#### CONSENT AND RATIFICATION OF

#### BIG EDDY UNIT AGREEMENT

### KNOW ALL MEN BY THESE PRESENTS:

The undersigned, S. W. Richardson and Perry R. Bass, have heretofore on September 4, 1952, executed the Unit Agreement for the Development and Operation of the Big Eddy Unit Area, dated the 10th day of April 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, committing all of their oil and gas leasehold and mineral interests held by them as of that time to said Unit Agreement. The undersigned are also desirous of committing to said Unit Agreement all leasehold, royalty and mineral interests which may have been acquired by them subsequent to September 4, 1952, and which may hereafter be acquired by them, and do hereby commit to said Unit Agreement any and all oil and gas leasehold, mineral or royalty interests which may have been acquired by them on or subsequent to September 4, 1952, or which may hereafter be acquired by them, the same as if the undersigned had executed said Unit Agreement or a counterpart thereof subsequent to the acquisition of any of said interests, and do hereby ratify and confirm said Unit Agreement and all of the terms and provisions thereof with respect to all such interests.

| respect to all such interests.                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the 21th day of September, 1952.                                                                                                                                                                             |
| (8. W. Richardson)                                                                                                                                                                                                                                                                    |
| Lang Willes                                                                                                                                                                                                                                                                           |
| (Perry R. Bass)                                                                                                                                                                                                                                                                       |
| STATE OF TEXAS ) COUNTY OF Junant )                                                                                                                                                                                                                                                   |
| On this <u>altherapectal</u> day of September, 1952, before me personally appeared S. W. Richardson and Perry R. Bass, to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed. |
| WITNESS my hand and official seal this 27th day of September, 1952.                                                                                                                                                                                                                   |
| Hotary Public                                                                                                                                                                                                                                                                         |
| My Commission Expires:  6-1-53                                                                                                                                                                                                                                                        |

# Turk radio (4) a service badisk skilovick single och service (5).

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incutival co, or the out of removaled a receipt of an incutival co, or the out of removal for the Development and of the out of the out of the date the 10th day of the true, a coronia, lands substant in addy and has counties, the take, and the same and are incitive with the terms and conditions thereof.

the undersigned are the record title owners of the off end the leases embrecing hands of the onited states cearing the serial numbers set opposite their respective signatures. and leve executed and delivered to be a dicherdadh and verry ha was casing court of sold oil and gas lesses subject to the courage of the an adapting operation, under said assignments e could be receive to the cheralized, respectively, certain District representation of a laborational hereby somether settle off and the collection of the city of the after all the facility and challen and on the let a man conditions thereof the same as if they and palace in the Milliand of teld half agreement or a courterpert thereon, northern, comever, notwikistanding contained in the obtinional of this off and joe looses hereins, over reserved to to the emitters, the ordersigned levely expressly except if he the conditions to said that cheesend their respective overriding royalty interests reserved under the terms of soid seeligedente.

i. Allower stable, this instrument is executed by the determinant as of the obten set forth in their respective

at any led events.

Daydeen C. Lackey

NM 03364, NM 02922

LC 064806, LC 06915-7 LC 065-035-

Patricia Gaylord Auderson LC 064828

**ILLEGIBLE** 

in this lott day of May, 1960, before me personally a peared duber libery and wife, unlikely to withing to a minar to be the persons described in and who exocated the core old instrument, and acknowledged that they effective the same or their free act and feet.

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Micho Tover

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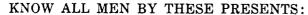
a case 16th day of May , 2000, verore we personally appeared within the through fibered and designing. was not a mean away to ac more to be the persone described in wa was executed the foregoing instrument, and acknowledged time to the executed big same as their free act and acce.

o. They, we.

Et. 21, 1956

ILLEGIBLE

Kuck & Forey -



The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. Oil Royelties Corporation COUNTY OF Acid day of \_\_\_\_\_, A. D., One Thousand Nine Hundred and \_\_\_\_\_, before me personally appeared to me personally known, who, being by me duly sworn, did say that he is the Oil Royalties Corporation , and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors, and said acknowledged said instrument to be the free act and deed of said corporation. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on this, the day and year last LUCIUT E TUDE OM, NOTARY ESTAR My Commission expires 15 and 1 or 1000 A ready, No. 10 to 1000 Notary Public Postoffice STATE OF \_\_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared On this \_\_\_\_\_ day of \_\_ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_ My Commission Expires: Notary Public Postoffice STATE OF District of Column COUNTY OF \_ On this \_\_\_\_\_day of \_\_ \_\_\_\_\_, 1952, before me personally appeared Roward W. Jennings to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this 30th day of \_\_\_ My Commission Expires: Notary Public & Sept 30 1951

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

|                      | IN WITNESS WHERE Corth in their respective acknowledges | F, this instrument is nowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | executed by the undersigned a | s of the date set                         |
|----------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------|
|                      | Joues Du                                                | AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r Blaine J. L                 | Jaughtry                                  |
|                      | Toy Rawl                                                | and_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | - La anu                      | son                                       |
| -                    | of Costa Rica                                           | And the second of the second o |                               |                                           |
|                      | STATE OF and dity of Se                                 | ( 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                           |
| Ambatsy (<br>America | pfCQUNTY OF the United St                               | tates of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                           |
| , iN                 | 18th day of                                             | August                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me pe          | rsonally appeared                         |
|                      |                                                         | Blaine J. DAUCHTR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Y</u>                      |                                           |
| 27430                | to me known to be the perso                             | n described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | who executed the foregoing    | instrument, and                           |
| SS                   | acknowledged that she e                                 | executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | her free act and deed.        |                                           |
| SAS.                 | Witness hand and of                                     | ficial seal this 18th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | day of approach               | , 1952.                                   |
| Service.             | Tay Commission Expires:                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Paul B. Callotanyo Bubbic     |                                           |
|                      | my Commission Expires.                                  | Vice Consul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | of the United States of       | America                                   |
|                      |                                                         | Fee: \$2.00 —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Postoffice                    | )                                         |
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|                      | STATE OF NW WEXT                                        | ) ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                           |
|                      | COUNTY OF                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
|                      | On this22ndday of                                       | hugust                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me pe          | rsonally appeared                         |
|                      | Joyce Phinizy, Fay Rowle                                | and and Ida Anders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on                            | ,                                         |
|                      | to me known to be the perso                             | ns described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | who executed the foregoing    | instrument, and                           |
|                      | acknowledged that they e                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
|                      | Witness my hand and of                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | 3952 7                                    |
|                      | William My Mana and Or                                  | iliciai scai unis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | တ္တ                                       |
|                      | W- Gi Fi                                                | ب                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Harran A                      | 1011                                      |
|                      | My Commission Expires:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notary Public                 | 10000                                     |
|                      | 7/13/54                                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Postoffice                    |                                           |
|                      |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 000022200                   | 150 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m |
|                      | STATE OF                                                | ( 66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                           |
|                      | COUNTY OF                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                           |
|                      | On this day of                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 1952, before me pe          | rsonally appeared                         |
|                      | to me known to be the person                            | on described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | who executed the foregoing    | instrument, and                           |
|                      | acknowledged that                                       | executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | free act and deed.            |                                           |
|                      | Witness my hand and or                                  | fficial seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _ day of                      | , 1952.                                   |
|                      | My Commission Expires:                                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Notary Public                 |                                           |
|                      | wy Commission cadices:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TAGGET A . T. CANITA          | •                                         |

#### KNOW ALL MEN BY THESE PRESENTS:

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| IN WITNESS WHEREOF, this instrument is e forth in their respective acknowledgments.    | N. 9 10. 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Bay Kandaria                                                                           | State of Durgery                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| STATE OF SS.                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this day of                                                                         | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| to me known to be the person described in and acknowledged that executed the same as _ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Witness my hand and official seal this                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My Commission Expires:                                                                 | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                        | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF                                                                               | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| to me known to be the person described in and acknowledged that executed the same as   | and the second s |
| Witness my hand and official seal this                                                 | day of, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| My Commission Expires:                                                                 | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| STATE OF SS.                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this day of                                                                         | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| VII VIIIS                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| to me known to be the person described in and acknowledged that executed the same as _ | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| to me known to be the person described in and                                          | who executed the foregoing instrument, and free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| to me known to be the person described in and acknowledged that executed the same as   | who executed the foregoing instrument, and free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is a forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | executed by the undersigned as of the date set                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| The state of the s | Pance Guylon Gueuron                                                      |
| ve W. Zallelf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cit William                                                               |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                     |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N 6 5                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | June Luce Je                                                              |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                             |
| March 8, 1956                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Postoffice Musico                                                         |
| before me personally appeared Asset O. Aude                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | President  D., One Thousand Nine Hundred and                              |
| to me personally known, who, being by me duly sworn, did say that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |
| nstrument is the corporate seal of said corporation, and that said coration by authority of its Board of Directors, and said cocknowledged said instrument to be the free act and deed of said in WITNESS WHEREOF, I have hereunto set my hand a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | corporation.  and affixed my official seal on this, the day and year last |
| Ty Commission expires Pract 8, 1956  Orm 501-Hall-Poorbaugh Press-Roswell, N. M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Notary Public                                                             |
| to me known to be the person described                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | free act and deed.                                                        |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                           |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. Co- Trong tor STATE OF COUNTY OF Amelilio July \_\_\_\_\_, 1952, before me personally appeared  $_{\perp}$  day of  $_{\perp}$ Trust Officer. Albuquerque Entimet Park - Ancillary Co-Musquier to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ Olice 13. Danhane Notary Public Albu quer que, 2.20. Postoffice My Commission Expires: STATE OF COUNTY OF July \_\_\_\_, 1952, before me personally appeared  $\_$  day of  $\_$ Samuel E. Surehall - Antillary Co-Succestor Sete to of Frank A. androve - Decembed to me known to be the person. described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ My Commission Expires: STATE OF \_ COUNTY OF \_\_\_\_ On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 1952, before me personally appeared to me known to be the person... described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_ Notary Public My Commission Expires: Postoffice

|        | The undersigned (whether one or more) her<br>the Unit Agreement for the Development and Op                                                                                                                                                                                                    | reby acknowledge receipt of an peration of the Big Eddy Unit                                                                                                                     | identical copy of<br>Area dated the                                                             |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|        | New Mexico, and acknowledge that they have reconditions thereof. The undersigned also being terests in the lands or minerals as indicated on Exhibit "B" do hereby commit all of their said hereby consent thereto and ratify all of the term the undersigned had executed the original of sa | ad the same and are familiar wi<br>the owners of the leasehold, roy<br>the Schedule attached to said Un<br>interests to the Big Eddy Unit A<br>ns and provisions thereof exactly | th the terms and ralty or other in-<br>nit Agreement as<br>Agreement and do<br>v the same as if |
|        | IN WITNESS WHEREOF, this instrument forth in their respective acknowledgments.                                                                                                                                                                                                                | is executed by the undersigned a                                                                                                                                                 |                                                                                                 |
|        | Mary a. amand.<br>Margaret W. amand                                                                                                                                                                                                                                                           |                                                                                                                                                                                  | tachnide                                                                                        |
|        | 1350 Bellaire St., Denver, Colorado                                                                                                                                                                                                                                                           | 4303 Montview Blvd.,                                                                                                                                                             | Denver, Colorado                                                                                |
| City & | STATE OF Colorado SS.                                                                                                                                                                                                                                                                         |                                                                                                                                                                                  |                                                                                                 |
|        | On this 7th day of May                                                                                                                                                                                                                                                                        | · · · · · · · · · · · · · · · · · · ·                                                                                                                                            |                                                                                                 |
|        | H. C. Pretschneider and Louise F. Bre                                                                                                                                                                                                                                                         | •                                                                                                                                                                                |                                                                                                 |
|        | to me known to be the person_s described in an acknowledged that <u>they</u> executed the same                                                                                                                                                                                                |                                                                                                                                                                                  | instrument, and                                                                                 |
|        | Witness my hand and official seal this _7th_                                                                                                                                                                                                                                                  |                                                                                                                                                                                  | 1059                                                                                            |
|        | My Commission Expires:                                                                                                                                                                                                                                                                        | Lucy W. Ki                                                                                                                                                                       | •                                                                                               |
|        | February 15, 1956                                                                                                                                                                                                                                                                             | 1303 Garfield St., Denver Postoffice                                                                                                                                             |                                                                                                 |
| City & | STATE OFColorado SS.                                                                                                                                                                                                                                                                          |                                                                                                                                                                                  |                                                                                                 |
|        | On this 7th day of May Harry A. Aurand and Margaret W. Aur                                                                                                                                                                                                                                    |                                                                                                                                                                                  |                                                                                                 |
|        | to me known to be the person s described in a                                                                                                                                                                                                                                                 | •                                                                                                                                                                                |                                                                                                 |
|        | acknowledged that _they executed the same                                                                                                                                                                                                                                                     |                                                                                                                                                                                  | ,                                                                                               |
|        | Witness my hand and official seal this _7th_                                                                                                                                                                                                                                                  | day ofNay                                                                                                                                                                        | , 1952.                                                                                         |
|        |                                                                                                                                                                                                                                                                                               | Luy W. Ke                                                                                                                                                                        | tt                                                                                              |
|        | My Commission Expires:                                                                                                                                                                                                                                                                        | Notary Public                                                                                                                                                                    |                                                                                                 |
|        | February 15, 1956                                                                                                                                                                                                                                                                             | 1303 Garfield St., Denve: Postoffice                                                                                                                                             | r, Colorado                                                                                     |
|        | STATE OF                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |                                                                                                 |
|        | COUNTY OF SS.                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                  |                                                                                                 |
|        | On this day of                                                                                                                                                                                                                                                                                | , 1952, before me per                                                                                                                                                            | rsonally appeared                                                                               |
|        | to me known to be the person described in a                                                                                                                                                                                                                                                   | nd who executed the foregoing                                                                                                                                                    | instrument, and                                                                                 |
|        | acknowledged that executed the same                                                                                                                                                                                                                                                           |                                                                                                                                                                                  |                                                                                                 |
|        | Witness my hand and official seal this                                                                                                                                                                                                                                                        | day of                                                                                                                                                                           | , 1952.                                                                                         |
|        | My Commission Expires:                                                                                                                                                                                                                                                                        | Notary Public                                                                                                                                                                    | ;                                                                                               |
|        |                                                                                                                                                                                                                                                                                               | Postoffice                                                                                                                                                                       |                                                                                                 |

| The undersigned (whether one or more) herek<br>the Unit Agreement for the Development and Oper                                                                                                                                                                                                                 | by acknowledge receipt of an identical copy of cation of the Big Eddy Unit Area dated the                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>terests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                     | But and G. Back                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                | First C. Tarte                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                | Freeze R. Basto                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    |
| STATE OF Bexar SS.                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    |
| Arthur 1. Tanto and Topy 1. Tee                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                    |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                    |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                    |
| Withess my hand and official sear this                                                                                                                                                                                                                                                                         | day of                                                                                                                                                                                             |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Wich Notary Rublic                                                                                                                                                                                 |
| -                                                                                                                                                                                                                                                                                                              | Notary Public, Bexar County, Texas                                                                                                                                                                 |
| June 1953                                                                                                                                                                                                                                                                                                      | Postoffice                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                         |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                    |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                         |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   | ·                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                         |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                         |
| ILLEGIBLE                                                                                                                                                                                                                                                                                                      | 2 5500421.00                                                                                                                                                                                       |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set

forth in their respective acknowledgments. Francis Danie W. C. COUNTY OF On this \_\_\_\_\_ day of \_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared The Maria and the second Committee Committee of the second committee of the se to me known to be the person described in and who executed the foregoing instrument, and acknowledged that executed the same as free act and deed. Witness my hand and official seal this \_\_\_\_ day of \_ My Commission Expires: STATE OF COUNTY OF On this \_\_\_\_ day of \_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared Alemain . Wiley and olen failey, his wife to me known to be the person. described in and who executed the foregoing instrument, and acknowledged that executed the same as free act and deed.

**ILLEGIBLE** 

### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                      | by acknowledge receipt of an identical copy<br>ration of the Big Eddy Unit Area dated t                                                                                                     | of<br>he        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said is hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | ne owners of the leasehold, royalty or other in<br>the Schedule attached to said Unit Agreement<br>and one of the Big Eddy Unit Agreement and<br>and provisions thereof exactly the same as | in-<br>as<br>do |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date s                                                                                                                                                | set<br>—        |
|                                                                                                                                                                                                                                                                                                                | BAUNINE MARNETT                                                                                                                                                                             | _               |
|                                                                                                                                                                                                                                                                                                                | John a. Banker .                                                                                                                                                                            |                 |
| STATE OF NEW MEXICO                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                             |                 |
| COUNTY OF _CHAVES SS.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                             |                 |
| On this 23 rd day of                                                                                                                                                                                                                                                                                           | , 1952, before me personally appear                                                                                                                                                         | ed              |
| MAURINE BARDETT AND J                                                                                                                                                                                                                                                                                          | OHN A. BARNETT, HER HUSBAND                                                                                                                                                                 |                 |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | I who executed the foregoing instrument, a                                                                                                                                                  | nd              |
| acknowledged that they executed the same at                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             |                 |
| Witness my hand and official seal this $\mathscr{A}$                                                                                                                                                                                                                                                           | day of Office 1952.                                                                                                                                                                         |                 |
|                                                                                                                                                                                                                                                                                                                | Comercon O dodhund                                                                                                                                                                          | tu              |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                               |                 |
| Polymary 26, 1956                                                                                                                                                                                                                                                                                              | Roswell Hew Mexic                                                                                                                                                                           | <u>0</u>        |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                  |                 |
| STATE OF)                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             |                 |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             |                 |
| On this does of                                                                                                                                                                                                                                                                                                | 1070 h.f                                                                                                                                                                                    | •               |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appear                                                                                                                                                         | ea              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | l who executed the foregoing instrument, a                                                                                                                                                  | nd              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                          |                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                               |                 |
| _                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                             |                 |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                               |                 |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                  |                 |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |                 |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |                 |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             |                 |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appear                                                                                                                                                         | ed              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                             |                 |
| •                                                                                                                                                                                                                                                                                                              | d who executed the foregoing instrument, a                                                                                                                                                  | nd              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                             | nd              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                             |                 |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                          |                 |

## KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                      | by acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said is hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | I the same and are familiar with the terms and<br>ne owners of the leasehold, royalty or other in-<br>ne Schedule attached to said Unit Agreement as<br>nterests to the Big Eddy Unit Agreement and do<br>s and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | s executed by the undersigned as of the date set                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                | HOSENARY NURSHY BARNETY BARNET!                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                | JOHN A. BARNETT, JR.                                                                                                                                                                                                                                      |
| COUNTY OF CHAVES SS.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                           |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                     |
| ROSEMARY MURPHY RAPHET                                                                                                                                                                                                                                                                                         | T AND JOHN A. BARNETT, JR., HER HUSBAND                                                                                                                                                                                                                   |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | ,                                                                                                                                                                                                                                                         |
| acknowledged that they executed the same as                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                           |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                                                                             |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public  Postoffice                                                                                                                                                                                                                                 |
| February 28, 1954                                                                                                                                                                                                                                                                                              | Postoffice                                                                                                                                                                                                                                                |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                           |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                     |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | ,                                                                                                                                                                                                                                                         |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                           |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                                                                             |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                             |
| -                                                                                                                                                                                                                                                                                                              | Postoffice                                                                                                                                                                                                                                                |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                           |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                     |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | d who executed the foregoing instrument, and                                                                                                                                                                                                              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | s free act and deed.                                                                                                                                                                                                                                      |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                           |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                           |

### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

|                                                         |                             |                      | assett & Street                         | A Partmerehile                                 |                    |
|---------------------------------------------------------|-----------------------------|----------------------|-----------------------------------------|------------------------------------------------|--------------------|
|                                                         |                             | <b>9</b>             | Marti                                   | lates IT                                       | i 3m and           |
|                                                         |                             |                      | (-24)                                   | 1. 14                                          |                    |
|                                                         |                             |                      | iy Sin                                  | The last                                       | `ari               |
|                                                         | Man Mandan                  | ,                    | H. M. Da                                | Success of                                     |                    |
| STATE OF $\_$                                           |                             |                      |                                         |                                                |                    |
| COUNTI OF                                               |                             |                      |                                         |                                                |                    |
| On this                                                 | <b>3</b> day of             |                      | , 1952, befor                           | e me personally appea                          | red                |
|                                                         |                             | tin Istes III        |                                         |                                                |                    |
| to me known t                                           | o be the person d           | described in and who | o executed the for                      | egoing instrument                              | ind                |
| acknowledged 1                                          | that he execut              | ted the same as      | free act and d                          | eed. of said Basset                            | e a Ri             |
|                                                         |                             | seal this _23 day    |                                         | a partnership.                                 |                    |
| ,, Ioness III                                           | , min and villoidi          |                      |                                         | , 1992.                                        |                    |
| <b>N</b> G                                              | <b>.</b>                    | Le                   | argia Croccy<br>Notars<br>Lina new      | low                                            |                    |
| My Commissio                                            | -                           | _                    | Notary                                  | Public                                         |                    |
| Lumber                                                  | 14,1955                     | as                   | luis new                                | Mirico                                         | <del>_</del>       |
|                                                         |                             |                      | Posto                                   | office                                         |                    |
| STATE OF _                                              | Terms                       | )                    |                                         |                                                |                    |
| COUNTY OF                                               | M. Page                     | SS.                  |                                         |                                                |                    |
|                                                         |                             | ,                    |                                         |                                                | _                  |
| On this                                                 | day of                      | •                    | , 1952, befor                           | e me personally appea                          | red                |
|                                                         | H. A. Dang                  | berty, dr.           | whalf of Bassat                         |                                                |                    |
| to me known t                                           | o be the person o           | described in and wh  | o executed the for                      | egoing instrument                              | nd                 |
| acknowledged                                            | that execut                 | ted the same as 📥    | free act and d                          | eed. of said Bassel                            | <b>1 &amp; 3</b> 1 |
| Witness m                                               | y hand and official         | seal this _23 da     | y of                                    | Dertoerebile.                                  | •                  |
|                                                         |                             | (()                  | ا د د د د د د د د د د د د د د د د د د د | 121-                                           |                    |
|                                                         | n Evniros                   |                      | MITAMIC                                 | Public                                         | 4                  |
| My Commissio                                            | presion expires June 1, 1   | 953                  | Solo                                    | Tubic July                                     |                    |
| My Commissio                                            | HE TON ONPILES              |                      | <u>U I W</u>                            | of artino                                      |                    |
| My Commissio<br>INCE PATEMAN, No.<br>ty, Texas, My comm |                             |                      | Post                                    |                                                |                    |
| My Commissio<br>Ance Pateman, No.<br>ty, Texas, My comm |                             |                      | Post                                    | Title                                          |                    |
| ty, Texas, My comm                                      |                             |                      | Poste                                   | лисе                                           |                    |
| ty, Texas, My comm                                      |                             |                      | Post                                    | mice                                           |                    |
| STATE OFCOUNTY OF                                       |                             | } ss.                |                                         |                                                | rod                |
| STATE OFCOUNTY OF                                       |                             | } ss.                |                                         | e me personally appea                          | red                |
| STATE OF COUNTY OF On this                              | day of                      | } ss.                | , 1952, befor                           | e me personally appea                          |                    |
| STATE OF COUNTY OF On this to me known t                | day of<br>o be the person o | described in and wh  | , 1952, befor                           | e me personally appea                          |                    |
| STATE OF COUNTY OF On this to me known t                | day of<br>o be the person o | } ss.                | , 1952, befor                           | e me personally appea                          |                    |
| STATE OF COUNTY OF On this to me known t                | day of o be the person o    | described in and who | , 1952, befor<br>to executed the fo     | e me personally appea                          | and                |
| STATE OF COUNTY OF On this to me known t                | day of o be the person o    | described in and who | , 1952, befor<br>to executed the fo     | e me personally appea<br>regoing instrument, a | and                |

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Operation                                                                                                                                                                                                                    | y acknowledge receipt of an iden<br>ation of the Big Eddy Unit Arc                                                                                                          | tical copy of<br>ea dated the                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| New Mexico, and acknowledge that they have read to conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said inthereby consent thereto and ratify all of the terms at the undersigned had executed the original of said | the same and are familiar with the owners of the leasehold, royalty Schedule attached to said Unit Agreements to the Big Eddy Unit Agreement provisions thereof exactly the | or other in-<br>agreement as<br>ement and do<br>e same as if |
| IN WITNESS WHEREOF, this instrument is $\epsilon$ forth in their respective acknowledgments.                                                                                                                                                                                                                         | executed by the undersigned as of                                                                                                                                           | the date set                                                 |
|                                                                                                                                                                                                                                                                                                                      | E Dec Thee Bea                                                                                                                                                              | u .                                                          |
| STATE OF TOXICO COUNTY OF Chaves  On this 12 day of Man                                                                                                                                                                                                                                                              | 1070 h.f.                                                                                                                                                                   |                                                              |
| On this day of                                                                                                                                                                                                                                                                                                       | , 1952, before me persons                                                                                                                                                   | ally appeared                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                        |                                                                                                                                                                             | trument, and                                                 |
| acknowledged that we executed the same as                                                                                                                                                                                                                                                                            | € .                                                                                                                                                                         |                                                              |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                               | Bernard Johnston                                                                                                                                                            | , 1952.                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                               | Notary Public                                                                                                                                                               | /                                                            |
| F '                                                                                                                                                                                                                                                                                                                  | osvell. Now Maxico                                                                                                                                                          |                                                              |
| June 11, 1954                                                                                                                                                                                                                                                                                                        | Postoffice                                                                                                                                                                  | ······································                       |
| <i>i</i>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                              |
| STATE OF                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                              |
| On this day of                                                                                                                                                                                                                                                                                                       | , 1952, before me person                                                                                                                                                    | ally appeared                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                        |                                                                                                                                                                             | trument, and                                                 |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                             |                                                                                                                                                                             | 1070                                                         |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                               | day of                                                                                                                                                                      | , 1952.                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                               | Notary Public                                                                                                                                                               |                                                              |
| <del></del>                                                                                                                                                                                                                                                                                                          | Postoffice                                                                                                                                                                  | <del></del>                                                  |
| STATE OF                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                              |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |                                                              |
| On this day of                                                                                                                                                                                                                                                                                                       | , 1952, before me person                                                                                                                                                    | ally appeared                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                        | who executed the foregoing inst                                                                                                                                             | trument, and                                                 |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                             | free act and deed.                                                                                                                                                          |                                                              |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                               | day of                                                                                                                                                                      | , 1952.                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                               | Notary Public                                                                                                                                                               |                                                              |
|                                                                                                                                                                                                                                                                                                                      | Postoffice                                                                                                                                                                  |                                                              |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is of forth in their respective acknowledgments. | executed by the undersigned as | of the date set  |
|--------------------------------------------------------------------------------------|--------------------------------|------------------|
| Joen M. Slee                                                                         | mm make                        | Elatine          |
| Frany m. Keller                                                                      | Harry M. B                     | carit            |
| STATE OF SS.                                                                         |                                |                  |
| On this day of Access John =                                                         |                                |                  |
| to me known to be the person. described in and                                       |                                |                  |
| acknowledged that executed the same as                                               |                                | mstrument, and   |
| Witness my hand and official seal this                                               | _                              | , 1952.          |
| •                                                                                    | al after                       |                  |
| My Commission Expires:                                                               | Notary Public                  | -                |
|                                                                                      | Postoffice                     | <del></del>      |
| STATE OF SS.                                                                         |                                |                  |
| On this day of                                                                       | , 1952, before me per          | sonally appeared |
| to me known to be the person described in and                                        | who executed the foregoing     | instrument, and  |
| acknowledged that executed the same as                                               |                                |                  |
| Witness my hand and official seal this                                               | day of                         | , 1952.          |
| My Commission Expires:                                                               | Notary Public                  |                  |
|                                                                                      | Postoffice                     |                  |
| STATE OF                                                                             |                                |                  |
| On this day of                                                                       | , 1952, before me per          | sonally appeared |
| to me known to be the person described in and                                        | who executed the foregoing     | instrument, and  |
| ${\bf acknowledged\ that\ } \underline{\qquad} {\bf executed\ the\ same\ as}$        | free act and deed.             |                  |
| Witness my hand and official seal this                                               | day of                         | , 1952.          |
| My Commission Expires:                                                               | Notary Public                  |                  |
|                                                                                      | Postoffice                     |                  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Ford Body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The state of the s |
| Quito Gerliner Bake                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| STATE OF NEW YORK.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| COUNTY OF NEW YORK SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1059 hofows me neggonally annegued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| on this day of and Superior 2. In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| to me known to be the person described in and acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | sas ai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Marine Bublic State of New York                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mulduragur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| My Commission Expires in Queens County  Contificates Filed with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| New York County Clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Term Expires March 30, 1954                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 050011100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| STATE OF Abstract   SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| COUNTY OF Columbia SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| The second secon | 7/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Try 5, 190-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tre- was as his After                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| CMAME OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| The undersigned (whether one or more) hereb the Unit Agreement for the Development and Oper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | y acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                                                                         |  |
| IN WITNESS WHEREOF, this instrument is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | executed by the undersigned as of the date set                                          |  |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mai Bl                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Jana Hombery                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Zutil ( Stomberg)                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |  |
| STATE OFO lenver } ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |  |
| On this Land day of Asy Larien Blumeng and Event C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , 1952, before me personally appeared . Slonder E, ner nosbend,                         |  |
| to me known to be the persons described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |  |
| acknowledged that <u>they</u> executed the same as.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,                                                                                       |  |
| Witness my hand and official seaf time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                                                           |  |
| ^ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                       |  |
| - July 17, 1952 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Postoffice, lolo                                                                        |  |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |  |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared                                                   |  |
| to me known to be the negon described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | who executed the foresting instrument and                                               |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                                                                                       |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _ day of, 1952.                                                                         |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                                                              |  |
| CTL INTE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                         |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared                                                   |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | who executed the foregoing instrument, and                                              |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                         |  |
| With the many many and official scal tills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1702.                                                                                   |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                                                           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ·                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                                                              |  |

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of

#### KNOW ALL MEN BY THESE PRESENTS:

the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the day of \_\_\_\_\_\_\_, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. STATE OF COUNTY OF \_ \_\_\_\_\_, 1952, before me personally appeared To De Production of the a strate and to me known to be the person \_\_ described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_ My Commission Expires: Postoffice STATE OF \_\_\_\_ COUNTY OF \_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared On this \_\_\_\_\_ day of \_\_\_\_ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ Notary Public My Commission Expires: Postoffice STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared On this \_\_\_\_\_ day of \_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ Notary Public My Commission Expires:

### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) herek<br>the Unit Agreement for the Development and Open                                                                                                                                                                                                                                                                                                                                         | by acknowledge receipt of an identical copy of cation of the Big Eddy Unit Area dated the                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| day of                                                                                                                                                                                                                                                                                                                                                                                                                                 | the same and are familiar with the terms and<br>e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>atterests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                      | executed by the undersigned as of the date set                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | Esther Deanarth                                                                                                                                                                                                                                      |
| STATE OF |                                                                                                                                                                                                                                                      |
| On this 28 th day of                                                                                                                                                                                                                                                                                                                                                                                                                   | , 1952, before me personally appeared                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                      |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                 | ,                                                                                                                                                                                                                                                    |
| Witness my hand and official seal this 28 to                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |
| witness my hand and official seaf this 😓 💆                                                                                                                                                                                                                                                                                                                                                                                             | Notary Public  Bakersfield Calfornia  Postoffice                                                                                                                                                                                                     |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                 | Notary Public                                                                                                                                                                                                                                        |
| mly 10, 1954                                                                                                                                                                                                                                                                                                                                                                                                                           | Bakersteld Cablarni                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | Postoffice                                                                                                                                                                                                                                           |
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| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                      | , 1952, before me personally appeared                                                                                                                                                                                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                          | who executed the foregoing instrument, and                                                                                                                                                                                                           |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                 | free act and deed.                                                                                                                                                                                                                                   |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                 | day of, 1952.                                                                                                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                 | Notary Public                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        | Postoffice                                                                                                                                                                                                                                           |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                      |
| COUNTY OF ss.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                      |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me personally appeared                                                                                                                                                                                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                          | who executed the foregoing instrument, and                                                                                                                                                                                                           |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                 | free act and deed.                                                                                                                                                                                                                                   |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                 | _ day of, 1952.                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                 | Notary Public                                                                                                                                                                                                                                        |

| The undersigned (whether one or more) hereby<br>the Unit Agreement for the Development and Opera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 day of April , 1952, embraced, 1962, embraced, and acknowledge that they have read to conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said into the hereby consent thereto and ratify all of the terms at the undersigned had executed the original of said to the said t | owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as<br>erests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is eforth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | executed by the undersigned as of the date set                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | agues m Brown                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                               |
| STATE OF Julas COUNTY OF Elfuso SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                               |
| On this to day of May                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared                                                                                                                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                               |
| acknowledged that key executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                               |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                 |
| My_Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                 |
| June / st 1953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Of Canal Jakes                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                    |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                               |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                               |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                    |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | free act and deed.                                                                                                                                                                            |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                 |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                    |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                               |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                               |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                    |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | free act and deed.                                                                                                                                                                            |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                 |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                    |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments.

| ATTEST                                                                                                                      | BUPPALO PETROLEUM CORPORATION         |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| A.H. Marris                                                                                                                 | By Wantautaci                         |
| Secretary                                                                                                                   | President                             |
| STATE OF SS.                                                                                                                |                                       |
| On this day of                                                                                                              |                                       |
| H. P. Taubman, President of Buffe                                                                                           | alo Petroleum Corporation             |
| to me known to be the person described in and acknowledged that executed the same as                                        |                                       |
| Witness my hand and official seal this                                                                                      | day of _September, 1952.              |
| My Commission Expires:                                                                                                      | Notary Public  Postoffice             |
| STATE OF                                                                                                                    |                                       |
| On this day of                                                                                                              | , 1952, before me personally appeared |
| to me known to be the person described in and acknowledged that executed the same as Witness my hand and official seal this | free act and deed.                    |
| My Commission Expires:                                                                                                      | Notary Public                         |
|                                                                                                                             | Postoffice                            |
| STATE OF                                                                                                                    |                                       |
| On this day of                                                                                                              | , 1952, before me personally appeared |
| to me known to be the person described in and acknowledged that executed the same as                                        |                                       |
| Witness my hand and official seal this                                                                                      |                                       |
| Willess my mand and utilitial scal time                                                                                     | _ uu                                  |
| My Commission Expires:                                                                                                      | Notary Public                         |
|                                                                                                                             | Postoffice                            |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. | executed by the undersigned a      | s of the date set |
|-----------------------------------------------------------------------------------|------------------------------------|-------------------|
|                                                                                   | h. L. Maria                        | w                 |
|                                                                                   | 71                                 | R                 |
|                                                                                   | Morenee C. Burroy                  | Julian            |
| STATE OF Source SS.                                                               | V                                  |                   |
|                                                                                   |                                    |                   |
| On this 300 day of                                                                | , 1952, before me per              | sonally appeared  |
| A. L. Burrow and Morence S. Burrow,                                               | bis wife,                          |                   |
| to me known to be the persor described in and                                     | who executed the foregoing         | instrument, and   |
| acknowledged that executed the same as                                            | free act and deed.                 |                   |
| Witness my hand and official seal this Fred                                       | day of June                        | , 1952.           |
|                                                                                   |                                    |                   |
| My Commission Expires:                                                            | Alefna L. Stephen<br>Notary Public | a Mode            |
| 4-29-52                                                                           | Roswell New Mr. Postoffice         | the Co            |
|                                                                                   | Postoffice                         |                   |
| STATE OF SS.                                                                      |                                    |                   |
| On this day of                                                                    | , 1952, before me pe               | rsonally appeared |
| to me known to be the person described in and                                     | who executed the foregoing         | instrument, and   |
| acknowledged that executed the same as                                            | free act and deed.                 |                   |
| Witness my hand and official seal this                                            | day of                             | , 1952.           |
|                                                                                   |                                    |                   |
| My Commission Expires:                                                            | Notary Public                      |                   |
|                                                                                   | Postoffice                         |                   |
| STATE OF                                                                          |                                    |                   |
| COUNTY OF Ss.                                                                     |                                    |                   |
| On this day of                                                                    | , 1952, before me pe               | rsonally appeared |
| to me known to be the person described in and                                     | who executed the foregoing         | instrument, and   |
| acknowledged that executed the same as                                            |                                    | .,                |
| Witness my hand and official seal this                                            |                                    | , 1952.           |
| My Commission Expires:                                                            | Notary Public                      |                   |
|                                                                                   |                                    |                   |
|                                                                                   | Postoffice                         |                   |

| The undersigned (whether one or more) herebethe Unit Agreement for the Development and Oper                                                                                                                                                                                                                    | y acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with the terms and cowners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as terests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                         |
| Virginia a. Zibell                                                                                                                                                                                                                                                                                             | 7/                                                                                                                                                                                                                                     |
| Jeonia Vaughn                                                                                                                                                                                                                                                                                                  | Acles S. Champson                                                                                                                                                                                                                      |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                             |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | Leonie Vaughn                                                                                                                                                                                                                          |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public (/                                                                                                                                                                                                                       |
| aug 21, 1955                                                                                                                                                                                                                                                                                                   | Postoffice West                                                                                                                                                                                                                        |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                             |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                             |

| the Unit Agreement for the Development and Operation of the Big Eddy Unit Area                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | cal copy of dated the                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| New Mexico, and acknowledge that they have read the same and are familiar with the conditions thereof. The undersigned also being the owners of the leasehold, royalty of terests in the lands or minerals as indicated on the Schedule attached to said Unit Agreem hereby consent thereto and ratify all of their said interests to the Big Eddy Unit Agreem hereby consent thereto and ratify all of the terms and provisions thereof exactly the the undersigned had executed the original of said Unit Agreement or a counterpart the IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the forth in their respective acknowledgments.  **Market Market  | terms and r other in- reement as lent and do same as if ereof. |
| Many Catherine Chappell Sarathy B. Per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ry T                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |
| STATE OFTEXAS SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                              |
| On this day of, 1952, before me personally Eugene H. Perry and Dorothy B. Perry, his wife                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y appeared                                                     |
| to me known to be the person S described in and who executed the foregoing instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | mont and                                                       |
| acknowledged that they executed the same as their free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | iment, and                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 1952.                                                        |
| Barbara Uh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PRE                                                            |
| My Commission Expires:  BANDARY VIOLETTE Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                |
| June 1, 1953  In and for Transactionarty, Perus  Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                                                    |
| STATE OF TEXAS COUNTY OF TARRANT  On this 201 day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                              |
| 110 me oughborn and any organization oughborn and with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>C</del>                                                   |
| to me known to be the persons described in and who executed the foregoing instru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                    |
| to me known to be the persons described in and who executed the foregoing instruacknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of the same as their free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>                                                    |
| to me known to be the persons described in and who executed the foregoing instruacknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this 21st day of the same as their free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | iment, and                                                     |
| to me known to be the persons described in and who executed the foregoing instruction acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of the back | iment, and                                                     |
| to me known to be the persons described in and who executed the foregoing instruction acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of the back | iment, and                                                     |
| to me known to be the persons described in and who executed the foregoing instruction acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of the same as their free act and deed.  My Commission Expires:  BARBAR Notary Public In and for Turistic Count.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | iment, and                                                     |
| to me known to be the persons described in and who executed the foregoing instruction acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of the same as their free act and deed.  My Commission Expires:    BARBAR Notary Public   In and for function County Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ment, and                                                      |
| to me known to be the persons described in and who executed the foregoing instruction acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of the same as their free act and deed.  My Commission Expires:    BARBARN Public   BARBARN Public   Barbarn County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y appeared                                                     |
| to me known to be the persons described in and who executed the foregoing instruction acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of they.  My Commission Expires:    June 1, 1953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y appeared                                                     |
| to me known to be the persons described in and who executed the foregoing instrustive acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of their free act and deed.  My Commission Expires:    June 1, 1953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y appeared                                                     |
| to me known to be the persons described in and who executed the foregoing instruction acknowledged that they executed the same as their free act and deed.  Witness my hand and official seal this day of they.  My Commission Expires:    June 1, 1953                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y appeared                                                     |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. |                               | s of the date set |
|-----------------------------------------------------------------------------------|-------------------------------|-------------------|
|                                                                                   | 11: 11/1                      |                   |
|                                                                                   |                               |                   |
| STATE OFTEXAS SS.                                                                 |                               |                   |
| On this 10th day of June                                                          | , 1952, before me per         | sonally appeared  |
| Mary H. Connally and Merrill L.                                                   | Connally, her husband         |                   |
| to me known to be the person_8 described in and                                   | who executed the foregoing    | instrument, and   |
| acknowledged that they executed the same as                                       | their free act and deed.      |                   |
| Witness my hand and official seal this10th                                        | day of June                   | , 1952.           |
| My Commission Expires:                                                            | Notary Public                 | (W.A.bump)        |
|                                                                                   |                               |                   |
|                                                                                   | Floresville, Texas Postoffice |                   |
| STATE OF SS.                                                                      |                               |                   |
| On this day of                                                                    | , 1952, before me per         | sonally appeared  |
| to me known to be the person described in and                                     |                               | instrument, and   |
| acknowledged that executed the same as  Witness my hand and official seal this    |                               | 1050              |
| witness my nanu and official seal tims                                            | _ day of                      | , 1992.           |
| My Commission Expires:                                                            | Notary Public                 |                   |
|                                                                                   | Postoffice                    |                   |
| STATE OF                                                                          |                               |                   |
| On this day of                                                                    | , 1952, before me per         | sonally appeared  |
| to me known to be the person described in and                                     | who executed the foregoing    | instrument, and   |
| acknowledged that executed the same as                                            | free act and deed.            |                   |
| Witness my hand and official seal this                                            | _ day of                      | , 1952.           |
| My Commission Expires:                                                            | Notary Public                 |                   |
|                                                                                   | Postoffice                    |                   |

| The undersigned (whether one or more) herek<br>the Unit Agreement for the Development and Oper                                                                                                                                                                                                                 | by acknowledge receipt of an identical copy of cation of the Big Eddy Unit Area dated the                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with the terms and<br>e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>terests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                                     |
| Ruby Mellard                                                                                                                                                                                                                                                                                                   | pose botting ham                                                                                                                                                                                                                                   |
| STATE OF SS. COUNTY OF SS.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                    |
| On this12th_day of                                                                                                                                                                                                                                                                                             | , 1952, before me personally appeared                                                                                                                                                                                                              |
| Joe S. Mellard and Ruby Mellard, his w                                                                                                                                                                                                                                                                         | ifa,                                                                                                                                                                                                                                               |
| to me known to be the person. described in and                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                    |
| acknowledged thatthey_ executed the same as                                                                                                                                                                                                                                                                    | their free act and deed.                                                                                                                                                                                                                           |
| Witness my hand and official seal this12th_                                                                                                                                                                                                                                                                    | i.                                                                                                                                                                                                                                                 |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                | Midland, Texas Postoffice                                                                                                                                                                                                                          |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |
| On this 12th day of June                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared                                                                                                                                                                                                              |
| J. E. Gottingham and Rose Cottingha                                                                                                                                                                                                                                                                            | m, his wife,                                                                                                                                                                                                                                       |
| to me known to be the person.s. described in and                                                                                                                                                                                                                                                               | who executed the foregoing instrument, and                                                                                                                                                                                                         |
| acknowledged that _thay executed the same as                                                                                                                                                                                                                                                                   | their free act and deed.                                                                                                                                                                                                                           |
| Witness my hand and official seal this12th_                                                                                                                                                                                                                                                                    | _ day of, 1952.                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                      |
| June 1, 1953                                                                                                                                                                                                                                                                                                   | Midland, Texas<br>Postoffice                                                                                                                                                                                                                       |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                         |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                                    |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                         |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|
| 10th day of April , 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                                |  |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | executed by the undersigned as of the date set |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | my. He forthis                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - Tripon Grand                                 |  |
| STATE OF NEW MEXICO COUNTY OF CHAVES SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared          |  |
| to me known to be the persons described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |  |
| acknowledged that they executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,                                              |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | day of / June , 1952.                          |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Notary Public                                  |  |
| 7-13-54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Postoffice                                     |  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared          |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | who executed the foregoing instrument, and     |  |
| acknowledged that executed the same as .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _ day of, 1952.                                |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Notary Public                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Postoffice                                     |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |  |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared          |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | who executed the foregoing instrument, and     |  |
| acknowledged that executed the same as .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | free act and deed.                             |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | day of, 1952.                                  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Notary Public                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Postoffice                                     |  |

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                                     | eby acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have reac<br>conditions thereof. The undersigned also being the<br>terests in the lands or minerals as indicated on the<br>Exhibit "B" do hereby commit all of their said in<br>hereby consent thereto and ratify all of the terms<br>the undersigned had executed the original of said | ne owners of the leasehold, royalty or other in-<br>ne Schedule attached to said Unit Agreement as<br>interests to the Big Eddy Unit Agreement and do<br>a and provisions thereof exactly the same as if |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                    | s executed by the undersigned as of the date set                                                                                                                                                         |
| Jerry Clustra                                                                                                                                                                                                                                                                                                                 | Malph Miny                                                                                                                                                                                               |
| Jerry Centra                                                                                                                                                                                                                                                                                                                  | Mances Ting                                                                                                                                                                                              |
| STATE OF <b>Series</b> SS.                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |
| On this day of                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                    |
| Ralph Fix & Transes Nix his wife, Jerry                                                                                                                                                                                                                                                                                       | r Curtis & Loneta S. Curtis his vife.                                                                                                                                                                    |
| to me known to be the person. described in and                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                          |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                        | day of, 1952.                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                                        | Heargin Crewford  Notary Public  Article, Men Mexico  Postoffice                                                                                                                                         |
| December 14, 1955                                                                                                                                                                                                                                                                                                             | Astrin nel mario                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                               | Postoffice                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |
| On this day of                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                 | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                        | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                        | , 1952.                                                                                                                                                                                                  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                        | Notary Public                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                               | Postoffice                                                                                                                                                                                               |
| STATE OF                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |
| On this day of                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                 | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                        | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                        | day of, 1952.                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                               | ·                                                                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                                        | Notary Public                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                               | Postoffice                                                                                                                                                                                               |

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Operation 1.                                                                                                                                                                                                                              | y acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| day of April , 1952, embrowed, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as<br>terests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if<br>Unit Agreement or a counterpart thereof. |
| IN WITNESS WHEREOF, this instrument is of forth in their respective acknowledgments.                                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                             |
| Total III dies respective well-to illegations.                                                                                                                                                                                                                                                                                    | Jog Ecuin                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                   | 40/                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                            |
| STATE OF STATE OF STATE OF SS.                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                   | , 1952, before me personally appeared                                                                                                                                                                                                      |
| George E. Currier, a simple man, bein                                                                                                                                                                                                                                                                                             | a widower,                                                                                                                                                                                                                                 |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                     | who executed the foregoing instrument, and                                                                                                                                                                                                 |
| acknowledged that he executed the same as                                                                                                                                                                                                                                                                                         | his free act and deed.                                                                                                                                                                                                                     |
| Witness my hand and official seal this30                                                                                                                                                                                                                                                                                          | day of, 1952.                                                                                                                                                                                                                              |
| Mr. Commission Francisco                                                                                                                                                                                                                                                                                                          | Notary Public  Missie New Mexico  Postoffice                                                                                                                                                                                               |
| My Commission Expires:                                                                                                                                                                                                                                                                                                            | Notary Public                                                                                                                                                                                                                              |
| December 14, 1955.                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                 |
| STATE OF                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared                                                                                                                                                                                                      |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                     | who executed the foregoing instrument, and                                                                                                                                                                                                 |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                            | free act and deed.                                                                                                                                                                                                                         |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                                            | Notary Public                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                   | Postoffice                                                                                                                                                                                                                                 |
| STATE OF                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                            |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                            |
| On this day of                                                                                                                                                                                                                                                                                                                    | , 1952, before me personally appeared                                                                                                                                                                                                      |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                     | who executed the foregoing instrument, and                                                                                                                                                                                                 |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                            | free act and deed.                                                                                                                                                                                                                         |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                            | day of, 1952.                                                                                                                                                                                                                              |
| -                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                                            | Notary Public                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                   | Postoffice                                                                                                                                                                                                                                 |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the Development and Operation of the Big Eddy Unit Area dated the New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tupa B. Shugherty                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | The thety                                      |  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |  |
| On this _29th day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me personally appeared          |  |
| MADELYN B. METCALF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |  |
| to me known to be the person described in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and who executed the foregoing instrument, and |  |
| acknowledged that _she_ executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | as her free act and deed.                      |  |
| Witness my hand and official seal this29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | th day of, 1952.                               |  |
| My Commission Expires: STANCE PAIEMAN, Notary Profile, in and for El Pasa Bunty, Texas, My commission expires Juna 1, 1952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notary Public                                  |  |
| dunity, reads, my commission express out. 1, 275                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Postoffice                                     |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , 1952, before me personally appeared          |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ugherby, her busbond,                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and who executed the foregoing instrument, and |  |
| acknowledged that they executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | astheirfree act and deed                       |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |  |
| My Commission Expires: PASTANCE PATEMAN, Notary Public, la and for all sass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Coustance ateman<br>Notary Public              |  |
| County, Texas, My commission expires June 1,1952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Postoffice                                     |  |
| anyane oe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | , 1952, before me personally appeared          |  |
| to me known to be the person described in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and who executed the foregoing instrument, and |  |
| acknowledged that executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | as free act and deed.                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | day of, 1952.                                  |  |
| My Commission E-mi-os                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Notare Duk!!-                                  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Notary Public                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Postoffice                                     |  |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of<br>the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|--|--|
| New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                                |  |  |  |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | executed by the undersigned as of the date set |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Many Didlake                                   |  |  |  |
| STATE OFNEW MEXICO SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |  |  |  |
| On this <u>18th</u> day of <u>April</u> MARY DIDIAKE AND TOM DIDIAKE H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | , 1952, before me personally appeared          |  |  |  |
| to me known to be the person a described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |  |  |  |
| acknowledged that <u>they</u> executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |  |  |  |
| witness my nand and official seaf this Thur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | day of April , 1952.                           |  |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public  Postoffice                      |  |  |  |
| Mr Commission Expire.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Brown The Michie                               |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                     |  |  |  |
| COMPANIE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |  |  |  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |  |  |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared          |  |  |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | who executed the foregoing instrument and      |  |  |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |  |  |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |  |  |  |
| Withest my hand and official seaf units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |  |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                     |  |  |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |  |  |  |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |  |  |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared          |  |  |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | who executed the foregoing instrument, and     |  |  |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | free act and deed.                             |  |  |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |  |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | · · · · · · · · · · · · · · · · · · ·          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                     |  |  |  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is efforth in their respective acknowledgments. | 4                                          |
|-------------------------------------------------------------------------------------|--------------------------------------------|
|                                                                                     | Gertrude B. Stiehler                       |
|                                                                                     | Virginia B Dingley                         |
|                                                                                     | <u> </u>                                   |
| STATE OF how york SS.                                                               |                                            |
| On this 4th day of August Stirley                                                   | , 1952, before me personally appeared      |
| to me known to be the person described in and                                       | who executed the foregoing instrument, and |
| acknowledged that the executed the same as                                          | free act and deed.                         |
| Witness my hand and official seal this                                              | day of august 1952.                        |
| JOHN H. HADFIELD                                                                    | Sie Walle                                  |
| Notary Public, State of New York My Commission Expires No. 30-6718600               | Notary Public                              |
| Qualified in Nassau County                                                          | Notary Public                              |
| Certificates filed with N. Y. County  Clerk's and Register's Office                 |                                            |
| Term Expires March 30, 1954                                                         | Postoffice                                 |
| STATE OF Men John SS.                                                               |                                            |
| On this the day of duguel                                                           | 1952, before me personally appeared        |
| to me because to be the newer and described in and                                  | The Asset of the formal interest and       |
| to me known to be the person described in and                                       | <i>(</i> )                                 |
| acknowledged that Acce executed the same as                                         |                                            |
| Witness my hand and official seal this 6.7%                                         | day of                                     |
| GERTRUDE B. STIEHLER  Notary Public in the State of New York                        | Gertrede B. Stiehler                       |
| No. 60-91969C                                                                       | Notary Public                              |
| County Clerk and Register's Offices Term oxpires Merch 30, 1954                     | Postoffice                                 |
| STATE OF                                                                            |                                            |
| STATE OF SS.                                                                        |                                            |
| On this day of                                                                      | , 1952, before me personally appeared      |
| to me known to be the person described in and                                       | who executed the foregoing instrument. and |
| acknowledged that executed the same as _                                            | •                                          |
| Witness my hand and official seal this                                              |                                            |
| My Commission Expires:                                                              | Notary Public                              |
| •                                                                                   | •                                          |
|                                                                                     | D                                          |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| New Mexico, and acknowledge that they have reconditions thereof. The undersigned also being terests in the lands or minerals as indicated on Exhibit "B" do hereby commit all of their said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | embracing lands situated in Eddy and Lea Counties, ead the same and are familiar with the terms and the owners of the leasehold, royalty or other into the Schedule attached to said Unit Agreement as d interests to the Big Eddy Unit Agreement and downs and provisions thereof exactly the same as if said Unit Agreement or a counterpart thereof. |  |  |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t is executed by the undersigned as of the date set                                                                                                                                                                                                                                                                                                     |  |  |
| melin 01). Delloit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - James V Salla &<br>Serge Morrison<br>Betay D. Morrison                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | July Horason                                                                                                                                                                                                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Detay D. Morrison                                                                                                                                                                                                                                                                                                                                       |  |  |
| STATE OF STATE OF STATE STATE OF STATE  | <i>"</i>                                                                                                                                                                                                                                                                                                                                                |  |  |
| On this matters, day of the trees, and the trees of the tree | 1952 before me personally appeared                                                                                                                                                                                                                                                                                                                      |  |  |
| to me known to be the person described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                          |  |  |
| acknowledged that executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~                                                                                                                                                                                                                                                                                                                                                       |  |  |
| Witness my hand and official seal this/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>V</u> day of                                                                                                                                                                                                                                                                                                                                         |  |  |
| W. G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Notary Public                                                                                                                                                                                                                                                                                                                                           |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |  |  |
| STATE OF COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |  |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                         |  |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                         |  |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | and who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person_described in acknowledged that executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and who executed the foregoing instrument, and as free act and deed.                                                                                                                                                                                                                                                                                    |  |  |
| On this day of to me known to be the person_described in acknowledged that executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and who executed the foregoing instrument, and as                                                                                                                                                                                                                                                                                                       |  |  |
| On this day of to me known to be the person_described in acknowledged that executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and who executed the foregoing instrument, and as free act and deed.                                                                                                                                                                                                                                                                                    |  |  |
| On this day of to me known to be the person described in acknowledged that executed the same Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person_ described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and who executed the foregoing instrument, and as                                                                                                                                                                                                                                                                                                       |  |  |
| On this day of to me known to be the person_ described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:  STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:  STATE OF SS.  On this day of SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:  STATE OF SS.  On this day of SS.  to me known to be the person described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:  STATE OF SS.  On this day of SS.  to me known to be the person described in acknowledged that executed the same executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:  STATE OF SS.  On this day of SS.  to me known to be the person described in acknowledged that executed the same executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:  STATE OF SS.  On this day of SS.  to me known to be the person described in acknowledged that executed the same executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |
| On this day of to me known to be the person_described in acknowledged that executed the same Witness my hand and official seal this My Commission Expires:  STATE OF SS.  On this day of SS.  On this day of to me known to be the person_described in acknowledged that executed the same Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and who executed the foregoing instrument, and as free act and deed.  2 day of                                                                                                                                                                                                                                                                          |  |  |

### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) hereb<br>the Unit Agreement for the Development and Oper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | the same and are familiar with the terms and cowners of the leasehold, royalty or other inschedule attached to said Unit Agreement as terests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if Unit Agreement or a counterpart thereof. |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E. C. Donation                                                                                                                                                                                                                                                             |
| STATE OF COUNTY OF day of Uprel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                                                                                      |
| vilma Willott Donomo and S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                            |
| to me known to be the person_5 described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                            |
| acknowledged that the executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                            |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                                                                                              |
| My Commission Expires:  JOSE FANTOIA, Voters of the Control of the | Notary Public Observation Postoffice                                                                                                                                                                                                                                       |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                            |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                                      |
| to me known to be the person described in and acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | free act and deed.                                                                                                                                                                                                                                                         |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                                                 |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                            |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                                      |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                                                 |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                                                         |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                              |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the                                                                                                                              |                                                                                                                                                                                                                                                          |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with the terms and<br>the owners of the leasehold, royalty or other in-<br>the Schedule attached to said Unit Agreement as<br>interests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |  |  |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                | the celly                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                | Edizabeth Ann Solbeth                                                                                                                                                                                                                                    |  |  |
|                                                                                                                                                                                                                                                                                                                | <i></i>                                                                                                                                                                                                                                                  |  |  |
| STATE OF Sente Fe SS.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                          |  |  |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                    |  |  |
| Frank D. Elliott and Elizabeth An                                                                                                                                                                                                                                                                              | m Illiott                                                                                                                                                                                                                                                |  |  |
| to me known to be the person. described in and                                                                                                                                                                                                                                                                 | who executed the foregoing instrument, and                                                                                                                                                                                                               |  |  |
| acknowledged that ** executed the same as                                                                                                                                                                                                                                                                      | Tree act and deed.                                                                                                                                                                                                                                       |  |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of                                                                                                                                                                                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                | Dieb V. Sausants                                                                                                                                                                                                                                         |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                            |  |  |
| Inly 20, 1954                                                                                                                                                                                                                                                                                                  | Postoffice                                                                                                                                                                                                                                               |  |  |
|                                                                                                                                                                                                                                                                                                                | r ostorrice                                                                                                                                                                                                                                              |  |  |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |  |  |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |  |  |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                    |  |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                               |  |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                                       |  |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                                                                            |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                            |  |  |
| -                                                                                                                                                                                                                                                                                                              | Postoffice                                                                                                                                                                                                                                               |  |  |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                          |  |  |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                          |  |  |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                    |  |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | I who executed the foregoing instrument, and                                                                                                                                                                                                             |  |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                                       |  |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          |  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                            |  |  |
| <del></del>                                                                                                                                                                                                                                                                                                    | Postoffice                                                                                                                                                                                                                                               |  |  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. M, Elliott Mdna M. Elliott STATE OF \_ Mexico COUNTY OF Chaves \_\_\_\_\_, 1952, before me personally appeared day of \_ May L. E. Elliott and Edna M. Elliott, his wife to me known to be the person a described in and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed. Witness my hand and official seal this 31-41 day of My Commission Expires: STATE OF NEW MEXICO, COUNTY OF CHAVES A. D., One Thousand Nine Hundred and Fifty-bee L. B. Elliott before me personally appeared.... to me personally known, who, being by me duly sworn, did say that he is the..... Sunubles Royalty Company and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its Board of Directors, and said\_ L. S. Alliott acknowledged said instrument to be the free act and deed of said corporation. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on this, the day and year last My Commission expires ///ay 12, 1956 Form 501—Hall-Poorbaugh Press—Roswell, M. Postoffice STATE OF \_ COUNTY OF \_ \_\_\_\_\_, 1952, before me personally appeared On this \_\_\_\_\_ day of \_ to me known to be the person.... described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_ My Commission Expires: Notary Public

Postoffice

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of

| the Unit Agreement for the Development and Ope                                                                                                                                                                     | ration of the Big Eddy Unit Are                                                                                    | ea dated the                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| New Mexico, and acknowledge that they have reac<br>conditions thereof. The undersigned also being the<br>terests in the lands or minerals as indicated on the<br>Exhibit "B" do hereby commit all of their said in | ne owners of the leasehold, royalty<br>ne Schedule attached to said Unit A<br>interests to the Big Eddy Unit Agree | or other in-<br>greement as<br>ement and do |
| hereby consent thereto and ratify all of the terms<br>the undersigned had executed the original of said                                                                                                            | and provisions thereof exactly the                                                                                 | e same as if                                |
| _                                                                                                                                                                                                                  | •                                                                                                                  |                                             |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                  | s executed by the undersigned as of                                                                                | the date set                                |
|                                                                                                                                                                                                                    | Lucy my                                                                                                            | /1/                                         |
|                                                                                                                                                                                                                    | LUCY M. ENGLISH                                                                                                    | e la    |
|                                                                                                                                                                                                                    | 7                                                                                                                  | 12                                          |
|                                                                                                                                                                                                                    | LAWRENCE E. ENGLISH                                                                                                | Engli                                       |
| STATE OF NEW MEXICO SS.                                                                                                                                                                                            |                                                                                                                    |                                             |
| COUNTY OF CHAVES                                                                                                                                                                                                   |                                                                                                                    |                                             |
| On this day of Clful                                                                                                                                                                                               | , 1952, before me persons                                                                                          | ally appeared                               |
| LUCY M. ENGLISH AND LAWRENCE E                                                                                                                                                                                     | . ENGLISH, HER HUSBAND                                                                                             |                                             |
| to me known to be the person s described in and                                                                                                                                                                    | d who executed the foregoing inst                                                                                  | rument, and                                 |
| acknowledged that they executed the same as                                                                                                                                                                        | their free act and deed.                                                                                           |                                             |
| Witness my hand and official seal this                                                                                                                                                                             | day of Opice                                                                                                       | , 1952.                                     |
| 11 101000 II.J 10110 WIN 0211010 2001 VIII0 2                                                                                                                                                                      | Omerson B. Jodg                                                                                                    |                                             |
| My Commission Expires:                                                                                                                                                                                             | Notary Public                                                                                                      | unce                                        |
| Submarr, 28, 1894                                                                                                                                                                                                  | Kanna 1 / 21 / 21                                                                                                  | 1. /: 2                                     |
|                                                                                                                                                                                                                    | Postoffice                                                                                                         | agree                                       |
| STATE OF                                                                                                                                                                                                           | , 1952, before me persons                                                                                          | ally appeared                               |
|                                                                                                                                                                                                                    | , possession                                                                                                       | any appeared                                |
| to me known to be the person described in and                                                                                                                                                                      | d who executed the foregoing inst                                                                                  | rument, and                                 |
| acknowledged that executed the same as                                                                                                                                                                             |                                                                                                                    | •                                           |
| Witness my hand and official seal this                                                                                                                                                                             |                                                                                                                    | 1959                                        |
| Withest my hand and official scal only                                                                                                                                                                             | uay 01                                                                                                             | , 1002.                                     |
| My Commission Expires:                                                                                                                                                                                             | Notary Public                                                                                                      |                                             |
|                                                                                                                                                                                                                    | Postoffice                                                                                                         |                                             |
| OMAINE OE                                                                                                                                                                                                          |                                                                                                                    |                                             |
| STATE OF SS.                                                                                                                                                                                                       |                                                                                                                    |                                             |
|                                                                                                                                                                                                                    | 4050 1 4                                                                                                           |                                             |
| On this day of                                                                                                                                                                                                     | , 1952, before me persona                                                                                          | ally appeared                               |
| to me known to be the person described in an                                                                                                                                                                       | d who executed the foregoing inst                                                                                  | trument, and                                |
| acknowledged that executed the same a                                                                                                                                                                              | s free act and deed.                                                                                               |                                             |
| Witness my hand and official seal this                                                                                                                                                                             | day of                                                                                                             | , 1952.                                     |
| My Commission Expires:                                                                                                                                                                                             | Notary Public                                                                                                      |                                             |
|                                                                                                                                                                                                                    |                                                                                                                    |                                             |
|                                                                                                                                                                                                                    | Postoffice                                                                                                         |                                             |

| The undersigned (whether one or more) hereb the Unit Agreement for the Development and Operation                                                                                                                                                                                                               |                                                                                                                                                                                                                                       |
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| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with the terms and owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as terests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is of forth in their respective acknowledgments.                                                                                                                                                                                                                           | executed by the undersigned as of the date set                                                                                                                                                                                        |
| form in their respective acknowledgments.                                                                                                                                                                                                                                                                      | w. C. Inglish, p.                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                | and the second                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                                                 |
| W, G. Englis                                                                                                                                                                                                                                                                                                   | b, #.                                                                                                                                                                                                                                 |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                            |
| acknowledged thatexecuted the same as .                                                                                                                                                                                                                                                                        | free act and deed.                                                                                                                                                                                                                    |
| Witness my hand and official seal this/ \_                                                                                                                                                                                                                                                                     | 1 0                                                                                                                                                                                                                                   |
| _                                                                                                                                                                                                                                                                                                              | Beaumn, Legas                                                                                                                                                                                                                         |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                         |
| June 1, 1953                                                                                                                                                                                                                                                                                                   | Beaumont, Sepas                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                            |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |
| COUNTY OF Ss.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                            |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                    |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                       |
| _                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                       |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                | 1 ostolite                                                                                                                                                                                                                            |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                       |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                       |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                       |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                         |
| My Commission Dapites.                                                                                                                                                                                                                                                                                         | 2.00023 2 00000                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                            |

| The undersigned (whether one or more) hereb<br>the Unit Agreement for the Development and Oper                                                                                                                                                                                                                 | by acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | e owners of the leasehold, royalty or other in-<br>eschedule attached to said Unit Agreement as<br>terests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if<br>Unit Agreement or a counterpart thereof. |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                | · George L'Eswin)                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |
| STATE OF U.S. ARMY COUNTY OF APO 407A  On this 3 day of JUNE                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                                                         |
| George S. Stelle, St., & als                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                               |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| <u>-</u>                                                                                                                                                                                                                                                                                                       | your 7. Semal                                                                                                                                                                                                                                 |
| My Commission Expires: With the general powers of a Notary Public                                                                                                                                                                                                                                              | JAMES PREDISCHALLIC-<br>CAPT. JAGC                                                                                                                                                                                                            |
| Code of Military                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                               |
| Justice (P. L. 506 - 81st Cong., 5 May 1950).                                                                                                                                                                                                                                                                  | APO Postoffice 407A U.S. ARIMY                                                                                                                                                                                                                |
| STATE OF)                                                                                                                                                                                                                                                                                                      | ·                                                                                                                                                                                                                                             |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                    |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| William III III III III III III III III III I                                                                                                                                                                                                                                                                  | , 1002.                                                                                                                                                                                                                                       |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                    |
| OTTATE OF                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                    |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                               |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                    |

#### KNOW ALL MEN BY THESE PRESENTS:

| forth in their respective acknowledgments.                                         | executed by the indersigned as of the date set |
|------------------------------------------------------------------------------------|------------------------------------------------|
| STATE OF NEW NEXICO  COUNTY OF BERNALILLO  On this 17th day of July  John N. Fidel | , 1952, before me personally appeared          |
| to me known to be the person described in and                                      | who executed the foregoing instrument, and     |
| acknowledged that <u>he</u> executed the same as                                   |                                                |
| Witness my hand and official seal this 17th                                        |                                                |
| William Mila and Official Soul Wills                                               | $\mathcal{A}_{i}$                              |
| My Commission Expires:                                                             | Notary Public                                  |
| 12-5-54                                                                            | Albuquerque, New Mexico                        |
|                                                                                    | Postoffice                                     |
| STATE OF                                                                           | , 1952, before me personally appeared          |
| to me known to be the person described in and                                      | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                             | free act and deed.                             |
| Witness my hand and official seal this                                             | day of, 1952.                                  |
| My Commission Expires:                                                             | Notary Public                                  |
|                                                                                    | Postoffice                                     |
| STATE OF SS.                                                                       |                                                |
|                                                                                    | , 1952, before me personally appeared          |
| to me known to be the person described in and                                      | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                             | free act and deed.                             |
| Witness my hand and official seal this                                             |                                                |
| My Commission Expires:                                                             | Notary Public                                  |
|                                                                                    | Postoffice                                     |

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Opera                                                                                                                                                                                                                           | acknowledge receipt of an iction of the Big Eddy Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | dentical copy of<br>Area dated the                                       |
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| New Mexico, and acknowledge that they have read to conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said into hereby consent thereto and ratify all of the terms a the undersigned had executed the original of said U | owners of the leasehold, roya<br>Schedule attached to said Uni-<br>erests to the Big Eddy Unit A<br>nd provisions thereof exactly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ity or other in-<br>it Agreement as<br>greement and do<br>the same as if |
| IN WITNESS WHEREOF, this instrument is enforth in their respective acknowledgments.                                                                                                                                                                                                                                     | xecuted by the undersigned as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of the date set                                                          |
|                                                                                                                                                                                                                                                                                                                         | Lide S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Flood                                                                    |
|                                                                                                                                                                                                                                                                                                                         | DIXIE D. FLOOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |
|                                                                                                                                                                                                                                                                                                                         | 1 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |
|                                                                                                                                                                                                                                                                                                                         | ROY LA FLOOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | od                                                                       |
| STATE OF NEW MEXICO                                                                                                                                                                                                                                                                                                     | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |
| COUNTY OF _CHAVES SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| On this day of Clared                                                                                                                                                                                                                                                                                                   | , 1952, before me pers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sonally appeared                                                         |
|                                                                                                                                                                                                                                                                                                                         | L. FLOOD, HER HUSBAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |
| to me known to be the person. a described in and a                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | instrument, and                                                          |
| acknowledged that they executed the same as                                                                                                                                                                                                                                                                             | designation of the second seco | 1050                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                  | day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del></del>                                                              |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ille                                                                     |
| na. Commission VET                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | w Mexico                                                                 |
| Balanary 28, 185/                                                                                                                                                                                                                                                                                                       | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | w///gee                                                                  |
| CTLATE OF                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| STATE OF SS.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
|                                                                                                                                                                                                                                                                                                                         | 1050 1 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | .,                                                                       |
| On this day of                                                                                                                                                                                                                                                                                                          | , 1952, before me pers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sonally appeared                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                           | who executed the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | instrument, and                                                          |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                  | free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                  | day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952.                                                                  |
| My Commission Funings                                                                                                                                                                                                                                                                                                   | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Fublic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |
|                                                                                                                                                                                                                                                                                                                         | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |
| STATE OF                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| COUNTY OF Ss.                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| On this day of                                                                                                                                                                                                                                                                                                          | , 1952, before me pers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sonally appeared                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                           | who executed the foregoing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | instrument, and                                                          |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 1952.                                                                  |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |
|                                                                                                                                                                                                                                                                                                                         | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ·                                                                        |

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of

#### KNOW ALL MEN BY THESE PRESENTS:

the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the day of \_\_\_\_\_\_\_, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. STATE OF \_\_\_\_ COUNTY OF .... day of . \_\_\_\_, 1952, before me personally appeared Remoth Frenchista II to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_ executed the same as \_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_\_ day of \_\_\_\_\_ day My Commission Expires: Notary Public // Postoffice STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_\_, 1952, before me personally appeared to me known to be the person \_\_\_ described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ My Commission Expires: Notary Public Postoffice STATE OF \_ COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared to me known to be the person... described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_ Notary Public My Commission Expires:

Postoffice

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of \_\_\_\_\_\_\_\_, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. STATE OF California COUNTY OF Santa Barbara , 1952, before me personally appeared Robert C. Glines, a single man to me known to be the person, described in and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_ My Commission Expires: STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_\_, 1952, before me personally appeared to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ My Commission Expires: Notary Public Postoffice STATE OF \_ COUNTY OF \_\_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared On this \_\_\_\_\_ day of \_\_\_ to me known to be the person... described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ Notary Public My Commission Expires:

Postoffice

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                  | eby acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have reacconditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | he owners of the leasehold, royalty or other in-<br>ne Schedule attached to said Unit Agreement as<br>interests to the Big Eddy Unit Agreement and do<br>a and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                          | s executed by the undersigned as of the date set                                                                                                                                                         |
| forth in their respective acknowledgments,                                                                                                                                                                                                                                                                 | O PILORD                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                            | Ora R Hall &                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                            | The love fall                                                                                                                                                                                            |
| STATE OF Sente Pe                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
| On this 5th day of 1000                                                                                                                                                                                                                                                                                    | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in an                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                          |
| My Commission Expires:                                                                                                                                                                                                                                                                                     | Rilifo Rotary Public                                                                                                                                                                                     |
| July 20, 1954                                                                                                                                                                                                                                                                                              | Santa Fe. New Mexico                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                            | Postoffice                                                                                                                                                                                               |
| STATE OF                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                            | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in an                                                                                                                                                                                                                                                               |                                                                                                                                                                                                          |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                     | day of, 1952.                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                     | Notary Public                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                            | Postoffice                                                                                                                                                                                               |
| STATE OF                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                          |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                          |
| On this day of                                                                                                                                                                                                                                                                                             | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in an                                                                                                                                                                                                                                                               | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                      | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                     | day of, 1952.                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                     | Notary Public                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                            | Dontoffice                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                            | Postoffice                                                                                                                                                                                               |

### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                      | by acknowledge receipt of an identical copy of ration of the Big Eddy Unit Area dated the                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>nterests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                      |
| Total in their respective acknowledgments.                                                                                                                                                                                                                                                                     | Daving Harris                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | Da vary                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| STATE OF MEN MEXICO COUNTY OF ANA } ss.                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                     |
| On this 19th day of May                                                                                                                                                                                                                                                                                        | , 1952, before me personally appeared                                                                                                                                                               |
| La Verge Harris, a single woman                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                          |
| acknowledged that <u>she</u> executed the same as                                                                                                                                                                                                                                                              | her free act and deed.                                                                                                                                                                              |
| Witness my hand and official seal thisl9th                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                       |
| 4-26-56                                                                                                                                                                                                                                                                                                        | Las Cruces, New Mexico.                                                                                                                                                                             |
| 4-29-79                                                                                                                                                                                                                                                                                                        | Postoffice                                                                                                                                                                                          |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                     |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                               |
| to me known to be the person described in and acknowledged that executed the same as                                                                                                                                                                                                                           |                                                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |
| W. 101000 M., 114114 W. 14 01210 W. 2001 W. 1140 M. 1140                                                                                                                                                                                                                                                       | , 1001.                                                                                                                                                                                             |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                          |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                               |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                          |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                       |
| -                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                       |

Postoffice

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of

| the Unit Agreement for the Development and O                                                                                                                                                                                                                                                    | peration of the Big Eddy Unit A                                                                                                                          | rea dated the                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| New Mexico, and acknowledge that they have reconditions thereof. The undersigned also being terests in the lands or minerals as indicated on Exhibit "B" do hereby commit all of their said hereby consent thereto and ratify all of the term the undersigned had executed the original of said | the owners of the leasehold, royalt<br>the Schedule attached to said Unit<br>I interests to the Big Eddy Unit Agr<br>ms and provisions thereof exactly t | Agreement as<br>reement and do<br>the same as if |
| IN WITNESS WHEREOF, this instrument forth in their respective acknowledgments.                                                                                                                                                                                                                  | is executed by the undersigned as                                                                                                                        | of the date set                                  |
| <u> </u>                                                                                                                                                                                                                                                                                        | Marian                                                                                                                                                   | Harri                                            |
|                                                                                                                                                                                                                                                                                                 | John D. Ho                                                                                                                                               | inin                                             |
|                                                                                                                                                                                                                                                                                                 | 7                                                                                                                                                        |                                                  |
|                                                                                                                                                                                                                                                                                                 | 9                                                                                                                                                        |                                                  |
| STATE OF Oklahoma SS.                                                                                                                                                                                                                                                                           |                                                                                                                                                          |                                                  |
| On this 29th day of May                                                                                                                                                                                                                                                                         | , 1952, before me perso                                                                                                                                  | nally appeared                                   |
| Rigina D. Barris and John 4, No                                                                                                                                                                                                                                                                 |                                                                                                                                                          |                                                  |
| to me known to be the person described in a                                                                                                                                                                                                                                                     | and who executed the foregoing in                                                                                                                        | strument, and                                    |
| acknowledged that executed the same                                                                                                                                                                                                                                                             | asfree act and deed.                                                                                                                                     |                                                  |
| Witness my hand and official seal this 29                                                                                                                                                                                                                                                       |                                                                                                                                                          | , 1952.                                          |
| •                                                                                                                                                                                                                                                                                               |                                                                                                                                                          |                                                  |
| My Commission Expires:                                                                                                                                                                                                                                                                          | Notary Public                                                                                                                                            |                                                  |
| October 23, 1955                                                                                                                                                                                                                                                                                | Oklahoma City, Ok                                                                                                                                        | lahoma                                           |
|                                                                                                                                                                                                                                                                                                 | Postoffice                                                                                                                                               |                                                  |
| STATE OF ss.                                                                                                                                                                                                                                                                                    |                                                                                                                                                          |                                                  |
| On this day of                                                                                                                                                                                                                                                                                  | , 1952, before me perso                                                                                                                                  | nally appeared                                   |
| to me known to be the person described in a                                                                                                                                                                                                                                                     | and who executed the foregoing in                                                                                                                        | etrument and                                     |
| acknowledged that executed the same                                                                                                                                                                                                                                                             |                                                                                                                                                          | isti ument, anu                                  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                          |                                                                                                                                                          | 1059                                             |
| Witness my hand and official seal time                                                                                                                                                                                                                                                          | day or                                                                                                                                                   | , 1302.                                          |
| My Commission Expires:                                                                                                                                                                                                                                                                          | Notary Public                                                                                                                                            |                                                  |
|                                                                                                                                                                                                                                                                                                 | Postoffice                                                                                                                                               |                                                  |
| STATE OF                                                                                                                                                                                                                                                                                        |                                                                                                                                                          |                                                  |
| STATE OF SS.                                                                                                                                                                                                                                                                                    |                                                                                                                                                          |                                                  |
| On this day of                                                                                                                                                                                                                                                                                  | , 1952, before me perso                                                                                                                                  | nally appeared                                   |
| to me known to be the person described in a                                                                                                                                                                                                                                                     | and who executed the foregoing in                                                                                                                        | nstrument. and                                   |
| acknowledged that executed the same                                                                                                                                                                                                                                                             |                                                                                                                                                          | ,                                                |
| Witness my hand and official seal this                                                                                                                                                                                                                                                          |                                                                                                                                                          | , 1952.                                          |
| My Commission Fynises                                                                                                                                                                                                                                                                           | Notary Public                                                                                                                                            |                                                  |
| My Commission Expires:                                                                                                                                                                                                                                                                          | notary rubiic                                                                                                                                            |                                                  |
|                                                                                                                                                                                                                                                                                                 | Postoffice                                                                                                                                               |                                                  |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. |                                        |     |
|-----------------------------------------------------------------------------------|----------------------------------------|-----|
|                                                                                   | Starking C Holloway                    | ,   |
|                                                                                   | sand olloway                           |     |
|                                                                                   |                                        |     |
|                                                                                   |                                        |     |
| STATE OF TEXAS SS.                                                                |                                        |     |
| COUNTY OF Industrial                                                              |                                        |     |
| On this day of day and J                                                          | , 1952, before me personally appear    | red |
|                                                                                   |                                        |     |
| to me known to be the person. described in and                                    |                                        | ind |
| acknowledged that executed the same as                                            |                                        |     |
| Witness my hand and official seal this                                            | _ day of, 1952.                        |     |
|                                                                                   | Typheck v Kogus                        | /   |
| My Commission Expires:                                                            | Notary Public                          |     |
| June 1, 195 3                                                                     | Fact Wark ex.                          | 4   |
|                                                                                   | Postoffice                             |     |
| STATE OF                                                                          |                                        |     |
| STATE OF                                                                          |                                        |     |
| On this day of                                                                    | , 1952, before me personally appea     | red |
| to me known to be the person described in and                                     | who executed the foregoing instrument. | and |
| acknowledged that executed the same as                                            |                                        |     |
| Witness my hand and official seal this                                            |                                        |     |
|                                                                                   | , 1001                                 |     |
| My Commission Expires:                                                            | Notary Public                          |     |
|                                                                                   | ·                                      |     |
|                                                                                   | Postoffice                             |     |
| STATE OF                                                                          |                                        |     |
| COUNTY OF Ss.                                                                     |                                        |     |
| On this day of                                                                    | 1952 hefore me nersonally annea        | har |
| On this                                                                           | , 1002, serore me personany appea      | TCU |
| to me known to be the person described in and                                     | who executed the foregoing instrument. | and |
| acknowledged that executed the same as                                            |                                        |     |
| Witness my hand and official seal this                                            |                                        |     |
|                                                                                   | <u> </u>                               |     |
| My Commission Expires:                                                            | Notary Public                          |     |
|                                                                                   |                                        |     |
|                                                                                   | Postoffice                             |     |

### ROTALITY OWNERS

# CONSENT AND RATIFICATION OF BIG EDDY UNIT AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: AS ROYALTY OWNERS ONLY.

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                      | by acknowledge receipt of an identic<br>ration of the Big Eddy Unit Area                                                                                                                                | al copy of dated the                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said is hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | I the same and are familiar with the<br>ne owners of the leasehold, royalty on<br>ne Schedule attached to said Unit Agr<br>nterests to the Big Eddy Unit Agreem<br>and provisions thereof exactly the s | terms and<br>r other in-<br>reement as<br>ent and do<br>same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the                                                                                                                                                                   | mpen                                                               |
| Gladya H. Hunter                                                                                                                                                                                                                                                                                               | William A. Thompson & Wi                                                                                                                                                                                |                                                                    |
|                                                                                                                                                                                                                                                                                                                | James D. Sprecher & wii                                                                                                                                                                                 | •                                                                  |
| COUNTY OF Kinds SS.                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                         |                                                                    |
| On this god day of New Law ( Mrs.) Gladys & Shurter                                                                                                                                                                                                                                                            | , 1952, before me personally                                                                                                                                                                            | y appeared                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | l who executed the foregoing instru                                                                                                                                                                     | ment, and                                                          |
| acknowledged thatsi.a executed the same as                                                                                                                                                                                                                                                                     | her free act and deed.                                                                                                                                                                                  | ,                                                                  |
| Witness my hand and official seal this 950                                                                                                                                                                                                                                                                     | day of <b>key</b>                                                                                                                                                                                       | _, 1952.                                                           |
| <u>.</u>                                                                                                                                                                                                                                                                                                       | Catherine H. Calhe                                                                                                                                                                                      | nin                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                           |                                                                    |
| 6-10-53                                                                                                                                                                                                                                                                                                        | Notary Public Postoffice                                                                                                                                                                                | rop.                                                               |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                         |                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personall                                                                                                                                                                             | y appeared                                                         |
| William R. Thomps                                                                                                                                                                                                                                                                                              | on and his wife Nancy L. Thom                                                                                                                                                                           | 25078                                                              |
| to me known to be the person_s described in and                                                                                                                                                                                                                                                                | l who executed the foregoing instru                                                                                                                                                                     | ment, and                                                          |
| acknowledged that _they executed the same as                                                                                                                                                                                                                                                                   | their ree act and deed.                                                                                                                                                                                 |                                                                    |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | 6 day of                                                                                                                                                                                                | _, 19 <del>52</del>                                                |
|                                                                                                                                                                                                                                                                                                                | Wim f. swa                                                                                                                                                                                              | nton                                                               |
| My Commission Expires:  7 - 8 - 5 - 2                                                                                                                                                                                                                                                                          | Notary Public                                                                                                                                                                                           | _                                                                  |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                              | <i>J G</i> .                                                       |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                         |                                                                    |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally                                                                                                                                                                            |                                                                    |
| to me known to be the person s described in and                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                       |                                                                    |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         | •                                                                  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                         | _, 1952.                                                           |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                         |                                                                    |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                           |                                                                    |
| -                                                                                                                                                                                                                                                                                                              | Postoffice                                                                                                                                                                                              |                                                                    |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.    | executed by the undersigned as of the date set |
|--------------------------------------------------------------------------------------|------------------------------------------------|
|                                                                                      | Mother For Kente                               |
|                                                                                      |                                                |
| STATE OF COUNTY OF SS.                                                               |                                                |
| On this day of                                                                       | , 1952, before me personally appeared          |
| 5, 8, Fester and wife, Sattle                                                        |                                                |
| to me known to be the person described in and acknowledged that executed the same as |                                                |
| Witness my hand and official seal this                                               |                                                |
| My Commission Expires:                                                               | Notary Public                                  |
| 7-13-54                                                                              |                                                |
|                                                                                      | Postoffice                                     |
| STATE OF SS.                                                                         |                                                |
| On this day of                                                                       | , 1952, before me personally appeared          |
| to me known to be the person described in and                                        | ! who executed the foregoing instrument, and   |
| acknowledged that executed the same as                                               |                                                |
| Witness my hand and official seal this                                               | day of, 1952.                                  |
| My Commission Expires:                                                               | Notary Public                                  |
|                                                                                      | Postoffice                                     |
| STATE OF SS.                                                                         |                                                |
| On this day of                                                                       | , 1952, before me personally appeared          |
| to me known to be the person described in and                                        | l who executed the foregoing instrument, and   |
| acknowledged that executed the same as                                               | free act and deed.                             |
| Witness my hand and official seal this                                               |                                                |
| My Commission Expires:                                                               | Notary Public                                  |
|                                                                                      | Postoffiae                                     |

#### KNOW ALL MEN BY THESE PRESENTS:

| forth in their respective acknowled                                                      | s instrument is lgments. | executed by                          |                      | s of the date set |
|------------------------------------------------------------------------------------------|--------------------------|--------------------------------------|----------------------|-------------------|
|                                                                                          |                          |                                      | siher !              | Jelly -           |
| STATE OF Character                                                                       | } ss.                    |                                      |                      |                   |
| On this day of                                                                           |                          |                                      | 1952, before me per  |                   |
| to me known to be the person de                                                          |                          |                                      |                      |                   |
| acknowledged that they execute                                                           |                          |                                      | _                    | mstrument, and    |
| Witness my hand and official s                                                           |                          |                                      |                      | , 1952.           |
| My Commission Expires:                                                                   | -                        | Deve                                 | Notary Public        |                   |
|                                                                                          | -                        |                                      | Postoffice           |                   |
| STATE OF                                                                                 | } ss.                    |                                      |                      |                   |
| On this day of                                                                           |                          | ,                                    | 1952, before me pe   | rsonally appeared |
| to me known to be the person deacknowledged that execute                                 |                          |                                      |                      | instrument, and   |
| Witness my hand and official s                                                           |                          |                                      |                      | , 1952.           |
| My Commission Expires:                                                                   | -                        |                                      | Notary Public        |                   |
|                                                                                          | -                        |                                      | Postoffice           |                   |
| STATE OF                                                                                 | } ss.                    |                                      |                      |                   |
| On this day of                                                                           |                          | ···································· | , 1952, before me pe | rsonally appeared |
| to me known to be the person deacknowledged that execute  Witness my hand and official s | ed the same as           | fre                                  | e act and deed.      |                   |
| My Commission Expires:                                                                   | -                        |                                      | Notary Public        |                   |
|                                                                                          | -                        | - <del></del>                        | Postoffice           |                   |

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Operation (1997).                                                                                                                                                                                                      | y acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as<br>terests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Heren Magnaer                                                                                                                                                                                                                                                                                                  | Corece Paudie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| STATE OF <u>Lexas</u> COUNTY OF <u>Tarrent</u> SS.                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this 19th day of many R. S avay rudor of this wife, the land                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| acknowledged that the executed the same as.                                                                                                                                                                                                                                                                    | a a constant of the constant o |
|                                                                                                                                                                                                                                                                                                                | A The Art of the Art o |
| My Commission Expires:  My Commission Expires:  My Commission Expires:  My Commission Expires May 31, 1953                                                                                                                                                                                                     | Notary Public  For Sinday Paris Ft Worth Tex  Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| STATE OF Mey Meyico SS.  COUNTY OF Eldy  On this 12 day of June  D'N Randel and his rife                                                                                                                                                                                                                       | Clarice Landle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of fue, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| dilly EXPIRED                                                                                                                                                                                                                                                                                                  | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. | executed by the undersigned as of the date set            |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------|
|                                                                                   | Matty Madale                                              |
|                                                                                   | Ross Madale                                               |
| STATE OF SS.                                                                      |                                                           |
|                                                                                   | , 1952, before me personally appeared                     |
| Both Madely and More Matele, har he                                               |                                                           |
| to me known to be the persons described in and                                    |                                                           |
| acknowledged that executed the same as                                            |                                                           |
| Witness my hand and official seal this                                            | _ day of, 1952.                                           |
| Mr. Commission Francisco                                                          | Here & hereword                                           |
| My Commission Expires:                                                            | Notary Public                                             |
| My commission expired                                                             | Postoffice                                                |
| June 1, 1953                                                                      | ALICE SHIP YOUD. Notary Do in and for Pollus County, Texa |
| STATE OF SS.                                                                      | prairie, seeme construction                               |
| On this day of                                                                    | , 1952, before me personally appeared                     |
| to me known to be the person described in and                                     | who executed the foregoing instrument, and                |
| acknowledged that executed the same as                                            | free act and deed.                                        |
| Witness my hand and official seal this                                            | _ day of, 1952.                                           |
| My Commission Expires:                                                            | Notary Public                                             |
|                                                                                   | Postoffice                                                |
| STATE OF SS.                                                                      |                                                           |
| On this day of                                                                    | , 1952, before me personally appeared                     |
| to me known to be the person described in and                                     | who executed the foregoing instrument, and                |
| acknowledged that executed the same as                                            | free act and deed.                                        |
| Witness my hand and official seal this                                            | _ day of, 1952.                                           |
| My Commission Expires:                                                            | Notary Public                                             |
|                                                                                   | Postoffice                                                |

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                      | by acknowledge receipt of an identical copy of ration of the Big Eddy Unit Area dated the                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with the terms and<br>the owners of the leasehold, royalty or other in-<br>the Schedule attached to said Unit Agreement as<br>not not be builded in the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                | 11161 11 11 11 12 12 12 12 12 12 12 12 12 12                                                                                                                                                 |
| STATE OF New Mexico COUNTY OF Eddy  SS.                                                                                                                                                                                                                                                                        |                                                                                                                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                        |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                           |
| Witness my hand and official seal this 3rd                                                                                                                                                                                                                                                                     | Clice J. Jornan                                                                                                                                                                              |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                |
| June 29-1955                                                                                                                                                                                                                                                                                                   | Postoffice                                                                                                                                                                                   |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                        |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                   |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                              |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                   |
| STATE OF ss.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                        |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | d who executed the foregoing instrument, and                                                                                                                                                 |
| acknowledged that executed the same as Witness my hand and official seal this                                                                                                                                                                                                                                  | s free act and deed.<br>day of, 1952.                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                   |

| The undersigned (whether one or more) hereb<br>the Unit Agreement for the Development and Oper                                                                                                                                                                                                                                                      | y acknowledge receipt of an ide<br>ation of the Big Eddy Unit A                                                                                                     | ntical copy of<br>rea dated the                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| day of, 1952, embr<br>New Mexico, and acknowledge that they have read<br>conditions thereof. The undersigned also being the<br>terests in the lands or minerals as indicated on the<br>Exhibit "B" do hereby commit all of their said in<br>hereby consent thereto and ratify all of the terms<br>the undersigned had executed the original of said | the same and are familiar with a owners of the leasehold, royalty Schedule attached to said Unit terests to the Big Eddy Unit Agrand provisions thereof exactly the | the terms and<br>y or other in-<br>Agreement as<br>eement and do<br>he same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                   | _                                                                                                                                                                   |                                                                                   |
| Laure Hallach                                                                                                                                                                                                                                                                                                                                       | Magdaline Mas                                                                                                                                                       | 1 /                                                                               |
|                                                                                                                                                                                                                                                                                                                                                     | Jimmy C. More                                                                                                                                                       | he su                                                                             |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |                                                                                   |
| On this day of                                                                                                                                                                                                                                                                                                                                      | , 1952, before me person                                                                                                                                            | nally appeared                                                                    |
| Magdalene Markham and Jimmy C. Markh                                                                                                                                                                                                                                                                                                                | m, her husband,                                                                                                                                                     |                                                                                   |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                       | who executed the foregoing in                                                                                                                                       | strument, and                                                                     |
| acknowledged that there executed the same as                                                                                                                                                                                                                                                                                                        | their free act and deed.                                                                                                                                            |                                                                                   |
| Witness my hand and official seal this/2_                                                                                                                                                                                                                                                                                                           | day of Hay                                                                                                                                                          | , 1952.                                                                           |
|                                                                                                                                                                                                                                                                                                                                                     | Buline luce                                                                                                                                                         | ll                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                              | Notary Public                                                                                                                                                       | 11                                                                                |
| 6-1-53.                                                                                                                                                                                                                                                                                                                                             | Menste, Starts  Postoffice                                                                                                                                          | o selle                                                                           |
| STATE OF SS.  COUNTY OF day of SS.                                                                                                                                                                                                                                                                                                                  | , 1952, before me person                                                                                                                                            | nally appeared                                                                    |
| Fresh milled and Louise all ash, his                                                                                                                                                                                                                                                                                                                | i vilte                                                                                                                                                             |                                                                                   |
| to me known to be the persons described in and                                                                                                                                                                                                                                                                                                      | who executed the foregoing in                                                                                                                                       | strument, and                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                              | free act and deed.                                                                                                                                                  |                                                                                   |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                              | day of                                                                                                                                                              | , 1952.                                                                           |
|                                                                                                                                                                                                                                                                                                                                                     | E.N. Stoff                                                                                                                                                          |                                                                                   |
| My Commission Expires:  Commission Expires: October 5, 1955                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                       |                                                                                   |
| Commission reflects occurs of the                                                                                                                                                                                                                                                                                                                   | Postoffice                                                                                                                                                          |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                     | -                                                                                                                                                                   |                                                                                   |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |                                                                                   |
| COUNTY OF)                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                     |                                                                                   |
| On this day of                                                                                                                                                                                                                                                                                                                                      | , 1952, before me person                                                                                                                                            | nally appeared                                                                    |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                       | who executed the foregoing in                                                                                                                                       | strument, and                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                     |                                                                                   |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                              | _ day of                                                                                                                                                            | , 1952.                                                                           |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                              | Notary Public                                                                                                                                                       |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                     | Postoffice                                                                                                                                                          |                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                     | Z 000011100                                                                                                                                                         |                                                                                   |

#### KNOW ALL MEN BY THESE PRESENTS:

| forth in their respective acknowledgments.                                                                                  | executed by the undersigned as of the date set    |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                             | J W= Mc Elvain                                    |
| STATE OF                                                                                                                    | free act and deed.                                |
| My Commission Expires:                                                                                                      | Willow Lufwork  Notary Rublic  Morros  Postoffice |
| STATE OF SS.  COUNTY OF day of                                                                                              | , 1952, before me personally appeared             |
| to me known to be the person described in and acknowledged that executed the same as Witness my hand and official seal this | free act and deed.                                |
| My Commission Expires:                                                                                                      | Notary Public                                     |
|                                                                                                                             | Postoffice                                        |
| STATE OF                                                                                                                    |                                                   |
| On this day of                                                                                                              | , 1952, before me personally appeared             |
| to me known to be the person described in and acknowledged that executed the same as Witness my hand and official seal this | free act and deed.                                |
| My Commission Expires:                                                                                                      | Notary Public                                     |
|                                                                                                                             | Postoffice                                        |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. | and the property of the second second |                                       |
|-----------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|
|                                                                                   | Maybelle E. M                         | Jennan                                |
| STATE OF COUNTY OF CORRELATION SS.                                                |                                       |                                       |
| On this day of Ame                                                                |                                       | sonally appeared                      |
| to me known to be the person described in and                                     |                                       | nstrument, and                        |
| acknowledged that executed the same as                                            |                                       | ,                                     |
| Witness my hand and official seal this                                            | day of June                           | . 1952.                               |
|                                                                                   |                                       |                                       |
| My Commission Expires:                                                            | Notary Public                         |                                       |
|                                                                                   | the 1th                               |                                       |
| - the Walter 1d, - 12                                                             | Postoffice                            |                                       |
| STATE OF                                                                          | 1952, hefore me ner                   | sonally anneared                      |
|                                                                                   | , 2002, 001010 mo pol                 |                                       |
| to me known to be the $\operatorname{person}$ described in and                    | who executed the foregoing            | instrument, and                       |
| $acknowledged \ that \ \_\_\_\_\_ \ executed \ the \ same \ as$                   | free act and deed.                    |                                       |
| Witness my hand and official seal this                                            | day of                                | , 1952.                               |
| My Commission Expires:                                                            | Notary Public                         |                                       |
|                                                                                   | Postoffice                            | · · · · · · · · · · · · · · · · · · · |
| STATE OF                                                                          |                                       |                                       |
| On this day of                                                                    | , 1952, before me per                 | sonally appeared                      |
| to me known to be the person described in and                                     | who executed the foregoing            | instrument, and                       |
| acknowledged that executed the same as                                            | free act and deed.                    |                                       |
| Witness my hand and official seal this                                            | day of                                | , 1952.                               |
| My Commission Expires:                                                            | Notary Public                         |                                       |
|                                                                                   | Postoffice                            |                                       |

### KNOW ALL MEN BY THESE PRESENTS:

| the Unit Agreement for the Develo                                                                                                                                                                                    | pment and Oper                                                                               | y acknowledge receipt of an identical copy of<br>ation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| New Mexico, and acknowledge that conditions thereof. The undersigne terests in the lands or minerals as Exhibit "B" do hereby commit all hereby consent thereto and ratify a                                         | they have read<br>also being the<br>indicated on the<br>of their said in<br>all of the terms | acing lands situated in Eddy and Lea Counties, the same and are familiar with the terms and owners of the leasehold, royalty or other in-Schedule attached to said Unit Agreement as terests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if Unit Agreement or a counterpart thereof. |        |
| IN WITNESS WHEREOF, the forth in their respective acknowledge                                                                                                                                                        | is instrument is a                                                                           | executed by the undersigned as of the date set                                                                                                                                                                                                                                                                            |        |
|                                                                                                                                                                                                                      | <del></del>                                                                                  | Irry M. hutt                                                                                                                                                                                                                                                                                                              |        |
|                                                                                                                                                                                                                      |                                                                                              |                                                                                                                                                                                                                                                                                                                           |        |
|                                                                                                                                                                                                                      |                                                                                              |                                                                                                                                                                                                                                                                                                                           |        |
| STATE OF                                                                                                                                                                                                             | } ss.                                                                                        |                                                                                                                                                                                                                                                                                                                           |        |
| On this $\underline{26 	ext{th}} \cdot 	ext{day of}$                                                                                                                                                                 | Мау                                                                                          | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                     |        |
|                                                                                                                                                                                                                      | Amy McNu                                                                                     | tt                                                                                                                                                                                                                                                                                                                        |        |
|                                                                                                                                                                                                                      |                                                                                              | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                |        |
| acknowledged that she execut                                                                                                                                                                                         |                                                                                              |                                                                                                                                                                                                                                                                                                                           |        |
| Witness my hand and official s                                                                                                                                                                                       | eal this                                                                                     | $\frac{\text{day of}}{0} = \frac{\text{May}}{\text{Nay}}, 1952.$                                                                                                                                                                                                                                                          |        |
| My Commission Expires:                                                                                                                                                                                               | Carri                                                                                        | e C. Estes, Notary Public, Bexar Count                                                                                                                                                                                                                                                                                    | y,Texa |
| May 31, 1953                                                                                                                                                                                                         |                                                                                              | San Antonio, Texas                                                                                                                                                                                                                                                                                                        |        |
|                                                                                                                                                                                                                      |                                                                                              | Postoffice                                                                                                                                                                                                                                                                                                                |        |
| STATE OF                                                                                                                                                                                                             |                                                                                              |                                                                                                                                                                                                                                                                                                                           |        |
|                                                                                                                                                                                                                      |                                                                                              |                                                                                                                                                                                                                                                                                                                           |        |
| COUNTY OF                                                                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                                                                           |        |
|                                                                                                                                                                                                                      | } SS.                                                                                        | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                     |        |
| On this day of                                                                                                                                                                                                       |                                                                                              |                                                                                                                                                                                                                                                                                                                           |        |
| On this day of  to me known to be the person d                                                                                                                                                                       | SS.                                                                                          | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                |        |
| On this day of  to me known to be the person day  acknowledged that execut                                                                                                                                           | lescribed in and                                                                             | who executed the foregoing instrument, and free act and deed.                                                                                                                                                                                                                                                             |        |
| On this day of  to me known to be the person day  acknowledged that execut                                                                                                                                           | lescribed in and                                                                             | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                |        |
| On this day of  to me known to be the person day  acknowledged that execut                                                                                                                                           | lescribed in and                                                                             | who executed the foregoing instrument, and free act and deed.                                                                                                                                                                                                                                                             |        |
| On this day of  to me known to be the person day  acknowledged that execut  Witness my hand and official s                                                                                                           | lescribed in and                                                                             | who executed the foregoing instrument, and free act and deed. , 1952.                                                                                                                                                                                                                                                     |        |
| On this day of  to me known to be the person day acknowledged that execut Witness my hand and official s  My Commission Expires:                                                                                     | lescribed in and ed the same as leal this                                                    | who executed the foregoing instrument, and free act and deed, 1952.  Notary Public                                                                                                                                                                                                                                        |        |
| On this day of  to me known to be the person day  acknowledged that execut  Witness my hand and official s                                                                                                           | lescribed in and ed the same as leal this                                                    | who executed the foregoing instrument, and free act and deed, 1952.  Notary Public                                                                                                                                                                                                                                        |        |
| On this day of  to me known to be the person day of  acknowledged that execut  Witness my hand and official s  My Commission Expires:  STATE OF  COUNTY OF                                                           | lescribed in and ed the same as leal this                                                    | who executed the foregoing instrument, and free act and deed, 1952.  Notary Public                                                                                                                                                                                                                                        |        |
| On this day of  to me known to be the person day of  acknowledged that execut  Witness my hand and official s  My Commission Expires:  STATE OF  COUNTY OF  On this day of                                           | lescribed in and ed the same as leal this                                                    | who executed the foregoing instrument, and free act and deed, 1952.  Notary Public  Postoffice                                                                                                                                                                                                                            |        |
| On this day of  to me known to be the person day of  acknowledged that execut  Witness my hand and official s  My Commission Expires:  STATE OF  COUNTY OF  On this day of                                           | lescribed in and ed the same as real this                                                    | who executed the foregoing instrument, and free act and deed. day of, 1952.  Notary Public  Postoffice  Postoffice  who executed the foregoing instrument, and                                                                                                                                                            |        |
| On this day of to me known to be the person dacknowledged that execut Witness my hand and official s  My Commission Expires:  STATE OF On this day of  to me known to be the person dacknowledged that execut execut | lescribed in and ed the same as leal this                                                    | who executed the foregoing instrument, and free act and deed. day of, 1952.  Notary Public  Postoffice  Postoffice  who executed the foregoing instrument, and                                                                                                                                                            |        |
| On this day of to me known to be the person dacknowledged that execut Witness my hand and official s  My Commission Expires:  STATE OF On this day of  to me known to be the person dacknowledged that execut execut | lescribed in and ed the same as leal this                                                    | who executed the foregoing instrument, and free act and deed, 1952.  Notary Public  Postoffice , 1952, before me personally appeared who executed the foregoing instrument, and free act and deed.                                                                                                                        |        |

Postoffice

| The undersigned (whether one or more) hereb<br>the Unit Agreement for the Development and Oper                                                                                                                                                                                                                                                   | by acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 day of April , 1952, embrowed, sew Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>terests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if<br>Unit Agreement or a counterpart thereof. |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                | executed by the undersigned as of the date set                                                                                                                                                                                                 |
| -                                                                                                                                                                                                                                                                                                                                                | Low D Mere della                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                  | altha D. meredith                                                                                                                                                                                                                              |
| STATE OF New Mexico COUNTY OF Cona Ana SS.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                  | , 1952, before me personally appeared                                                                                                                                                                                                          |
| to me known to be the persons described in and                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                |
| acknowledged that they executed the same as                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |
| Witness my hand and official seal this 19th                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |
| Witness my hand and official seaf time                                                                                                                                                                                                                                                                                                           | Jenson Glenn                                                                                                                                                                                                                                   |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                           | Notary Public                                                                                                                                                                                                                                  |
| My Commission Expires: 2/20/55                                                                                                                                                                                                                                                                                                                   | Las Grudes, New **exico                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                  | Postoffice                                                                                                                                                                                                                                     |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                |
| On this day of                                                                                                                                                                                                                                                                                                                                   | , 1952, before me personally appeared                                                                                                                                                                                                          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                    | who executed the foregoing instrument, and                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                           | free act and deed.                                                                                                                                                                                                                             |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                           | _ day of, 1952.                                                                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                           | Notary Public                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                  | Postoffice                                                                                                                                                                                                                                     |
| STATE OF                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                |
| COUNTY OF Ss.                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                |
| On this day of                                                                                                                                                                                                                                                                                                                                   | , 1952, before me personally appeared                                                                                                                                                                                                          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                    | who executed the foregoing instrument, and                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                           | free act and deed.                                                                                                                                                                                                                             |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                           | _ day of, 1952.                                                                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                           | Notary Public                                                                                                                                                                                                                                  |
| My Commission Dapites.                                                                                                                                                                                                                                                                                                                           | roug I and                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                  | Postoffice                                                                                                                                                                                                                                     |

## KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) hereb<br>the Unit Agreement for the Development and Operation                                                                                                                                                                                                                                                 | y acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| April , 1952, embr<br>New Mexico, and acknowledge that they have read<br>conditions thereof. The undersigned also being the<br>terests in the lands or minerals as indicated on the<br>Exhibit "B" do hereby commit all of their said in<br>hereby consent thereto and ratify all of the terms<br>the undersigned had executed the original of said | the same and are familiar with the terms and owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as terests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                   | executed by the undersigned as of the date set                                                                                                                                                                                        |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                          | C 8 22                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                     | Boo's man                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                     | Of ore very                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                     | <i>U</i>                                                                                                                                                                                                                              |
| STATE OFCalifornia SS. COUNTY OFRiverside SS.                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                       |
| On this 21st day of May  C. S. Messinger                                                                                                                                                                                                                                                                                                            | , 1952, before me personally appeared                                                                                                                                                                                                 |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                       | who executed the foregoing instrument, and                                                                                                                                                                                            |
| acknowledged thathe_ executed the same as .                                                                                                                                                                                                                                                                                                         | ,                                                                                                                                                                                                                                     |
| Witness my hand and official seal this2lst_                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                       |
| _                                                                                                                                                                                                                                                                                                                                                   | minam 6. Hale                                                                                                                                                                                                                         |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                              | Notary Public                                                                                                                                                                                                                         |
| August 29, 1952                                                                                                                                                                                                                                                                                                                                     | Coachella, California Postoffice                                                                                                                                                                                                      |
| STATE OF New Mexico COUNTY OF Sierra SS.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       |
| On this 26th day of May Rosie Messinger                                                                                                                                                                                                                                                                                                             | , 1952, before me personally appeared                                                                                                                                                                                                 |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                       | who executed the foregoing instrument, and                                                                                                                                                                                            |
| acknowledged that she executed the same as                                                                                                                                                                                                                                                                                                          | her free act and deed.                                                                                                                                                                                                                |
| Witness my hand and official seal this26th_                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                       |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                              | Notary Public                                                                                                                                                                                                                         |
| Dec. 13, 1954                                                                                                                                                                                                                                                                                                                                       | Notary Public  Hot Spring n. M.  Postoffice                                                                                                                                                                                           |
| STATE OF                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                       |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                     | , 1952, before me personally appeared                                                                                                                                                                                                 |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                       | who executed the foregoing instrument, and                                                                                                                                                                                            |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                              | free act and deed.                                                                                                                                                                                                                    |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                              | day of, 1952.                                                                                                                                                                                                                         |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                              | Notary Public                                                                                                                                                                                                                         |

Postoffice

| The undersigned (whether one or more) hereby<br>the Unit Agreement for the Development and Operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | acknowledge receipt of an identical copy of ion of the Big Eddy Unit Area dated the                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| day of April , 1952, embrace New Mexico, and acknowledge that they have read the conditions thereof. The undersigned also being the conditions the lands or minerals as indicated on the Sexhibit "B" do hereby commit all of their said interpretable consent thereto and ratify all of the terms are the undersigned had executed the original of said University of the terms are the undersigned had executed the original of said University of the terms are the undersigned had executed the original of said University of the terms are the undersigned had executed the original of said University of the terms are the undersigned had executed the original of said University of the terms are the undersigned had executed the original of said University of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original of the terms are the undersigned had executed the original or the terms are the undersigned had executed the original or the terms are the term | owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as<br>rests to the Big Eddy Unit Agreement and do<br>nd provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is exforth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ecuted by the undersigned as of the date set                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J. E. Metcalf.                                                                                                                                                                              |
| STATE OF Rev Mexico SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Roland Rich Woolley, Agent                                                                                                                                                                  |
| On this 3rd. day of September Roland Rich Woolley, Agent for J. E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                             |
| to me known to be the person described in and w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | who executed the foregoing instrument, and                                                                                                                                                  |
| acknowledged that he executed the same as and deed of J. E. Metcalf.  Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | as the free act and deed and as the free act lay of September 1952.                                                                                                                         |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public Mefice                                                                                                                                                                        |
| - May 15-1954 _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice Postoffice                                                                                                                                                                       |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                             |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                             |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                       |
| to me known to be the person described in and w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | who executed the foregoing instrument, and                                                                                                                                                  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                             |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                               |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                  |
| STATE OF ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                             |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                       |
| to me known to be the person described in and w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | who executed the foregoing instrument, and                                                                                                                                                  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                               |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                  |

| The undersigned (whether one or more) hereby a the Unit Agreement for the Development and Operation                                                                                                                                                                                                                                        | acknowledge receipt of an identical copy of<br>on of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read the conditions thereof. The undersigned also being the or terests in the lands or minerals as indicated on the Se Exhibit "B" do hereby commit all of their said interhereby consent thereto and ratify all of the terms and the undersigned had executed the original of said University. | e same and are familiar with the terms and wners of the leasehold, royalty or other inchedule attached to said Unit Agreement as tests to the Big Eddy Unit Agreement and do d provisions thereof exactly the same as if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| IN WITNESS WHEREOF, this instrument is exe forth in their respective acknowledgments.                                                                                                                                                                                                                                                      | Meryl F. Mogensen  Walter a Magensen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                            | There of the other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                            | , was a way |
|                                                                                                                                                                                                                                                                                                                                            | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                            | ter A. Mogensen, her husband                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| to me known to be the person. described in and wi                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Witness my hand and official seal this d.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| My Commission Expires:  Wearl 30, 1954                                                                                                                                                                                                                                                                                                     | anna tchiadee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                     | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Warch 30, 1954                                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| STATE OF                                                                                                                                                                                                                                                                                                                                   | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| to me known to be the person described in and w                                                                                                                                                                                                                                                                                            | ho executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                     | free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Witness my hand and official seal this d                                                                                                                                                                                                                                                                                                   | ay of, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                     | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| STATE OF SS.                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| On this day of                                                                                                                                                                                                                                                                                                                             | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| to me known to be the person described in and w                                                                                                                                                                                                                                                                                            | ho executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                     | free act and deed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Witness my hand and official seal this d                                                                                                                                                                                                                                                                                                   | ay of, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                     | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|                                                                                                                                                                                                                                                                                                                                            | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. | executed by the undersigned as of the date set |
|-----------------------------------------------------------------------------------|------------------------------------------------|
|                                                                                   | agnes of mules                                 |
|                                                                                   |                                                |
| STATE OF STATE OF SS.                                                             |                                                |
| On this day of                                                                    | , 1952, before me personally appeared          |
| to me known to be the person a described in and                                   |                                                |
| acknowledged that executed the same as                                            | free act and deed.                             |
| Witness my hand and official seal this                                            | day of, 1952.                                  |
|                                                                                   | Garage Oracola. O                              |
| My Commission Expires:                                                            | Heary Public Notary Public Mercia              |
| December 14, 1955                                                                 | Selicia, new Mexico                            |
| ,                                                                                 | Postoffice                                     |
| STATE OF SS.                                                                      |                                                |
| On this day of                                                                    | , 1952, before me personally appeared          |
| to me known to be the person described in and                                     | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                            | free act and deed.                             |
| Witness my hand and official seal this                                            | _ day of, 1952.                                |
| My Commission Expires:                                                            | Notary Public                                  |
|                                                                                   | Postoffice                                     |
| STATE OF                                                                          |                                                |
| On this day of                                                                    | , 1952, before me personally appeared          |
| to me known to be the person described in and                                     | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                            | free act and deed.                             |
| Witness my hand and official seal this                                            | _ day of, 1952.                                |
| My Commission Expires:                                                            | Notary Public                                  |
|                                                                                   | Postoffice                                     |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument i forth in their respective acknowledgments. | s executed by the undersigned as of the date set |
|----------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                                  | Janee H. Muse                                    |
|                                                                                  | Mury Muse                                        |
|                                                                                  | inally dames of                                  |
| STATE OF                                                                         |                                                  |
| COUNTY OF SS.                                                                    |                                                  |
| On this A day of                                                                 | , 1952, before me personally appeared            |
| - Suell K. Smee, Jr. and Sary Shee, hi                                           |                                                  |
| to me known to be the person described in an                                     | nd who executed the foregoing instrument, and    |
| acknowledged that executed the same a                                            | s the free act and deed.                         |
| Witness my hand and official seal this                                           | day of, 1952.                                    |
|                                                                                  | aciese Grady                                     |
| My Commission Expires:                                                           |                                                  |
| June 1, 1984                                                                     | Notary Public Postoffice                         |
|                                                                                  | Postoffice                                       |
| STATE OF SS.                                                                     |                                                  |
| On this day of                                                                   | , 1952, before me personally appeared            |
| to me known to be the person described in an                                     | nd who executed the foregoing instrument, and    |
| acknowledged that executed the same a                                            | as free act and deed.                            |
| Witness my hand and official seal this                                           | day of, 1952.                                    |
| Mr. Commission Frances                                                           | Notano Bullio                                    |
| My Commission Expires:                                                           | Notary Public                                    |
|                                                                                  | Postoffice                                       |
| STATE OF                                                                         |                                                  |
| COUNTY OF SS.                                                                    |                                                  |
| On this day of                                                                   | , 1952, before me personally appeared            |
| to me known to be the person described in an                                     | nd who executed the foregoing instrument, and    |
| acknowledged that executed the same a                                            | as free act and deed.                            |
| Witness my hand and official seal this                                           | day of, 1952.                                    |
| My Commission Expires:                                                           | Notary Public                                    |
|                                                                                  | Don't CC.                                        |
|                                                                                  | Postoffice                                       |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrumen forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | t is executed by the undersigned as of the date set |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 10100 III Wielf Tespeente delliowiedgineins.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | And the Asia                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Forraire l. Allean                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sugary more                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - Comme 1, 3/1ver                                   |
| STATE OF STEPSOTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |
| COUNTY OF TOTAL SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |
| On this day of July                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , 1952, before me personally appeared               |
| Lorraine A. Nelson and August Nel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | son, her husband, and James C. Nelson               |
| to me known to be the person s described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | and who executed the foregoing instrument, and      |
| acknowledged that <b>they</b> executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | as their free act and deed.                         |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | must I Hollind                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mest T. WallindeNotary Public                       |
| July 19, 1953.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Wennerin County, Marrisota                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                          |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                     |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                     |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared               |
| to me known to be the person described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and who executed the foregoing instrument, and      |
| acknowledged that executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | day of, 1952.                                       |
| The state of the s | , 1002.                                             |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Postoffice                                          |
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| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                     |
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| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared               |
| to me known to be the person described in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and who executed the foregoing instrument, and      |
| acknowledged that executed the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 2002                                              |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                       |
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#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument is efforth in their respective acknowledgments.  | NEW MEXICO ASPHAIT & REFINING CO.          |
|--------------------------------------------------------------------------------------|--------------------------------------------|
|                                                                                      | DILL.                                      |
|                                                                                      | C. L. Withers VIC. Pre                     |
|                                                                                      | ENTERLIN Decon                             |
| STATE OF New Mexico SS.                                                              |                                            |
| On this 6th day of September                                                         | , 1952, before me personally appeared      |
| C. L. Withers & E. W. Allen                                                          |                                            |
| to me known to be the person described in and                                        | who executed the foregoing instrument, and |
| acknowledged that they executed the same ast                                         | heir free act and deed.                    |
| Witness my hand and official seal this _6                                            | day of                                     |
|                                                                                      | 1 4 1 10-0                                 |
| My Commission Expires:                                                               | Notary Public                              |
| My Commission Expires Suptember 6, 1953                                              | arteria, n. Tr.                            |
|                                                                                      | Postoffice                                 |
| to me known to be the person described in and acknowledged that executed the same as |                                            |
| Witness my hand and official seal this                                               |                                            |
| witness my nand and official seal this                                               | day 01, 1952.                              |
| My Commission Expires:                                                               | Notary Public                              |
|                                                                                      | Postoffice                                 |
| STATE OF                                                                             |                                            |
| On this day of                                                                       | , 1952, before me personally appeared      |
| to me known to be the person described in and                                        | who executed the foregoing instrument, and |
| acknowledged that executed the same as                                               | free act and deed.                         |
| Witness my hand and official seal this                                               | _ day of, 1952.                            |
| My Commission Expires:                                                               | Notary Public                              |
|                                                                                      |                                            |
|                                                                                      | Postoffice                                 |

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eby acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|
| 10thay of April , 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                                                                             |  |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | s executed by the undersigned as of the date set                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Jones a. Learson                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fetty A. Tearson                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                             |  |
| STATE OF New Mexico  COUNTY OF Santa Fe SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |  |
| On this7th day ofMay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , 1952, before me personally appeared                                                       |  |
| Thomas L. Pearson and Betty W. Pear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rson                                                                                        |  |
| to me known to be the person_s described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d who executed the foregoing instrument, and                                                |  |
| acknowledged that _thay_ executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s their free act and deed.                                                                  |  |
| Witness my hand and official seal this7 th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | day of, 1952.                                                                               |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Notary Public                                                                               |  |
| July 20, 1954                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Santa Fe, New Mexico                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Postoffice                                                                                  |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |  |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , 1952, before me personally appeared                                                       |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d who executed the foregoing instrument and                                                 |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | day of, 1952.                                                                               |  |
| Wilder in and the control boar wife                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , 1002.                                                                                     |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Notary Public                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Postoffice                                                                                  |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                             |  |
| COUNTY OF ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                             |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | , 1952, before me personally appeared                                                       |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d who executed the foregoing instrument, and                                                |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | s free act and deed.                                                                        |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | day of, 1952.                                                                               |  |
| Mr. Commission Euripes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Nataur Dublia                                                                               |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Notary Public                                                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Postoffice                                                                                  |  |

| The undersigned (whether one or more) her the Unit Agreement for the Development and Op                                                                                                                                                                                                                                         | eby acknowledge receipt of an identical copy<br>eration of the Big Eddy Unit Area dated t                                                                                                                                            | of<br>he             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 10 day of April , 1952, em New Mexico, and acknowledge that they have rea conditions thereof. The undersigned also being t terests in the lands or minerals as indicated on t Exhibit "B" do hereby commit all of their said hereby consent thereto and ratify all of the term the undersigned had executed the original of sai | the same and are familiar with the terms as the owners of the leasehold, royalty or other is the Schedule attached to said Unit Agreement interests to the Big Eddy Unit Agreement and is and provisions thereof exactly the same as | nd<br>n-<br>as<br>do |
| IN WITNESS WHEREOF, this instrument i                                                                                                                                                                                                                                                                                           | s executed by the undersigned as of the date s                                                                                                                                                                                       | set                  |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                      | Paral Qua                                                                                                                                                                                                                            |                      |
|                                                                                                                                                                                                                                                                                                                                 | 1 alph Setty                                                                                                                                                                                                                         | <del>)</del>         |
|                                                                                                                                                                                                                                                                                                                                 | Sussel Lee le                                                                                                                                                                                                                        | Ł                    |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      | _/                   |
| STATE OF NEW HEXICO COUNTY OF EDDY SS.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                      | •                    |
| On this 30 day of April  Ralph Petty and Gussie Lee Petty,                                                                                                                                                                                                                                                                      | his wife                                                                                                                                                                                                                             | ed                   |
| to me known to be the persons described in an                                                                                                                                                                                                                                                                                   | d who executed the foregoing instrument, a                                                                                                                                                                                           | nd                   |
| acknowledged that they executed the same a                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                      |                      |
| Witness my hand and official seal this 30                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                      |                      |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                                          | Notary Public                                                                                                                                                                                                                        |                      |
| December 14, 1955.                                                                                                                                                                                                                                                                                                              | Notary Public  Asteria New Mexico  Postoffico  Postoffico                                                                                                                                                                            |                      |
|                                                                                                                                                                                                                                                                                                                                 | Postoffice                                                                                                                                                                                                                           |                      |
| STATE OF                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |                      |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      |                      |
| On this day of                                                                                                                                                                                                                                                                                                                  | , 1952, before me personally appear                                                                                                                                                                                                  | ho                   |
| 011 01110                                                                                                                                                                                                                                                                                                                       | , 1002, solvie me personally appear                                                                                                                                                                                                  | Cu                   |
| to me known to be the person described in an                                                                                                                                                                                                                                                                                    | d who executed the foregoing instrument, a                                                                                                                                                                                           | —<br>nd              |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      |                      |
|                                                                                                                                                                                                                                                                                                                                 | day of, 1952.                                                                                                                                                                                                                        |                      |
| VI 111000 mg 110100 mm 01-10100 0000 0000 0000 0000                                                                                                                                                                                                                                                                             | , 1002.                                                                                                                                                                                                                              |                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                                          | Notary Public                                                                                                                                                                                                                        |                      |
|                                                                                                                                                                                                                                                                                                                                 | Postoffice                                                                                                                                                                                                                           | <del>-</del>         |
| STATE OF                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                      |                      |
| COUNTY OF Ss.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                      |                      |
| On this day of                                                                                                                                                                                                                                                                                                                  | , 1952, before me personally appear                                                                                                                                                                                                  | ed                   |
| to me known to be the person described in an                                                                                                                                                                                                                                                                                    | nd who executed the foregoing instrument, a                                                                                                                                                                                          | —<br>nd              |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                      |                      |
|                                                                                                                                                                                                                                                                                                                                 | day of, 1952.                                                                                                                                                                                                                        |                      |
|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                      |                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                                          | Notary Public                                                                                                                                                                                                                        | _                    |
|                                                                                                                                                                                                                                                                                                                                 | Postoffice                                                                                                                                                                                                                           |                      |
|                                                                                                                                                                                                                                                                                                                                 | TOSCOTICE                                                                                                                                                                                                                            |                      |

#### KNOW ALL MEN BY THESE PRESENTS:

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.    | executed by the undersigned as of the date set |
|--------------------------------------------------------------------------------------|------------------------------------------------|
| Roy Snill                                                                            | mabel L. Prager                                |
| STATE OFTEXAS                                                                        | , 1952, before me personally appeared          |
| to me known to be the persons described in and                                       |                                                |
| acknowledged that _they executed the same as                                         | their free act and deed.                       |
| Witness my hand and official seal this7_                                             | day of August , 1952.                          |
|                                                                                      | 4/1. P. 1. O                                   |
| My Commission Expires:                                                               | Notary Public                                  |
| Enine 1, 1953                                                                        | El Paso, Texas                                 |
| ()                                                                                   | Postoffice                                     |
| STATE OF TEXAS COUNTY OF August SS.  On this 20th day of August                      | , 1952, before me personally appeared          |
| Roy Snider and wife, Alice Snide                                                     | r                                              |
| to me known to be the person 8 described in and                                      | who executed the foregoing instrument, and     |
| acknowledged that they executed the same as                                          | their free act and deed.                       |
| Witness my hand and official seal this 20th                                          | day of August , 1952.                          |
| My Commission Expires:  June 1, 1953                                                 | Notary Public Prostoffice                      |
| STATE OF                                                                             |                                                |
| On this day of                                                                       | , 1952, before me personally appeared          |
| to me known to be the person described in and acknowledged that executed the same as | free act and deed.                             |
| Witness my hand and official seal this                                               | _ day of, 1952.                                |
| My Commission Expires:                                                               | Notary Public                                  |
|                                                                                      | Postoffice                                     |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the <a href="#">10</a> day of April |                                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--|
|                                                                                                                                                                                                                   |                                                               |  |
|                                                                                                                                                                                                                   | read & True                                                   |  |
|                                                                                                                                                                                                                   | Ethelin Dice                                                  |  |
|                                                                                                                                                                                                                   |                                                               |  |
| STATE OF Kerico COUNTY OF School SS.                                                                                                                                                                              |                                                               |  |
| On this day of                                                                                                                                                                                                    | , 1952, before me personally appeared                         |  |
| Leland J. Price and Babelyn Price, his                                                                                                                                                                            | vife,                                                         |  |
| to me known to be the person ** described in and                                                                                                                                                                  | who executed the foregoing instrument, and                    |  |
| acknowledged that executed the same as                                                                                                                                                                            | their free act and deed.                                      |  |
| Witness my hand and official seal this                                                                                                                                                                            | day of, 1952.                                                 |  |
| My Commission Expires:                                                                                                                                                                                            | Seargie Gawfard  Notary Pablic  Lieux, New Mexico  Postoffice |  |
| Peacher 1h, 1955                                                                                                                                                                                                  | Esteria, new Mexico                                           |  |
|                                                                                                                                                                                                                   | Postoffice                                                    |  |
| STATE OF                                                                                                                                                                                                          |                                                               |  |
| COUNTY OF Ss.                                                                                                                                                                                                     |                                                               |  |
| On this day of                                                                                                                                                                                                    | , 1952, before me personally appeared                         |  |
| to me known to be the person described in and                                                                                                                                                                     | who executed the foregoing instrument, and                    |  |
| acknowledged that executed the same as                                                                                                                                                                            | free act and deed.                                            |  |
| Witness my hand and official seal this                                                                                                                                                                            | day of, 1952.                                                 |  |
| My Commission Expires:                                                                                                                                                                                            | Notary Public                                                 |  |
|                                                                                                                                                                                                                   | Postoffice                                                    |  |
| STATE OF                                                                                                                                                                                                          |                                                               |  |
| COUNTY OF SS.                                                                                                                                                                                                     |                                                               |  |
| On this day of                                                                                                                                                                                                    | , 1952, before me personally appeared                         |  |
| to me known to be the person described in and                                                                                                                                                                     | who executed the foregoing instrument, and                    |  |
| acknowledged that executed the same as                                                                                                                                                                            | free act and deed.                                            |  |
| Witness my hand and official seal this                                                                                                                                                                            | _ day of, 1952.                                               |  |
|                                                                                                                                                                                                                   |                                                               |  |
| My Commission Expires:                                                                                                                                                                                            | Notary Public                                                 |  |
|                                                                                                                                                                                                                   | Postoffice                                                    |  |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------|
| day of, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and onditions thereof. The undersigned also being the owners of the leasehold, royalty or other increats in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                            |                  |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                  |
| J. J. Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Frances M                  | Thee             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            |                  |
| STATE OF COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                  |
| On this 18th day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | , , , <u>-</u>             | sonally appeared |
| to me known to be the person & described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                            | instrument, and  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | , <b></b>        |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | day of                     | , 1952.          |
| _ <u></u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Saward &                   |                  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Notary Public              |                  |
| 7-13-54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TD + 40°                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Postoffice                 |                  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                  |
| COUNTY OF ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me per      | sonally appeared |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | who executed the foregoing | instrument, and  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | day of                     | , 1952.          |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Notary Public              |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Postoffice                 |                  |
| STATE OF ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                  |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |                  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me per      | sonally appeared |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | who executed the foregoing | instrument, and  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | free act and deed.         |                  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | day of                     | , 1952.          |
| My Commission Funitary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Motor Dulli                |                  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Notary Public              |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Postoffice                 |                  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| forth in their respective acknowledgments.                                           | executed by the undersigned as of the date set |
|--------------------------------------------------------------------------------------|------------------------------------------------|
|                                                                                      | Mary Jayre Ramsa                               |
| STATE OF Oklahoma SS.                                                                |                                                |
| On this <u>l6th</u> day of <u>June</u>                                               | , 1952, before me personally appeared          |
| Charles E. Ramsey and                                                                | d wife, Mary Jayne Ramsey                      |
| to me known to be the persons described in and                                       | who executed the foregoing instrument, and     |
| acknowledged that $\underline{\text{they}}_{}$ executed the same as                  | their free act and deed.                       |
| Witness my hand and official seal this 16th                                          | day of, 1952.                                  |
| My Commission Expires:                                                               | Notary Public                                  |
| October 31, 1955                                                                     | Oklahoma City, Oklahoma                        |
|                                                                                      | Postoffice                                     |
| STATE OF SS.                                                                         |                                                |
| On this day of                                                                       | , 1952, before me personally appeared          |
| to me known to be the person described in and acknowledged that executed the same as |                                                |
| Witness my hand and official seal this                                               | _ day of, 1952.                                |
|                                                                                      |                                                |
| My Commission Expires:                                                               | Notary Public                                  |
|                                                                                      | Postoffice                                     |
| STATE OF                                                                             |                                                |
| On this day of                                                                       | , 1952, before me personally appeared          |
| to me known to be the person described in and acknowledged that executed the same as |                                                |
| Witness my hand and official seal this                                               | _ day of, 1952.                                |
| My Commission Expires:                                                               | Notary Public                                  |

Postoffice

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Opera                                                                                                                                                                                                                           | acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read to conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said inthereby consent thereto and ratify all of the terms at the undersigned had executed the original of said to | owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as<br>erests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is eforth in their respective acknowledgments.                                                                                                                                                                                                                                      |                                                                                                                                                                                               |
| Doros man Brodof                                                                                                                                                                                                                                                                                                        | Thema I Shade                                                                                                                                                                                 |
| Soros man Brodof                                                                                                                                                                                                                                                                                                        | Serge S. Chode                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                               |
| STATE OF REALCO SS.                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                               |
| On this <u>6th</u> day of <u>Nay</u>                                                                                                                                                                                                                                                                                    | , 1952, before me personally appeared                                                                                                                                                         |
| Thelma L. shodes and seorge S. Sho                                                                                                                                                                                                                                                                                      | des, her husband,                                                                                                                                                                             |
| to me known to be the person. described in and                                                                                                                                                                                                                                                                          | who executed the foregoing instrument, and                                                                                                                                                    |
| acknowledged that the same as                                                                                                                                                                                                                                                                                           | Free act and deed.                                                                                                                                                                            |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                  | day of, 1952.                                                                                                                                                                                 |
| 9                                                                                                                                                                                                                                                                                                                       | Stone Hodge                                                                                                                                                                                   |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Public                                                                                                                                                                                 |
| 5-14-54                                                                                                                                                                                                                                                                                                                 | Postoffice Postoffice                                                                                                                                                                         |
| STATE OF RESIDED SS.                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                               |
| On this day of hay                                                                                                                                                                                                                                                                                                      | , 1952, before me personally appeared                                                                                                                                                         |
| Manley O. Van Oradol and Dores Van                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                               |
| to me known to be the person. described in and                                                                                                                                                                                                                                                                          | who executed the foregoing instrument, and                                                                                                                                                    |
| acknowledged that ties executed the same as _                                                                                                                                                                                                                                                                           | ti.01 rfree act and deed.                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                         | helma of Stepheno Khodes                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Public                                                                                                                                                                                 |
| 11-29-52 Ka                                                                                                                                                                                                                                                                                                             | Notary Public  Yewell, New York in Postoffice                                                                                                                                                 |
| STATE OF)                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                               |
| STATE OF SS.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                               |
| On this day of                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared                                                                                                                                                         |
| to me known to be the person described in and                                                                                                                                                                                                                                                                           | who executed the foregoing instrument, and                                                                                                                                                    |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                | free act and deed.                                                                                                                                                                            |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                  | day of, 1952.                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                               |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Public                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                         | Postoffice                                                                                                                                                                                    |

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Oper                                                                                                                                                                                                                   | by acknowledge receipt of an identical copy of cation of the Big Eddy Unit Area dated the                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with the terms and<br>e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>sterests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                                                                      |
| ATTEST                                                                                                                                                                                                                                                                                                         | Robert E. McKee General Contractor, Inc.                                                                                                                                                                                                            |
| Mamelon                                                                                                                                                                                                                                                                                                        | taket markers                                                                                                                                                                                                                                       |
| Secretary                                                                                                                                                                                                                                                                                                      | President                                                                                                                                                                                                                                           |
| TI DAGO                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     |
| EL PASO                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                     |
| 24th                                                                                                                                                                                                                                                                                                           | May 1952, before                                                                                                                                                                                                                                    |
| Robert E.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                     |
| to se merenally know, who, being by                                                                                                                                                                                                                                                                            | of Robert R. Sefen Second Contractor                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                | Lam stanogers out at improving b                                                                                                                                                                                                                    |
| of mile companyion, and that used in<br>the date of meliane come bins by their                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                     |
| Robert E. McKee                                                                                                                                                                                                                                                                                                | begins/ivedaged                                                                                                                                                                                                                                     |
| esta ineferent to be the free ast and                                                                                                                                                                                                                                                                          | doe! of said ecoperation.                                                                                                                                                                                                                           |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                          | promise and my bank and official                                                                                                                                                                                                                    |
| send on the day and year in this cort                                                                                                                                                                                                                                                                          | ILICOL & LIST OF AN ALLICOP                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                | Margaret M. Dinan                                                                                                                                                                                                                                   |
| •                                                                                                                                                                                                                                                                                                              | Motors Public                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |
| the Countries to the Labor                                                                                                                                                                                                                                                                                     | $\mathcal{O}$                                                                                                                                                                                                                                       |
| MARGARET M. BINDER, Notary Public                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                     |
| My commission expires June 1, 1953                                                                                                                                                                                                                                                                             | ILLEGIBLE                                                                                                                                                                                                                                           |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                     |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                                                                          |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                                                                     |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                     |

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Operation                                                                                                                                                                                                                    | y acknowledge receipt of an identical copy of ation of the Big Eddy Unit Area dated the                                                                                                                                            |
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| New Mexico, and acknowledge that they have read to conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said inthereby consent thereto and ratify all of the terms at the undersigned had executed the original of said | the same and are familiar with the terms and owners of the leasehold, royalty or other in- Schedule attached to said Unit Agreement as serests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is $\epsilon$ forth in their respective acknowledgments.                                                                                                                                                                                                                         | executed by the undersigned as of the date set                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                      | ELLA BELLE ROBINSON                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                      | Barney Robinson                                                                                                                                                                                                                    |
| STATE OF NEW MEXICO COUNTY OF CHAVES SS.                                                                                                                                                                                                                                                                             | V                                                                                                                                                                                                                                  |
| On this day of                                                                                                                                                                                                                                                                                                       | BARNEY ROBINSON, HER HUSBAND                                                                                                                                                                                                       |
| to me known to be the person s described in and                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                    |
| acknowledged that they executed the same as                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                    |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                    |
| My Commission Expires:                                                                                                                                                                                                                                                                                               | Notary Public                                                                                                                                                                                                                      |
| Mirrory 28, 1954                                                                                                                                                                                                                                                                                                     | Nowell The Mines Postoffice                                                                                                                                                                                                        |
| STATE OF SS.                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared                                                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                        | who executed the foregoing instrument, and                                                                                                                                                                                         |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                             | free act and deed.                                                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                               | day of, 1952.                                                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                               | Notary Public                                                                                                                                                                                                                      |
| ·                                                                                                                                                                                                                                                                                                                    | Postoffice                                                                                                                                                                                                                         |
| STATE OF                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared                                                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                        | who executed the foregoing instrument, and                                                                                                                                                                                         |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                               | free act and deed.                                                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                               | day of, 1952.                                                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                               | Notary Public                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                      | Postoffice                                                                                                                                                                                                                         |

#### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) herebethe Unit Agreement for the Development and Oper                                                                                                                                                                                                                    | by acknowledge receipt of an identical copy of eation of the Big Eddy Unit Area dated the                                                                                                          |
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| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>terests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                | 11/1/6                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                | Stowke                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                    |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                              |
| decaphine ledge, slee known                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                    |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                    |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                    |
| -                                                                                                                                                                                                                                                                                                              | Etta Due Dullinght<br>Notary Public                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                | Abilene, Turns                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                         |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                         |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                    |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                         |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                    |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                         |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                 |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                    |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                      |
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Postoffice

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Opera                                                                                                                                                                                                                          | acknowledge receipt of an identical copy of tion of the Big Eddy Unit Area dated the                                                   |
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| New Mexico, and acknowledge that they have read t conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said inthereby consent thereto and ratify all of the terms at the undersigned had executed the original of said to | Schedule attached to said Unit Agreement as erests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is e forth in their respective acknowledgments.                                                                                                                                                                                                                                    | Executed by the undersigned as of the date set                                                                                         |
|                                                                                                                                                                                                                                                                                                                        | BOCK KOSSETT                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                        | EMMA T. RUSSELL                                                                                                                        |
| STATE OF NEW MEXICO COUNTY OFCHAVES SS.                                                                                                                                                                                                                                                                                |                                                                                                                                        |
| On this 14Th day of 17pril                                                                                                                                                                                                                                                                                             | , 1952, before me personally appeared                                                                                                  |
| to me known to be the persons described in and                                                                                                                                                                                                                                                                         |                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |
| acknowledged that they executed the same as                                                                                                                                                                                                                                                                            | The act and deed.                                                                                                                      |
| Witness my hand and official seal this $\frac{1477}{}$                                                                                                                                                                                                                                                                 | day of                                                                                                                                 |
| My Commission Fynings                                                                                                                                                                                                                                                                                                  | Notary Dublic                                                                                                                          |
| My Commission Expires:                                                                                                                                                                                                                                                                                                 | Notary Fublic                                                                                                                          |
| -Debruary 29, 1859                                                                                                                                                                                                                                                                                                     | Notary Public  Konwell Man Mariaco  Postoffice                                                                                         |
|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                        |
| STATE OF SS.                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |
| OUNTI OF                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |
| On this day of                                                                                                                                                                                                                                                                                                         | , 1952, before me personally appeared                                                                                                  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                          |                                                                                                                                        |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                               |                                                                                                                                        |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                 | day of, 1952.                                                                                                                          |
| My Commission Expires:                                                                                                                                                                                                                                                                                                 | Notary Public                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                        | Postoffice                                                                                                                             |
| STATE OF                                                                                                                                                                                                                                                                                                               |                                                                                                                                        |
| COUNTY OFSs.                                                                                                                                                                                                                                                                                                           |                                                                                                                                        |
| On this day of                                                                                                                                                                                                                                                                                                         | , 1952, before me personally appeared                                                                                                  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                          | who executed the foregoing instrument, and                                                                                             |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                               | free act and deed.                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                 | day of, 1952.                                                                                                                          |
| Mr. Commission Francisco                                                                                                                                                                                                                                                                                               | Nataran Dallia                                                                                                                         |
| My Commission Expires:                                                                                                                                                                                                                                                                                                 | Notary Public                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                        | Postoffice                                                                                                                             |

#### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) herek<br>the Unit Agreement for the Development and Open                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | by acknowledge receipt of an identical copy of ration of the Big Eddy Unit Area dated the                                                                                                           |
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| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>sterests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | P 1 S 1 P                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lufe Island                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| STATE OF Bernello SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |
| on this 29 day of may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared                                                                                                                                                               |
| Theter Select and Impe Salatar, Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |
| to me known to be the person_ described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | who executed the foregoing instrument, and                                                                                                                                                          |
| acknowledged that the executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | free act and deed.                                                                                                                                                                                  |
| Witness my hand and official seal this 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |
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| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                       |
| 1-9-1954                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Notary Public  Postoffice  No. m. m.                                                                                                                                                                |
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| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                     |
| file of the second seco |                                                                                                                                                                                                     |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                               |
| - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                     |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                          |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                     |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                       |
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| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                     |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                     |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                               |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                          |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                       |

Postoffice

#### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Operat                                                                                                                                                                                                                                                                   |                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 day of April , 1952, embrace New Mexico, and acknowledge that they have read the conditions thereof. The undersigned also being the conditions the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said interests thereby consent thereto and ratify all of the terms are the undersigned had executed the original of said U | owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as<br>rests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is exforth in their respective acknowledgments.                                                                                                                                                                                                                                                                              | ,                                                                                                                                                                                            |
| 20101 11 0101 100 pool 10 00 00 100 100 100 100 100 100 100 1                                                                                                                                                                                                                                                                                                    | Modelm P. Sandern                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                  | Modlim P. Saundern<br>Dinginia Lee Saunden.                                                                                                                                                  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                                                                   | , 1952, before me personally appeared                                                                                                                                                        |
| to me known to be the person described in and v  acknowledged that executed the same as  Witness my hand and official seal this                                                                                                                                                                                                                                  | free act and deed.                                                                                                                                                                           |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                           | Notary Public                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  | Postoffice                                                                                                                                                                                   |
| STATE OF                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me personally appeared                                                                                                                                                        |
| to me known to be the person described in and v                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| Witness my hand and official seal this _29th                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                  | elene Cadilia Casador                                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                           | Notary Public                                                                                                                                                                                |
| ly Commission arrives June 20, 1954 S                                                                                                                                                                                                                                                                                                                            | Postoffice                                                                                                                                                                                   |
| STATE OF                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                              |
| COUNTY OF ss.                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                                                                   | , 1952, before me personally appeared                                                                                                                                                        |
| to me known to be the person described in and v                                                                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                   |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                           |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                           | day of, 1952.                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |

Postoffice

| The undersigned (whether one or more) here the Unit Agreement for the Development and Op- | eby acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the                                                                                                              |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| day of                                                                                    | he owners of the leasehold, royalty or other in-<br>he Schedule attached to said Unit Agreement as<br>interests to the Big Eddy Unit Agreement and do<br>s and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.         | s executed by the undersigned as of the date set                                                                                                                                                         |
| Elaine O. Schaile                                                                         | Grace E. Tan hoost                                                                                                                                                                                       |
| STATE OF                                                                                  |                                                                                                                                                                                                          |
| On this day of                                                                            | , 1952, before me personally appeared                                                                                                                                                                    |
|                                                                                           | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                     |                                                                                                                                                                                                          |
| Witness my hand and official seal this                                                    |                                                                                                                                                                                                          |
| Witness my name and official scal tims                                                    | Hound H. Jerms                                                                                                                                                                                           |
| My Commission Expires:                                                                    | Notary Public                                                                                                                                                                                            |
|                                                                                           | Postoffice                                                                                                                                                                                               |
| STATE OF                                                                                  |                                                                                                                                                                                                          |
| On this day of                                                                            | , 1952, before me personally appeared                                                                                                                                                                    |
|                                                                                           | School, formerly booked and vite.                                                                                                                                                                        |
| to me known to be the person_# described in an                                            | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                     | sfree act and deed.                                                                                                                                                                                      |
| Witness my hand and official seal this                                                    | an.                                                                                                                                                                                                      |
|                                                                                           | 34                                                                                                                                                                                                       |
| My Commission Expires:                                                                    | Notary Public                                                                                                                                                                                            |
|                                                                                           | Postoffice                                                                                                                                                                                               |
| STATE OF                                                                                  |                                                                                                                                                                                                          |
| On this day of                                                                            | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in an                                              | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                     | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this                                                    | day of, 1952.                                                                                                                                                                                            |
| _                                                                                         |                                                                                                                                                                                                          |
| My Commission Expires:                                                                    | Notary Public                                                                                                                                                                                            |
|                                                                                           | Postoffice                                                                                                                                                                                               |

| The undersigned (whether one or more) hereby the Unit Agreement for the Development and Opera                                                                                                                                                                                                                           |                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read to conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said into hereby consent thereto and ratify all of the terms a the undersigned had executed the original of said U | owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as<br>erests to the Big Eddy Unit Agreement and do<br>nd provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is exforth in their respective acknowledgments.                                                                                                                                                                                                                                     | kecuted by the undersigned as of the date set                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                         | Harry Jackson                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                         | By Slosep on Schram                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                         | Attorney in Fact for Marry F. Schram                                                                                                                                                         |
| 1/22                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                              |
| COUNTY OF as knyeles - SS.                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                              |
| On this 23 rd day of April                                                                                                                                                                                                                                                                                              | , 1952, before me personally appeared                                                                                                                                                        |
| Gladys M. Schram, wife                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |
| to me known to be the person described in and                                                                                                                                                                                                                                                                           |                                                                                                                                                                                              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |
| Witness my hand and official seal this 23 mg                                                                                                                                                                                                                                                                            |                                                                                                                                                                                              |
| Witness my nanu and official sear time 27                                                                                                                                                                                                                                                                               |                                                                                                                                                                                              |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Public                                                                                                                                                                                |
| My Commission Expires Feb. 18, 1964                                                                                                                                                                                                                                                                                     | and lik                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                         | Postoffice P                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                              |
| STATE OF Salesanne, ).                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |
| SS                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                              |
| country on ( as wayles)                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                              |
| on this the 23rd say of affine                                                                                                                                                                                                                                                                                          | . 1952, before me personally                                                                                                                                                                 |
| appeared fladys M. Schrau to me personally<br>and who executed the above and feregoing in<br>F. Schrau, and acknowledged that she execut<br>as the free act and deed of Harry F. Schrau                                                                                                                                 | known to be the person described in<br>strument as attorney in fact for Harry<br>ed the same as her free act and deed and<br>set my hand and official seal on the                            |
| •                                                                                                                                                                                                                                                                                                                       | MMMMun                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                         | Hotary Public                                                                                                                                                                                |
| My Commission Expires Feb. 18, 1954                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared                                                                                                                                                        |
| to me known to be the person described in and                                                                                                                                                                                                                                                                           | who executed the foregoing instrument, and                                                                                                                                                   |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                | free act and deed.                                                                                                                                                                           |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                  | day of, 1952.                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                  | Notary Public                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                         | Postoffice                                                                                                                                                                                   |

| The undersigned (whether one or more) herebethe Unit Agreement for the Development and Oper                                                                                                                                                                                                                                                 | by acknowledge receipt of an identical copy of cation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10 day of April , 1952, embrowed Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>sterests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                  | executed by the undersigned as of the date set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Margin W. Schuster                                                                                                                                                                                                                                                                                                                          | Halliett Schutter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| STATE OF SI                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this 1794 day of HALLIE M. SCHU                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared STER, HIS *IFE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| to me known to be the person described in and acknowledged that executed the same as                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                      | Notary Public BLIA R. WALLEJO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| JUNE 184, 1988                                                                                                                                                                                                                                                                                                                              | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this day of                                                                                                                                                                                                                                                                                                                              | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| to me known to be the person_# described in and                                                                                                                                                                                                                                                                                             | and the second of the second o |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                      | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| sun (St / 953                                                                                                                                                                                                                                                                                                                               | E l'ass getas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| On this day of                                                                                                                                                                                                                                                                                                                              | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                               | who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                      | _ day of, 1952.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                      | Notary Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. | executed by the undersigned as of                    | the date set   |
|-----------------------------------------------------------------------------------|------------------------------------------------------|----------------|
|                                                                                   | Manie Schwarth                                       | ,              |
|                                                                                   | Hedric Datnias                                       | Church         |
|                                                                                   | Necesia Marines                                      | 3400000        |
|                                                                                   |                                                      | <del></del>    |
| STATE OF Jevus COUNTY OF Ellaso SS.                                               |                                                      |                |
| On this day of<br>Maurice Schwartz and wife,                                      | , 1952, before me persona<br>Hedwig Mathias Schwartz | lly appeared   |
| to me known to be the person described in and                                     |                                                      | rument and     |
| acknowledged that they executed the same as                                       |                                                      | different, and |
| Witness my hand and official seal this 18                                         | ~ ^                                                  | 1952           |
| Witness my name and official scal only                                            | Fel 9                                                |                |
| My Commission Expires:                                                            | Notary Public                                        |                |
| Mr. 2/4/9.53                                                                      |                                                      | Del en mi      |
| 7779                                                                              | Elfano County Je<br>Postoffice El                    | Paro de        |
| QMARID OF                                                                         | Fee                                                  |                |
| STATE OF SS.                                                                      |                                                      |                |
|                                                                                   | 1050 h.f                                             | . 11           |
| On this day of                                                                    | , 1952, before me persona                            | my appeared    |
| to me known to be the person described in and                                     | d who everyted the foregoing inst                    | rument and     |
| acknowledged that executed the same as                                            |                                                      | i umiciit, and |
| Witness my hand and official seal this                                            |                                                      | 1952           |
| Witness my name and official scal this                                            | _ day of                                             | , 1502.        |
| My Commission Expires:                                                            | Notary Public                                        |                |
| 12. Commission 21.p. 150                                                          |                                                      |                |
|                                                                                   | Postoffice                                           |                |
| STATE OF                                                                          |                                                      |                |
| COUNTY OF ss.                                                                     |                                                      |                |
| On this day of                                                                    | 1952, hefore me persons                              | illy anneared  |
| on this day of                                                                    | , 1002, serore me persone                            | ing appeared   |
| to me known to be the person described in and                                     | d who executed the foregoing inst                    | rument, and    |
| acknowledged that executed the same as                                            |                                                      | ,              |
| Witness my hand and official seal this                                            |                                                      | , 1952.        |
| -                                                                                 |                                                      | -              |
| My Commission Expires:                                                            | Notary Public                                        |                |
|                                                                                   |                                                      |                |
|                                                                                   | Postoffice                                           |                |

| The undersigned (whether one or more) herel<br>the Unit Agreement for the Development and Open                                                                                                                                                                                                                 | by acknowledge receipt of an interaction of the Big Eddy Unit                                                                                                       | dentical copy of<br>Area dated the                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with<br>e owners of the leasehold, royale<br>e Schedule attached to said Uniterests to the Big Eddy Unit Apand provisions thereof exactly | h the terms and<br>lity or other in-<br>it Agreement as<br>greement and do<br>the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as                                                                                                                                      | s of the date set                                                                            |
| Jung Sellyer                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                              |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                     | sonally appeared                                                                             |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing                                                                                                                                          | instrument, and                                                                              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                  | ·                                                                                            |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of                                                                                                                                                              | , 1952.                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Motary Public                                                                                                                                                       |                                                                                              |
| June: 1, 1953                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                     |                                                                                              |
| ,                                                                                                                                                                                                                                                                                                              | Postoffice                                                                                                                                                          |                                                                                              |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me pers                                                                                                                                              | sonally appeared                                                                             |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                     | instrument, and                                                                              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                     | 4070                                                                                         |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of                                                                                                                                                            | , 1952.                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                       |                                                                                              |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                          |                                                                                              |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                     |                                                                                              |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me pers                                                                                                                                              | sonally appeared                                                                             |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing                                                                                                                                          | instrument, and                                                                              |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                  |                                                                                              |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of                                                                                                                                                            | , 1952.                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                       |                                                                                              |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                          |                                                                                              |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. STATE OF \_\_\_ TEXAS COUNTY OF MINAND Fire. R. C. Sharp and husband, James R. Sharp to me known to be the persons described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_26 day of \_\_\_\_\_ Sera a. Consulary
Notary Public

Midland, Jeras

Postoffice My Commission Expires: June 1, 1953 STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared On this \_\_\_\_\_ day of \_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_ Notary Public My Commission Expires: Postoffice STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 1952, before me personally appeared to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 1952. My Commission Expires: Notary Public

Postoffice

| The undersigned (whether one or more) hereby acknowledge receipt of an identical the Unit Agreement for the Development and Operation of the Big Eddy Unit Area d                                                                                                                                                                                     |                                                                                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 10 day of April , 1952, embra New Mexico, and acknowledge that they have read to conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said into hereby consent thereto and ratify all of the terms a the undersigned had executed the original of said U | he same and are familiar with the terms and owners of the leasehold, royalty or other in-<br>Schedule attached to said Unit Agreement as erests to the Big Eddy Unit Agreement and do and provisions thereof exactly the same as if |  |
| IN WITNESS WHEREOF, this instrument is enforth in their respective acknowledgments.                                                                                                                                                                                                                                                                   | - 0- A                                                                                                                                                                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                       | Minne L. Shepa                                                                                                                                                                                                                      |  |
| STATE OF NEW MEXICO COUNTY OF EDDY  SS.                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                     |  |
| On this 30 day of April  E. J. Shepard and Minnie L. Shepard, his                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                     |  |
| to me known to be the persons described in and v                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                     |  |
| acknowledged that they executed the same as t                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                     |  |
| Witness my hand and official seal this30                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |  |
| ~                                                                                                                                                                                                                                                                                                                                                     | Yearnia Parula D                                                                                                                                                                                                                    |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                       |  |
| December 14, 1955.                                                                                                                                                                                                                                                                                                                                    | Tolinia New Mexico                                                                                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                       | Notary Public  Notary Public  Postoffice                                                                                                                                                                                            |  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                     |  |
| On this day of                                                                                                                                                                                                                                                                                                                                        | , 1952, before me personally appeared                                                                                                                                                                                               |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                         | who executed the foregoing instrument, and                                                                                                                                                                                          |  |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                                              | free act and deed.                                                                                                                                                                                                                  |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                | day of, 1952.                                                                                                                                                                                                                       |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                       | Postoffice                                                                                                                                                                                                                          |  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                     |  |
| On this day of                                                                                                                                                                                                                                                                                                                                        | , 1952, before me personally appeared                                                                                                                                                                                               |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                         | who executed the foregoing instrument, and                                                                                                                                                                                          |  |
| acknowledged that executed the same as _                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                       | Postoffice                                                                                                                                                                                                                          |  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| forth in their respective acknowledgments.    | xecuted by the undersigned as of the date set |
|-----------------------------------------------|-----------------------------------------------|
|                                               | Elsie M. Spenear                              |
| STATE OF                                      | •                                             |
| , <b>/</b> *                                  | 1050.1.6                                      |
| On this _5 th day of                          |                                               |
| 3. H. Spencer and Elsie M. Spencer, his       |                                               |
| to me known to be the person described in and |                                               |
| acknowledged that executed the same as        |                                               |
| Witness my hand and official seal this 5 th   | day of, 1952.                                 |
| ~                                             | Peacy Public                                  |
| My Commission Expires:                        | Notary Public                                 |
| December 14, 1955                             | Artesia, New Mexico                           |
|                                               | Postoffice                                    |
| STATE OF                                      | , 1952, before me personally appeared         |
|                                               |                                               |
| to me known to be the person described in and |                                               |
| acknowledged that executed the same as _      |                                               |
| Witness my hand and official seal this        | day of, 1952.                                 |
| My Commission Expires:                        | Notary Public                                 |
|                                               | Postoffice                                    |
| STATE OF                                      |                                               |
| STATE OF SS.                                  |                                               |
| On this day of                                | , 1952, before me personally appeared         |
| to me known to be the person described in and | who executed the foregoing instrument, and    |
| acknowledged that executed the same as _      | free act and deed.                            |
| Witness my hand and official seal this        | day of, 1952.                                 |
| My Commission Expires:                        | Notary Public                                 |
|                                               |                                               |
|                                               | Postoffice                                    |

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                   | eby acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have reacconditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said thereby consent thereto and ratify all of the terms the undersigned had executed the original of said | he owners of the leasehold, royalty or other in-<br>he Schedule attached to said Unit Agreement as<br>interests to the Big Eddy Unit Agreement and do<br>s and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                           | s executed by the undersigned as of the date set                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                             | I dem spreche                                                                                                                                                                                            |
| STATE OF Wyoning COUNTY OF Nations SS.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                          |
| On this 6 day of                                                                                                                                                                                                                                                                                            | , 1952, before me personally appeared                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                             | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                      | _ day of fune 1952.                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                      | Notary Public                                                                                                                                                                                            |
| Commission expires March 18, 1963                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                               |
| STATE OF SS.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                          |
| On this day of                                                                                                                                                                                                                                                                                              | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in an                                                                                                                                                                                                                                                                | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                      | day of, 1952.                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                      | Notary Public                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                               |
| STATE OF SS.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                          |
| On this day of                                                                                                                                                                                                                                                                                              | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in an                                                                                                                                                                                                                                                                | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                       | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                      | day of, 1952.                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                      | Notary Public                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                               |

| The undersigned (whether one or more) here the Unit Agreement for the Development and Open                                                                                                                                                                                                                    | by acknowledge receipt of an identical copy of ration of the Big Eddy Unit Area dated the                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being th terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | the same and are familiar with the terms and<br>e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>atterests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is                                                                                                                                                                                                                                                                        | executed by the undersigned as of the date set                                                                                                                                                                                                       |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                    | 17 700 11 - Al                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                               | Of Charles                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                               | Dada Sparce                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                      |
| STATE OF Schools SS.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                      |
| On this 20th day of May                                                                                                                                                                                                                                                                                       | adal puck his Hige                                                                                                                                                                                                                                   |
| to me known to be the person described in and                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                      |
| , <i>F</i>                                                                                                                                                                                                                                                                                                    | 7-                                                                                                                                                                                                                                                   |
| acknowledged that they executed the same as Witness my hand and official seal this 20 10                                                                                                                                                                                                                      | day of                                                                                                                                                                                                                                               |
| William III IIII and Official Scal Wild                                                                                                                                                                                                                                                                       | Helen History                                                                                                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                        | Notary Public                                                                                                                                                                                                                                        |
| Jack 18, 1956                                                                                                                                                                                                                                                                                                 | pao Ingeles, alifama                                                                                                                                                                                                                                 |
| ,                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                                                                           |
| STATE OF                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                      |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                      |
| On this day of                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                 | who executed the foregoing instrument, and                                                                                                                                                                                                           |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                        | free act and deed.                                                                                                                                                                                                                                   |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                        | , 1952.                                                                                                                                                                                                                                              |
| My Commission Expires:                                                                                                                                                                                                                                                                                        | Notary Public                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                               | Postoffice                                                                                                                                                                                                                                           |
| STATE OF                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                      |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                      |
| On this day of                                                                                                                                                                                                                                                                                                | , 1952, before me personally appeared                                                                                                                                                                                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                 | who executed the foregoing instrument, and                                                                                                                                                                                                           |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                        | free act and deed.                                                                                                                                                                                                                                   |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                        | day of, 1952.                                                                                                                                                                                                                                        |
| -                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                        | Notary Public                                                                                                                                                                                                                                        |
| -                                                                                                                                                                                                                                                                                                             | Postoffice                                                                                                                                                                                                                                           |

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of

#### KNOW ALL MEN BY THESE PRESENTS:

the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the day of \_\_\_\_\_\_\_, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. IN WITNESS WHEREOF, this instrument is executed by the undersigned as of the date set forth in their respective acknowledgments. STATE OF COUNTY OF \_\_\_\_\_\_ \_\_\_\_\_, 1952, before me personally appeared Anne Stage and Thomas S. Stage, ber husband. to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_\_free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_ \_, 1952. My Commission Expires: Postoffice STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_ On this \_\_\_\_\_\_, 1952, before me personally appeared to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ My Commission Expires: Notary Public Postoffice STATE OF \_\_\_\_ COUNTY OF \_\_\_\_ On this \_\_\_\_\_\_, 1952, before me personally appeared to me known to be the person described in and who executed the foregoing instrument, and acknowledged that \_\_\_\_\_ executed the same as \_\_\_\_ free act and deed. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_ Notary Public My Commission Expires:

**Postoffice** 

|                                                                                                                                                                                                       | ereby acknowledge receipt of an identical copy of peration of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have re<br>conditions thereof. The undersigned also being<br>terests in the lands or minerals as indicated on<br>Exhibit "B" do hereby commit all of their said | mbracing lands situated in Eddy and Lea Counties, and the same and are familiar with the terms and the owners of the leasehold, royalty or other inthe Schedule attached to said Unit Agreement as a linterests to the Big Eddy Unit Agreement and do ms and provisions thereof exactly the same as if aid Unit Agreement or a counterpart thereof. |
| IN WITNESS WHEREOF, this instrument forth in their respective acknowledgments.                                                                                                                        | is executed by the undersigned as of the date set                                                                                                                                                                                                                                                                                                   |
| 4810081                                                                                                                                                                                               | Jan Pez Fetrolana Genner                                                                                                                                                                                                                                                                                                                            |
| Maria la Nonohne                                                                                                                                                                                      | 10. L. Doubles                                                                                                                                                                                                                                                                                                                                      |
| STATE OF                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |
| COUNTY OF Ss.                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                       | A. D., One Thousand Nine Hundred and                                                                                                                                                                                                                                                                                                                |
| before me personally appeared                                                                                                                                                                         | ,                                                                                                                                                                                                                                                                                                                                                   |
| to me personally known, who, being by me duly sworn, did say                                                                                                                                          | y that he is thePresident of                                                                                                                                                                                                                                                                                                                        |
| instrument is the corporate seal of said corporation, and that                                                                                                                                        | , and that the seal affixed to said to said instrument was signed and sealed in behalf of said cor-                                                                                                                                                                                                                                                 |
| poration by authority of its Board of Directors, and said acknowledged said instrument to be the free act and deed of                                                                                 |                                                                                                                                                                                                                                                                                                                                                     |
| IN WITNESS WHEREOF, I have hereunto set my have                                                                                                                                                       | said corporation.  and and affixed my official seal on this, the day and year last                                                                                                                                                                                                                                                                  |
| bove written.                                                                                                                                                                                         | / <del>-</del> 7                                                                                                                                                                                                                                                                                                                                    |
| My Commission expires Texas My Commission Expires June Form 501-Hall-Poorbaugh Press—Roswell, N. M.                                                                                                   | Netwy Public                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                       | The war still so, as                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |
| COUNTY OF SS.                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                     |
| On this day of                                                                                                                                                                                        | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |
| to me known to be the person described in a                                                                                                                                                           | and who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                      |
| acknowledged that executed the same                                                                                                                                                                   | as free act and deed.                                                                                                                                                                                                                                                                                                                               |
| Witness my hand and official seal this                                                                                                                                                                | day of, 1952.                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |
| My Commission Expires:                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                       | Postoffice                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                     |
| STATE OF                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                     |
| COUNTY OFSs.                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                     |
| On this day of                                                                                                                                                                                        | , 1952, before me personally appeared                                                                                                                                                                                                                                                                                                               |
| to me known to be the nerson described in s                                                                                                                                                           | and who executed the foregoing instrument, and                                                                                                                                                                                                                                                                                                      |
| acknowledged that executed the same                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                       | day of, 1952.                                                                                                                                                                                                                                                                                                                                       |
| witness my nand and official seal this                                                                                                                                                                | uay ui, 1992.                                                                                                                                                                                                                                                                                                                                       |
| My Commission Expires:                                                                                                                                                                                | Notary Public                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                       | • • •                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                       | Postoffice                                                                                                                                                                                                                                                                                                                                          |

| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------|
| New Mexico, and acknowledge that they have read the same and are familiar with the terms conditions thereof. The undersigned also being the owners of the leasehold, royalty or other terests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and hereby consent thereto and ratify all of the terms and provisions thereof exactly the same at the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                      |           |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _                                    |           |
| torth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Trank Jast                           | ylar)     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Franke Mad                           | 111       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | James Google                         |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                      |           |
| COUNTY OF CHARAGE SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |           |
| On thisbth_ day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , 1952, before me personally         | appeared  |
| Alleen T. Teylor and Frank Taylor,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |           |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d who executed the foregoing instrum | nent, and |
| acknowledged that the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | s <u>their</u> free act and deed.    |           |
| Witness my hand and official seal this 211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | day of                               | , 1952.   |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Notary Public                        | Choda     |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notary Public                        | •         |
| 11-29-52                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Postoffice                           | <u></u>   |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |           |
| COUNTY OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |           |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , 1952, before me personally         | appeared  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d who executed the foregoing instrur | nent, and |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s free act and deed.                 |           |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | day of                               | ., 1952.  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notary Public                        |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Postoffice                           |           |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |           |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |           |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , 1952, before me personally         | appeared  |
| to me known to be the person described in an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d who executed the foregoing instruc | nent, and |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s free act and deed.                 |           |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | day of                               | ., 1952.  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ·····                                |           |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notary Public                        |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Postoffice                           |           |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. | executed by the undersigned as of the date set |
|-----------------------------------------------------------------------------------|------------------------------------------------|
| -                                                                                 | markon Cilman                                  |
|                                                                                   | La la la damas                                 |
|                                                                                   |                                                |
| STATE OF SS.                                                                      |                                                |
| COUNTY OF SS.                                                                     |                                                |
| On this day of                                                                    | , 1952, before me personally appeared          |
| Mericu V. Topsen and Celeria C. Te                                                | Mann, his wife,                                |
| to me known to be the person idescribed in and                                    | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                            |                                                |
| Witness my hand and official seal this                                            |                                                |
| William III III III III III III III III III I                                     | 3/ 1                                           |
| My Commission Expires:                                                            | Notary Public                                  |
| 7-13-64                                                                           | Notary E upite                                 |
|                                                                                   | Postoffice                                     |
| STATE OF                                                                          |                                                |
| STATE OF SS.                                                                      |                                                |
|                                                                                   | , 1952, before me personally appeared          |
| on one can be a car or                                                            | , 1002, service me personally appeared         |
| to me known to be the person described in and                                     | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                            |                                                |
| Witness my hand and official seal this                                            |                                                |
| Witness my hand and official scal and                                             | , 1002.                                        |
| My Commission Expires:                                                            | Notary Public                                  |
|                                                                                   |                                                |
|                                                                                   | Postoffice                                     |
| STATE OF                                                                          |                                                |
| COUNTY OF ss.                                                                     |                                                |
| On this day of                                                                    | , 1952, before me personally appeared          |
|                                                                                   |                                                |
| to me known to be the person described in and                                     | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                            | free act and deed.                             |
| Witness my hand and official seal this                                            |                                                |
| _                                                                                 |                                                |
| My Commission Expires:                                                            | Notary Public                                  |
|                                                                                   | Postoffice                                     |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of<br>the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                                |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | executed by the undersigned as of the date set |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mabel E. Todhunter                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MABEL E. TODHUNTER                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |
| STATE OF NEW MEXICO COUNTY OF CHAVES SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared          |
| MABEL E. TODHUNTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
| acknowledged that _she executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _ day of, 1952.                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                  |
| 7-13-54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Topayy Tubic                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                     |
| CONT. OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | **************************************         |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1952, before me personally appeared          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | free act and deed.                             |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _ day of, 1952.                                |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                     |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |
| COUNTY OF ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , 1952, before me personally appeared          |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , 1302, before me personally appeared          |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | who executed the foregoing instrument, and     |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | free act and deed.                             |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _ day of, 1952.                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N. ( D. L.)                                    |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Notary Public                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Postoffice                                     |

#### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) herek<br>the Unit Agreement for the Development and Open                                                                                                                                                                                                                 | by acknowledge receipt of an identical copy of cation of the Big Eddy Unit Area dated the                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Mexico, and acknowledge that they have read conditions thereof. The undersigned also being the terests in the lands or minerals as indicated on the Exhibit "B" do hereby commit all of their said in hereby consent thereto and ratify all of the terms the undersigned had executed the original of said | e owners of the leasehold, royalty or other in-<br>e Schedule attached to said Unit Agreement as<br>atterests to the Big Eddy Unit Agreement and do<br>and provisions thereof exactly the same as if |
| ID WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                              | executed by the undersigned as of the date set                                                                                                                                                       |
| Jays Jugg                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                      |
| 4 Sherica Sheri                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |
| <u> </u>                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      |
| STATE OF COUNTY OF SS.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |
| On this day of full and of sile, bills                                                                                                                                                                                                                                                                         | , 1952, before me personally appeared                                                                                                                                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                           |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                | Howard 1.                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                           |
| OMANIE OF                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                      |
| STATE OF SS.                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | day of, 1952.                                                                                                                                                                                        |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                | Postoffice                                                                                                                                                                                           |
| STATE OF                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      |
| COUNTY OF ss.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                      |
| On this day of                                                                                                                                                                                                                                                                                                 | , 1952, before me personally appeared                                                                                                                                                                |
| to me known to be the person described in and                                                                                                                                                                                                                                                                  | who executed the foregoing instrument, and                                                                                                                                                           |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                         | free act and deed.                                                                                                                                                                                   |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                         | _ day of, 1952.                                                                                                                                                                                      |
| My Commission Expires:                                                                                                                                                                                                                                                                                         | Notary Public                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                      |

Postoffice

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--|
| day of, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof. |                                                |  |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | executed by the undersigned as of the date set |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Blanche Trigg                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |  |
| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , 1952, before me personally appeared          |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | who executed the foregoing instrument, and     |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · · · · · · · · · · · · · · · · · ·          |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | day of                                         |  |
| My Commission Expires                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Notary Public                                  |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notary Fublic                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Postoffice                                     |  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |  |
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , 1952, before me personally appeared          |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _ day of, 1952.                                |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notary Public                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Postoffice                                     |  |
| STATE OF SS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4070 1 4                                       |  |
| On this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , 1952, before me personally appeared          |  |
| to me known to be the person described in and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | who executed the foregoing instrument, and     |  |
| acknowledged that executed the same as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |  |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _ day of, 1952.                                |  |
| My Commission Expires:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Notary Public                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Postoffice                                     |  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| forth in their respective acknowledgments.                 | H.U. July                                     |
|------------------------------------------------------------|-----------------------------------------------|
|                                                            | 1/1 Tall, Jr. 2400                            |
| STATE OF SS.                                               | Tynoxia Taxx                                  |
| On this 12th day of June  H. V. Tull, Jr. and Syncar Tull. | his wife, 1952, before me personally appeared |
| to me known to be the person described in and              |                                               |
| acknowledged that executed the same as                     | their free act and deed.                      |
| Witness my hand and official seal this                     | day of, 1952.                                 |
| _                                                          | Jones (1. Thill                               |
| My Commission Expires:                                     | Notary Public                                 |
| <u>June 1, 1953</u>                                        | Postoffice                                    |
| STATE OF ss.                                               |                                               |
| On this day of                                             | , 1952, before me personally appeared         |
| to me known to be the person described in and              | who executed the foregoing instrument, and    |
| acknowledged that executed the same as                     | free act and deed.                            |
| Witness my hand and official seal this                     | _ day of, 1952.                               |
| My Commission Expires:                                     | Notary Public                                 |
|                                                            | Postoffice                                    |
| STATE OF ss.                                               |                                               |
|                                                            |                                               |
| On this day of                                             | , 1952, before me personally appeared         |
| to me known to be the person described in and              | who executed the foregoing instrument, and    |
| acknowledged that executed the same as                     | free act and deed.                            |
| Witness my hand and official seal this                     | day of, 1952.                                 |
| My Commission Expires:                                     | Notary Public                                 |
| <del></del>                                                | Postoffico                                    |

| The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the |                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--|
| day of                                                                                                                                                                            |                                                  |  |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.                                                                                                 | s executed by the undersigned as of the date set |  |
|                                                                                                                                                                                   | Therence Kyle Lindenwood                         |  |
|                                                                                                                                                                                   | Torungs Tyle Maderused                           |  |
| STATE OF South Daketz COUNTY OF MESSE SS.                                                                                                                                         | fotomie tola marco                               |  |
| COUNTY OF $\frac{1/\epsilon_3 dE}{1}$ SS.                                                                                                                                         |                                                  |  |
| On this day of                                                                                                                                                                    | , 1952, before me personally appeared            |  |
| Tenance Eyle Underwood, also known as ?.                                                                                                                                          | X. Vaderwood, and Johanko Leis Vaderwood         |  |
|                                                                                                                                                                                   | d who executed the foregoing instrument, and     |  |
| acknowledged that executed the same a                                                                                                                                             | s free act and deed.                             |  |
| Witness my hand and official seal this                                                                                                                                            |                                                  |  |
| My Commission Expires:                                                                                                                                                            | Hollie Notary Public                             |  |
| Oct 4 - 5.5                                                                                                                                                                       | Sturge SD.  Postoffice                           |  |
| <del>(4.2)</del>                                                                                                                                                                  | Postoffice                                       |  |
| STATE OF                                                                                                                                                                          |                                                  |  |
| COUNTY OF                                                                                                                                                                         |                                                  |  |
| On this day of                                                                                                                                                                    | , 1952, before me personally appeared            |  |
| to me known to be the person described in an                                                                                                                                      | d who executed the foregoing instrument, and     |  |
| acknowledged that executed the same a                                                                                                                                             | s free act and deed.                             |  |
| Witness my hand and official seal this                                                                                                                                            | day of, 1952.                                    |  |
| My Commission Expires:                                                                                                                                                            | Notary Public                                    |  |
|                                                                                                                                                                                   | Postoffice                                       |  |
| STATE OF                                                                                                                                                                          |                                                  |  |
| STATE OF                                                                                                                                                                          |                                                  |  |
|                                                                                                                                                                                   | , 1952, before me personally appeared            |  |
| On this day of                                                                                                                                                                    | , 1302, before the personally appeared           |  |
|                                                                                                                                                                                   | d who executed the foregoing instrument, and     |  |
| acknowledged that executed the same a                                                                                                                                             |                                                  |  |
| Witness my hand and official seal this                                                                                                                                            | day of, 1952.                                    |  |
| Mr. Commission Essience                                                                                                                                                           | N.4 D.11.                                        |  |
| My Commission Expires:                                                                                                                                                            | Notary Public                                    |  |
|                                                                                                                                                                                   | Postoffice                                       |  |

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments. | executed by th | ne undersigned a  | s of the date set |
|-----------------------------------------------------------------------------------|----------------|-------------------|-------------------|
|                                                                                   | tom            | mull !            | o which           |
|                                                                                   | 30             | who the           | 21                |
|                                                                                   |                |                   |                   |
| STATE OF SS.                                                                      |                |                   |                   |
| On this day of                                                                    | , 19           | 52, before me per | rsonally appeared |
| Bunett D. Vhite and Menshe Vhite, his wi                                          |                |                   |                   |
| to me known to be the personal described in and                                   | who executed   | the foregoing     | instrument, and   |
| acknowledged that executed the same as                                            | their free a   | ct and deed.      |                   |
| Witness my hand and official seal this                                            | _ day of       | 2000              | , 1952.           |
|                                                                                   |                |                   |                   |
| My Commission Expires:                                                            | <del></del>    | Notary Public     |                   |
| Cot. 30, 1955.                                                                    | loguell, New   |                   |                   |
|                                                                                   |                | Postoffice        |                   |
| STATE OF                                                                          |                |                   |                   |
| On this day of                                                                    | , 19           | 52, before me pe  | rsonally appeared |
| to me known to be the person described in and                                     | who executed   | the foregoing     | instrument, and   |
| acknowledged that executed the same as                                            | free a         | ct and deed.      |                   |
| Witness my hand and official seal this                                            | _ day of       |                   | , 1952.           |
| My Commission Expires:                                                            |                | Notary Public     |                   |
|                                                                                   | ······         |                   |                   |
|                                                                                   |                | Postoffice        |                   |
| STATE OF SS.                                                                      |                |                   |                   |
| On this day of                                                                    | , 19           | 52, before me pe  | rsonally appeared |
| to me known to be the person described in and                                     | who executed   | the foregoing     | instrument, and   |
| acknowledged that executed the same as                                            | free a         | ct and deed.      |                   |
| Witness my hand and official seal this                                            | _ day of       | <del></del>       | , 1952.           |
| My Commission Expires:                                                            | <u> </u>       | Notary Public     |                   |
|                                                                                   |                | Postoffice        |                   |

#### KNOW ALL MEN BY THESE PRESENTS:

| The undersigned (whether one or more) her<br>the Unit Agreement for the Development and Op-                                                                                                                                                                                                                           | eby acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| day of, 1952, em New Mexico, and acknowledge that they have rea conditions thereof. The undersigned also being t terests in the lands or minerals as indicated on t Exhibit "B" do hereby commit all of their said hereby consent thereto and ratify all of the term the undersigned had executed the original of sai | he owners of the leasehold, royalty or other in-<br>he Schedule attached to said Unit Agreement as<br>interests to the Big Eddy Unit Agreement and do<br>s and provisions thereof exactly the same as if |
| forth in their respective acknowledgments.                                                                                                                                                                                                                                                                            | s executed by the undersigned as of the date set                                                                                                                                                         |
| Allen Orten Watson                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                          |
| P.C. Watron                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                          |
| STATE OF SS.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                       | , 1952, before me personally appeared                                                                                                                                                                    |
| THE CAPA STATE PLANT WITH CAPA                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                       | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same a                                                                                                                                                                                                                                                                                 | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this 29                                                                                                                                                                                                                                                                             | day, 1952.                                                                                                                                                                                               |
| My Commission Expires:                                                                                                                                                                                                                                                                                                | Rostoffice 1. M.                                                                                                                                                                                         |
| STATE OF SS.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                          |
| On this day of                                                                                                                                                                                                                                                                                                        | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in an acknowledged that executed the same a                                                                                                                                                                                                                                    | d who executed the foregoing instrument, and s free act and deed.                                                                                                                                        |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                | , 1952.                                                                                                                                                                                                  |
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| COUNTY OF Ss.                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                          |
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| acknowledged that executed the same a                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                          |
| Witness my hand and official seal this                                                                                                                                                                                                                                                                                | day of, 1952.                                                                                                                                                                                            |
| My Commission Expires:                                                                                                                                                                                                                                                                                                | Notary Public                                                                                                                                                                                            |
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Postoffice

#### KNOW ALL MEN BY THESE PRESENTS:

The undersigned (whether one or more) hereby acknowledge receipt of an identical copy of the Unit Agreement for the Development and Operation of the Big Eddy Unit Area dated the 10th day of April, 1952, embracing lands situated in Eddy and Lea Counties, New Mexico, and acknowledge that they have read the same and are familiar with the terms and conditions thereof. The undersigned also being the owners of the leasehold, royalty or other interests in the lands or minerals as indicated on the Schedule attached to said Unit Agreement as Exhibit "B" do hereby commit all of their said interests to the Big Eddy Unit Agreement and do hereby consent thereto and ratify all of the terms and provisions thereof exactly the same as if the undersigned had executed the original of said Unit Agreement or a counterpart thereof.

| Notary Public                    |                                          |
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|                                  |                                          |
| day of                           | , 1952.                                  |
| d who executed the foregoing in  | strument, and                            |
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| d who executed the foregoing ins |                                          |
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| Lucile Wil                       | llo                                      |
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| The undersigned (whether one or more) here the Unit Agreement for the Development and Ope | eby acknowledge receipt of an identical copy of eration of the Big Eddy Unit Area dated the                                                                                                              |
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| day of                                                                                    | he owners of the leasehold, royalty or other in-<br>he Schedule attached to said Unit Agreement as<br>interests to the Big Eddy Unit Agreement and do<br>s and provisions thereof exactly the same as if |
| IN WITNESS WHEREOF, this instrument is forth in their respective acknowledgments.         | s executed by the undersigned as of the date set                                                                                                                                                         |
|                                                                                           | Belly Kuth Wright                                                                                                                                                                                        |
|                                                                                           | Washer Wingst O                                                                                                                                                                                          |
| STATE OF Mexico } ss.                                                                     |                                                                                                                                                                                                          |
| On this 19/4 day of 200                                                                   | , 1952, before me personally appeared                                                                                                                                                                    |
| to me known to be the person described in and                                             | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same as                                                    | sfree act and deed.                                                                                                                                                                                      |
| Witness my hand and official seal this                                                    | day of, 1952.                                                                                                                                                                                            |
| My Commission Expires:                                                                    | Notary Public  Server de H.M.                                                                                                                                                                            |
| 7-20-54                                                                                   | Santa Je H.M                                                                                                                                                                                             |
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| STATE OF                                                                                  |                                                                                                                                                                                                          |
| COUNTY OF SS.                                                                             |                                                                                                                                                                                                          |
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| to me known to be the person described in and                                             | d who executed the foregoing instrument, and                                                                                                                                                             |
| acknowledged that executed the same as                                                    | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this                                                    | day of, 1952.                                                                                                                                                                                            |
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| acknowledged that executed the same as                                                    | s free act and deed.                                                                                                                                                                                     |
| Witness my hand and official seal this                                                    | day of, 1952.                                                                                                                                                                                            |
| Mr. Commission Funitors                                                                   | Notary Public                                                                                                                                                                                            |
| My Commission Expires:                                                                    | Notary Fublic                                                                                                                                                                                            |
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#### KNOW ALL MEN BY THESE PRESENTS:

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| acknowledged that executed the same a  Witness my hand and official seal this  My Commission Expires:  STATE OF  COUNTY OF On this day of  to me known to be the person described in an acknowledged that executed the same a | Notary Public  Postoffice  Postoffice  , 1952, before me personally appeared who executed the foregoing instrument,                       | ared and     |
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| acknowledged that executed the same a Witness my hand and official seal this  My Commission Expires:  STATE OF COUNTY OF  SS.                                                                                                 | Notary Public  Postoffice                                                                                                                 | 2.           |
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| acknowledged that executed the same a                                                                                                                                                                                         | as free act and deed.                                                                                                                     |              |
| acknowledged that executed the same a                                                                                                                                                                                         | as free act and deed.                                                                                                                     |              |
|                                                                                                                                                                                                                               | nd who executed the foregoing instrument,                                                                                                 | and          |
| On this day of                                                                                                                                                                                                                | , 1952, before me personally appe                                                                                                         | ared         |
| STATE OF SS.                                                                                                                                                                                                                  |                                                                                                                                           |              |
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| December 14, 1955                                                                                                                                                                                                             | Artesia, New Mexico                                                                                                                       |              |
| My Commission Expires:                                                                                                                                                                                                        | Notary Public                                                                                                                             |              |
| ,                                                                                                                                                                                                                             | day of, 1952                                                                                                                              | 2.           |
| acknowledged that <u>they</u> executed the same a                                                                                                                                                                             |                                                                                                                                           | una          |
| Martin Yates III and Lillie M. to me known to be the person & described in an                                                                                                                                                 | Yates, his wife                                                                                                                           | <del></del>  |
| <b>.</b>                                                                                                                                                                                                                      | , 1952, before me personally appe                                                                                                         | boro.        |
| STATE OF New Mexico COUNTY OF Eddy SS.                                                                                                                                                                                        |                                                                                                                                           |              |
|                                                                                                                                                                                                                               |                                                                                                                                           |              |
|                                                                                                                                                                                                                               | 7 -                                                                                                                                       |              |
|                                                                                                                                                                                                                               | refrido. Ja                                                                                                                               | 0            |
| forth in their respective acknowledgments.                                                                                                                                                                                    | Matin yats 14                                                                                                                             | <del>-</del> |

#### April 17, 1952

Mesers. Hervey, Dow and Hinkle White Building Roswell, New Mexico

Attention: Mr. Clarence Highle

Re: Proposed Big Eddy Unit Agreement Richardson and Bass

#### Gentlemen:

This is to say that I have carefully examined the proposed Unit Agreement set out in the caption hereof, and find that it is in substantial compliance with requirements heretofore set up for similar projects; I am, however, withholding formal approval of the proposal until a fermal hearing is had before the Oil Conservation Commission of New Mexico, of which I am exofficip a member; at such hearing I will carefully consider the facts as presented.

Very truly yours

GUY SHEPARD

Commissioner of Public Lands

Van C

APR 211

RICHARDSON & BASS
FT. WORTH NAT'L BANK BLDG.
FORT WORTH, TEXAS

April 15, 1952

New Mexico Oil Conservation Commission

New Mexico Oil Conservation Commission Santa Fe, New Mexico

Gentlemen:

Attached you will find three copies of Application for Approval of Big Eddy Unit Agreement, Eddy and Lea Counties, New Mexico.

Attached as Exhibit "A" to each of these applications is a photostat of the letter received by us from the Director of the United States Geological Survey designating this area as an area suitable and proper for unitization.

Also attached to each of these three applications, and marked Exhibit "B", is a copy of the application filed with the United States Geological Survey pursuant to which said lands were designated as an area suitable and proper for unitization. With Exhibit "B" is a map showing the results of our seismographic survey of this area, which is of a highly confidential nature.

On April 9, 1952, Mr. Clarence Hinkle, of Hervey, Dow & Hinkle, sent to you three copies of the proposed Unit Agreement to be used in conjunction with this application.

This partnership respectfully requests that a public hearing be held as set forth in the attached application.

By separate letter a similar Application for Approval of Poker Lake Unit Agreement, Eddy County, New Mexico is being sent to the Commission.

It is hoped that it will be convenient to the Commission to hold the requested hearings on this application and the Poker Lake application on the same day.

Very truly yours,

RICHARDSON & BASS

PRB/dn Enc. By Englishaso

LAW OFFICES J.M HERVEY HERVEY, DOW & HINKLE Roswell. New Mexico CLARENCE E. HINKLE W. E. BONDURANT, JR GEORGE H. HUNKER JR. April 9, 1952 ROSS MADOLE WILLIAM C. SCHAUER AIR MAIL Mr. Dick Spurrier, New Mexico Oil Conservation Commission, Santa Fe, New Mexico. Big Eddy and Poker Lake Re: Unit Agreements Dear Mr. Spurrier: We enclose herewith copies of Applications of Richardson & Bass for approval of the above Unit Agreements. We are also enclosing three copies each of the proposed Big Eddy and Poker Lake Unit Agreements. We are transmitting the originals of these Applications to Richardson & Bass in Fort Worth for execution and they will probably mail them directly from Fort Worth to you to be filed. I am sending you the copies so that you can get the notice for the hearing started as quickly as possible. I would appreciate you calling me collect as soon as you have had an opportunity to discuss a date which would be agreeable to you and to Guy Shepard to hold the special hearing, and, of course, allowing sufficient time to get in the necessary publications, so that I can take the matter up with Mr. Bass to see if the date will be agreeable to him as he has some engagements the latter part of the month and I would like to have a time when he could be there to testify. As I explained to you over the telephone, we are anxious to have the hearing as soon as the same can be held conveniently to all concerned. With best regards, we are, Yours sincerely, HERVEY, DOW & HINKLE

CEH: jg

Enclosures

IN REPLY REFER TO



# UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY WASHINGTON 25. D. C.

APR 4 1952

Richardson & Bass
Ft. Worth Nat'l Bank Bldg.
Fort Worth, Texas

Gentlemen:

Pursuant to discussions between Mr. Clarence E. Hinkle and members of the Conservation Division, April 1, 1952, pertaining to the advisability of modifying section 12 of the form of the Big Eddy unit agreement, New Mexico, in order to recognize a possible difference in the division of allocated production for the purpose of settlement of royalty and working-interest obligations, Survey letter of March 3, 1952, is hereby modified to the extent of authorizing a modification to accomplish the objective stated. Accordingly, section 12, Allocation of Froduction, of the form of agreement approved by letter of March 3, 1952, should be modified by adding the following quoted language onto the end of the first sentence therein:

Mexcept that allocation of production hereunder for purposes other than for settlement of the royalty, overriding royalty, or payment out of production obligations of the respective working interest owners, shall be on the basis prescribed in the unit operating agreement whether in conformity with the basis of allocation herein set forth or otherwise."

Copies of this letter are being sent to Mr. Hinkle and to the Supervisor in order that they will have proper notice of the modification hereby authorized.

Very truly yours,

Actual Director



#### UNITED STATES DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY WASHINGTON 25, D. C.

A----

Richardson & Bass Ft. Worth Nat'l Bank Bldg. Fort Worth, Texas

#### Gentlemen:

Reference is to your letter of January 26, 1952, requesting action on your application for designation of 133,444.29 acres, more or less, in Eddy and Lea Counties, New Mexico, as logically subject to exploration and development under the unitization provisions of the Mineral Leasing Act, as amended.

Pursuant to the regulations of December 22, 1950, 30 C.F.R., section 226.3, the following land is designated as a logical unit area to be known as the Big Eddy unit area:

#### New Mexico Principal Meridian, New Mexico

- T. 19 S., R. 31 E.

  - sec. 27, S<sup>1</sup>/<sub>2</sub> sec. 33, E<sup>1</sup>/<sub>2</sub> sec. 34, All sec. 35, All
- T. 20 S., R. 30 E.
  - secs. 25-27 (incl.), All
  - secs. 34-36 (incl.), All
- T. 20 S., R. 31 E. secs. 2-36 (incl.), All
- T. 20 S., R. 32 E.
  - sec. 7, All
  - sec. 8, Wawa
  - secs. 17-21 (incl.), All
  - sec. 27, S\$\frac{1}{2}
  - secs. 28-34 (incl.), All
- T. 21 S., R. 28 E.
  - secs. 3-36 (incl.), All
- T. 21 S. R. 29 E.
  - secs. 1-3 (incl.), All
  - secs. 7-36 (incl.), All

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T. 21 S., R. 30 E.
   secs. 1-12 (incl.), All
   secs. 14-22 (incl.), All
   sec. 23, All
sec. 27, N2
secs. 28-30 (incl.), All
T. 21 S., R. 31 E.
   sec. 3, Lots 1 to 16, incl.
   secs. 4-6 (incl.), All
   secs. 7-9 (incl.), All
T. 22 S., R. 28 E.
   secs. 1-5 (incl.), All
   sec. 6, Lots 1,2,3,4,5, SE4NW4, S2NE4, SE4 sec. 8, E4, E2W2 secs. 9-14 (incl.), All
   sec. 15, NE4, E2SE4 sec. 17, N2N2
   sec. 22, E2NE
   secs. 23-25 (incl.), All
T. 22 S., R. 29 E.
   secs. 2-10 (incl.), All
   secs. 15-22 (incl.), All
   secs. 27-30 (incl.), All
   sec. 31, E
   secs. 32-34 (incl.), All
   sec. 35, W2, W2SE4
T. 23 S., R. 29 E.
   sec. 2, All
   sec. 3, Lots 1,2,3,4, 8343, N2S2, S2SE4, SE4SW4
   sec. 4, Lets 1,2,3,4, S2N2, N2SE2
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The proposed drilling depth of 14,500 feet is considered acceptable.

The three copies of the proposed form of unit agreement presented to us in person by your representative, ir. Clarence Hinkle, on January 28, replaces the forms submitted earlier. All copies of the old forms were handed to Mr. Perry Bass while in Washington on January 25. The form substantially follows that recently approved for the Poker Lake unit except that only formations below the base of the Delaware sand are unitized. Section 9 has been modified to provide for the drilling of three exploratory wells within 5 years and to provide for adequate protection of any potash deposits, and a new Map and Surveys section (20) has been added. The form will be regarded as

acceptable if modified as indicated by red pencil and by attached riders. One copy at marked was handed to Mr. Hinkle January 28, one copy is being forwarder to the Supervisor, and one copy is being retained. It will be noted that since Mr. Hinkle's departure the first sentence of insert #2, which will be Sec. 2(e), has been deleted as an unnecessary carry-over from an earlier form otherwise devoid of provisions for contraction of the unit area.

In the absence of any objections not now apparent, a duly executed agreement identical with the above-mentioned form as modified will be approved if submitted within a reasonable period of time. However, notice is hereby given that the right is reserved to deny approval of any executed agreement which, in the Survey's opinion, does not have the full commitment of sufficient lands to afford effective control of operations.

When the executed agreement is transmitted to the Supervisor for approval, include the latest status of all Federal acreage showing the current record owner of all issued leases and the current status of all lease applications, if any.

Very truly yours,

harra

Acting Director

Big Eddy unit agreement, Eddy and Lea Counties, New Mexico

| Serial Nos | New Mexico 0251 0299 0486 0505 0509 0783 0915 01083 01084 01148 01189 01206 01353 01877 01960 02045                                                                                                                           | の利用で<br>の2536<br>の2827<br>02828<br>の2918<br>の2922<br>の2946<br>02977<br>02978<br>02979<br>02980<br>03057<br>03059<br>03183                                                                                                                                                                                   | 03205<br>03297<br>03302<br>03364<br>03926<br>04082<br>04105<br>04228<br>04383<br>04557<br>04835<br>05214                                                                        |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Las Cruces 059365 060515 060572 060613 060853 061277 061396 061611 062568 062573 062727-A 062727-B 062727-B 062727-B 062940 063167 063346 063418 063418 063516 063517 063516 063537 063514 063515 063545 063667 063674 063862 | 064806<br>064828<br>064829<br>065035<br>065431<br>065609<br>065713<br>065750<br>065752<br>065872<br>065872<br>065874<br>065897<br>0658914<br>065944<br>066067<br>066067<br>066067<br>066067<br>067144<br>067145<br>067144<br>067145<br>067186<br>067297<br>067793-A<br>067964<br>068384<br>068379<br>068399 | 068408 068669 068878 068996 069140 069141 069141 069157 069159 069219 069211 0691416 069504 069504 069505 069707 069876 069899 070060 070061 070220 070711 071033 071396 071918 |

and certain serials to be issued to cover potash lands within this area recently opened to leasing.