

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C 101
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)
30-025-31811
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work: DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			7. Lease Name or Unit Agreement Name EUMONT GAS COM NO. 1		
1b. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			8. Well No. 3		
2. Name of Operator EXXON CORPORATION			9. Pool name or Wildcat EUMONT YATES 7 RVRS QN (PRO GAS)		
3. Address of Operator ATTN: REGULATORY AFFAIRS P. O. BOX 1600 MIDLAND, TX 79702					
4. Well Location Unit Letter N : 660 Feet From The South Line and 1780 Feet From The WEST Line Section 4 Township 20 S Range 37 E NMPM LEA County					
		10. Proposed Depth 4000'		11. Formation QUEEN	
13. Elevations Show whether DEPT, GR, etc. 3557 GR		14. Kind & Status Plug, Bond BLANKET		15. Drilling Contractor UNKNOWN	
				16. Approx. Date Work will start ASAP	
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	8 5/8	24, 32	400	150	SURF
7 7/8	4 1/2	10.5, 11.6	3600	450	SURF

MINIMUM BOP WILL BE 300 # WP.

UNORTHODOX LOCATION AND ADMINISTRATIVE APPROVAL HAS BEEN REQUESTED FROM M. STOGNER IN SANTA FE. ALSO, SIMULTANEOUS DEDICATION WITH WELLS # 1, 2, 4 AND 5.

OFFSET OPERATORS HAVE BEEN NOTIFIED.

C102 IS ATTACHED.

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

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

SIGNATURE *Alex M. Correa* TITLE Administrative Specialist DATE 11/11/92
TYPE OR PRINT NAME Alex M. Correa 6782
(915) 688-7532 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

781-32-2 (88)

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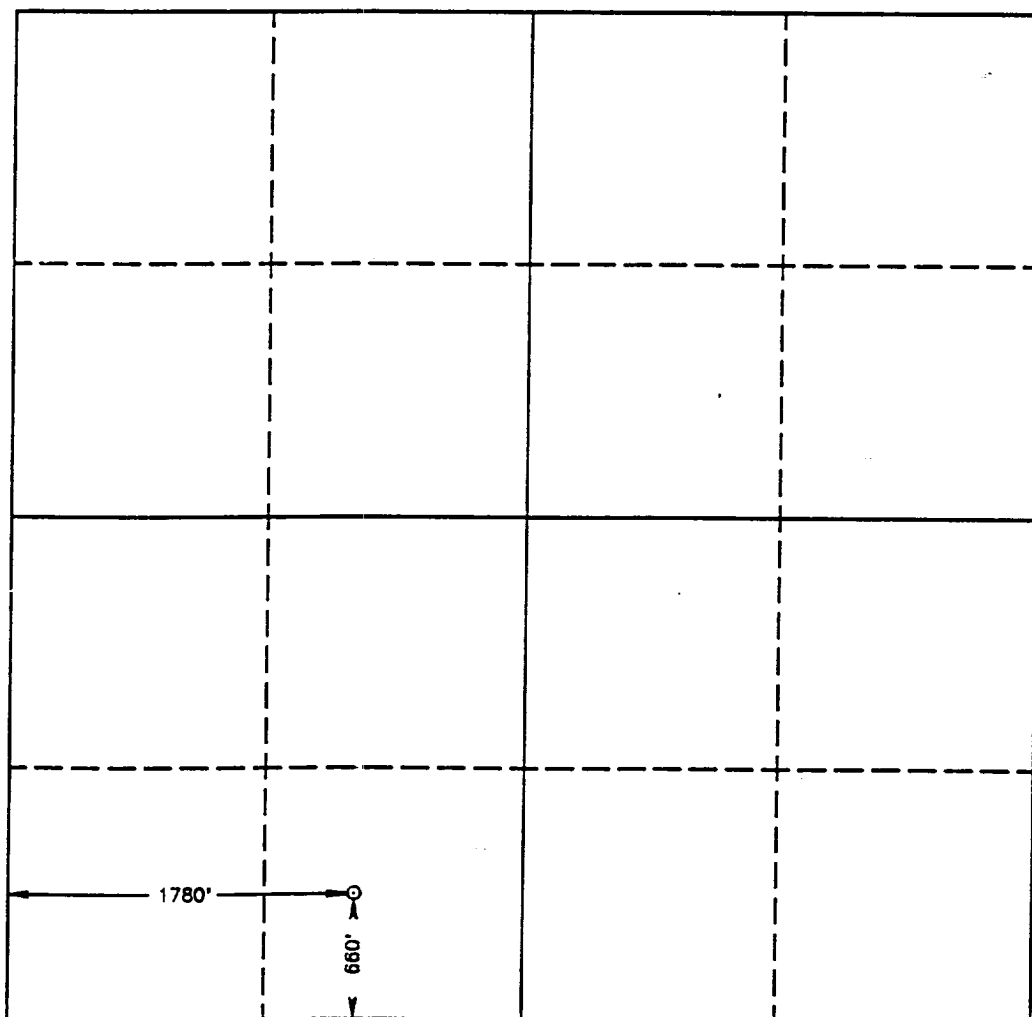
1000 Rio Brazos Rd., Artesia, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator EXXON COMPANY U.S.A.			Lease EUMONT GAS COM. 1		Well No. 3
Unit Letter N	Section 4	Township 20 SOUTH	Range 37 EAST	NMPM	County LEA
Actual Footage Location of Well: 660 feet from the SOUTH line and 1780 feet from the WEST line					
Ground Level Elev. 3557.2'	Producing Formation QUEEN		Pool EUMONT YATES 7 RVRS QN (PRO GAS)		Dedicated Acreage: 640 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
 - If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
 - If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
- If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)
No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, force-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Printed Name

C.H. HARPER

Position

PERMITS SUPERVISOR

Company EXXON CORP.
P.O. BOX 1600, MIDLAND, TX

Date

12-8-92

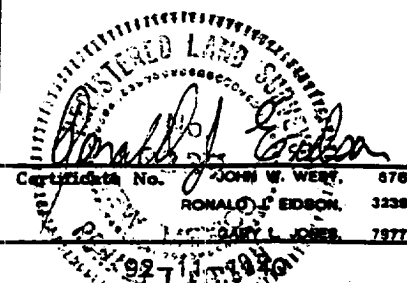
SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

AUGUST 6, 1992

Signature & Seal of
Professional Surveyor



A10680