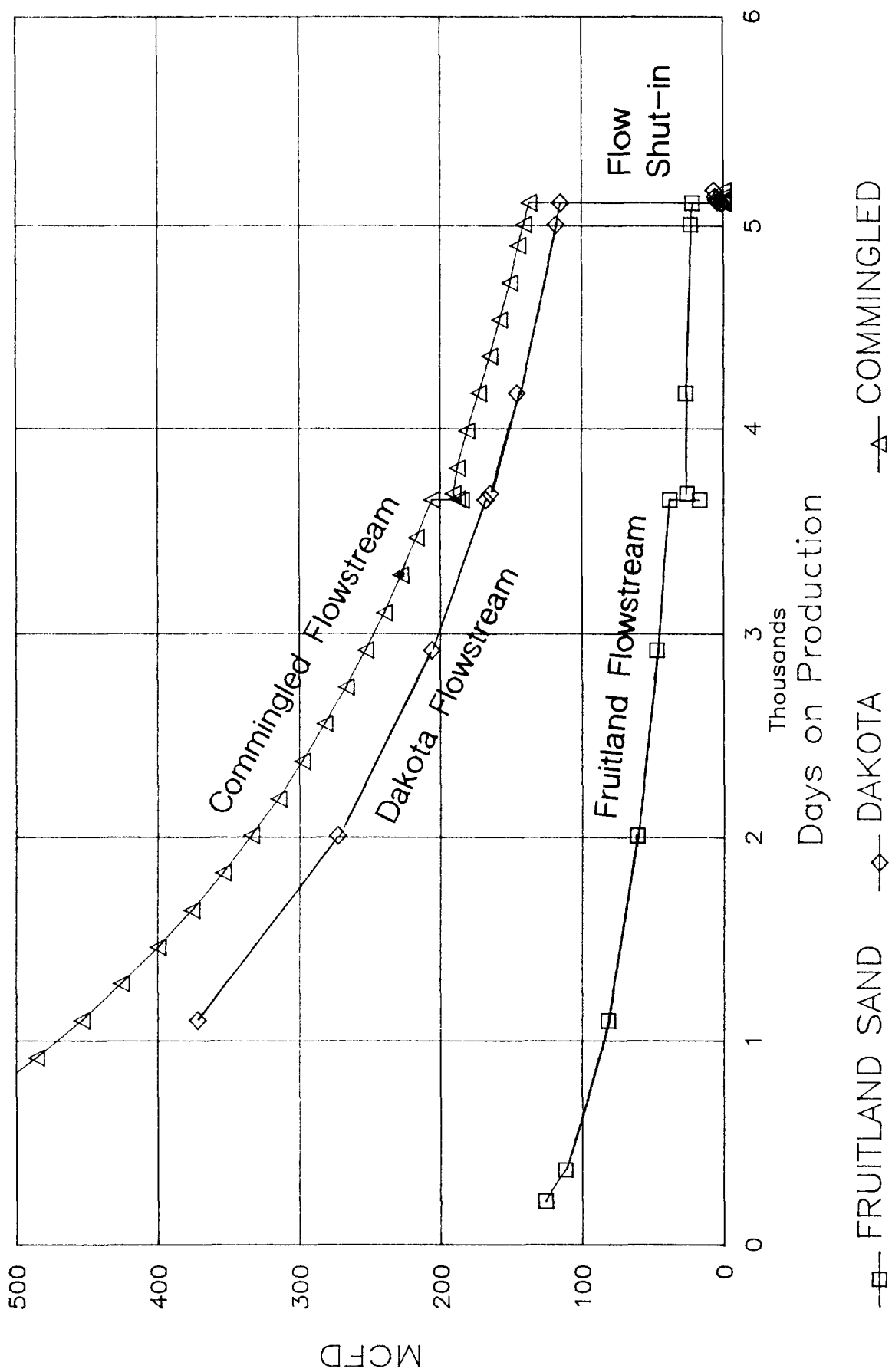
Day	Fruitland Sand MCFD	Dakota MCFD	Commingled MCFD
1			2500
6			2500
15			999
60			838
212	126	567	693
365	112	503	615
548			561
730			521
912			486
1095	82	372	454
1278			426
1460			400
1643			376
1825			354
2008	61	273	334
2190			315
2373			298
2555			282
2738			267
2920	47	206	253
3103			240
3285			228
3468			217
3650	38	168	206
3651	17	168	185
3656			188
3681	26	165	191
3806			188
3989			181
4171	27	146	173
4354			165
4536			158
4719			151
4901			145
5006	23	118	141
5110	22	115	137
5111	-1	1	0.002
5112	-1.6	1.6	0.002
5113	-2	2	0.002
5118	-4	4	0.002
5125	-5	5	0.002
5140	-6	6	0.002
5171	-7	7	0.002

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 9-A
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

DAKOTA/FRUITLAND SD COMMINGLING

SIMULATION

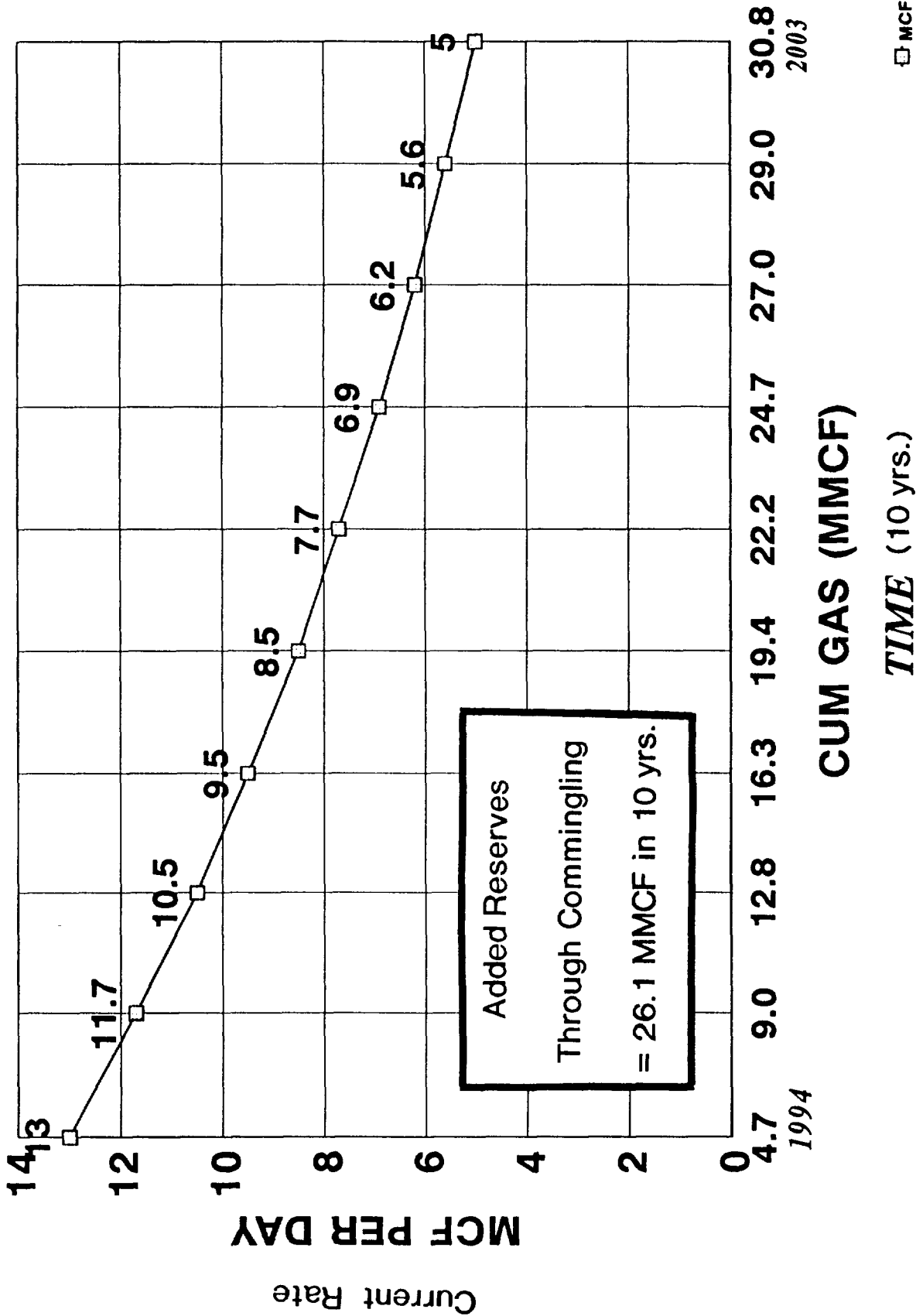


BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 9-B
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

STATE COM AJ 34E FT

Uneconomic Fruitland Sand Zone



BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 10
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



RAY POWELL, M.S., D.V.M.
COMMISSIONER

State of New Mexico
Commissioner of Public Lands

310 OLD SANTA FE TRAIL P.O. BOX 1148

SANTA FE, NEW MEXICO 87504-1148

(505) 827-5760
FAX (505) 827-5766

July 27, 1994

Conoco, Inc.
10 Desta Drive
Suite 100W
Midland, Texas 79705-4500

Attention: Mr. Jerry Hoover

Re: Downhole Commingling Application
State Com AJ Well No. 34E
Unit N - Section 36-32N-12W
San Juan County, New Mexico

Dear Mr. Hoover:

Your application to downhole the production from within the wellbore of the above-captioned well was received on June 20, 1994. Your application requests our approval to downhole commingle the Basin Dakota Pool production with the Glades Fruitland Sand production within the wellbore of the State Com AJ Well No. 34E, located in Unit Letter N, Section 36-32N-12W.

Since it appears that all the New Mexico Oil Conservation Division rules and regulations have been compiled with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request for downhole commingling is hereby approved. Any deviation from the substance of your request will be sufficient grounds for rescinding our approval. Our approval is subject to like approval by the New Mexico Oil Conservation Division.

Your filing fee in the amount of Thirty (\$30.00) Dollars has been received.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY POWELL, M.S., D.V.M.
COMMISSIONER OF PUBLIC LANDS

BY: *Floyd O. Prando*
FLOYD O. PRANDO, Director
Oil/Gas and Minerals Division
(505) 827-5744
RP/FOP/pm
Enclos.
cc: Reader File

BEFORE AN EXAMINER OF THE
OIL CONSERVATION DIVISION

EXHIBIT NO. 11
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994