State of New Mexico

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

Energy, verals and Natural Resourcs Department

Form C 101 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

P.O. Box 1980, Hobbs, N.	M 88240 Santa	Fe. New Mex		504-2088	API NO. (ssigned by OCE 30 -0 ス	on New Wells) 5-3/9/1
DISTRICT II P.O. Drawer DD, Artesia,	NM 88210				5. Indicate	Type of Lease STATE	☐ _{FEE} 🕱
DISTRICT III (000 Rio Brazos Rd., Azto	ec, NM 87410				6. State Oil	& Gas Lease No	
APPLICATION	FOR PERMIT TO	DRILL, DEEPF	N, OR	PLUG BAC	К		
Ta. Type of Work:					7. Lease Na	me or Unit Agre	eement Name
DRILL	RE-ENTER	DEEPEN [\exists	PLUG BACK	EUMONT	GAS COM NO.	1
1b. Type of Well: OIL GAS WELL WELL	<u> </u>	SINGLE	.	MULTIPLE	_		
2. Name of Operator	OTHER L	ZONE		ZONE L	8. Well No.		
	EXXON CORPORA				3		
3. Address of Operator	ATTN: REGULA P. O. BOX 160 MIDLAND, TX	TORY AFFAIR 00 79702	S		EUMONT	e or Wildcat YATES QN (PRO GAS)
4. Well Location	660	Sour			780		<u></u>
Unit Letter	: 1191 Feet Fro	m The NORT		Line and	Feet .	rom The	WEST Lir
Section 4	Townshi	p 20 S	Range	37 F	NMPM	LEA	County
	TOWNSHI.	F 20 3	Runge	<u> </u>	. V.VII .VI	LEA	County
		10. Proposed 4000	Depth	1	1. Formation QUEEN	12	. Rotary or C.T. ROTARY
13. Elevations Show when 3557 GR	her DF.RT.GR.etc.) 14.	. Kind & Status Plug. BLANKET	Bond	15. Drilling Cor UNKNOW		16. Approx. D	ate Work will start
17.	PRO	POSED CASING	AND	CEMENT PI	ROGRAM		
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER I	001 5	SETTING DEF	TH 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
	<u> </u>	1					
UNORTHODOX M. STOGNER 2, 4 AND 5.	WILL BE 300 LOCATION AND IN SANTA FE. ATORS HAVE BE	ADMINISTRA ALSO, SIM	ULTAN	APPROVAL IEOUL DED	HAS BEE	N REQUEST	ΓED FROM _S # 1,
C102 IS ATT		LIN NOTIFIE	<i>,</i> .				
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IN ABOVE SPACE DE	SCRIBE PROPOSED PI	ROGRAM: He preudos	M. IS TO	DEEPEN OR PLIC	RACK CIANTIAN	A GAN DIDESTENT DE	MANUSTRE VANT IN E
	IVEZONE, GIVE BI OWOUT PE					V V V FIXLOU, VI TP	00000000000000000000000000000000000000
I hereby certify that the inform	ation above is true and complete	to the best of my knowledge	and belief.				
SIGNATURE	CCEMANK'O	1100	TI	TLE <u>Administ</u>	rative Speci		VTE 11/11/92
TYPE OR PRINT NAME #	Alex M. Corre	a			(915) 68	6782 38− 7532 11	LEPHONE NO.
(This space for State Use)							
- CRI	GINAL SIGNED BY JE	ERRY SEXTON					1411 ~
APPROVED BY	DISTRIGHT SUPPLY	, visun	Tr T	T) C			1AN - 0 10

CONDITIONS OF APPROVAL, IF ANY:

Termit Expires & Months From Ap**prova**. Date Unless Drilling Linderway.

Form C-102 Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

WELL LOCATION AND ACREAGE DEDICATION PLAT

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

All Distances must be from the outer boundaries of the section

Unit Letter Section Township Range County N 4 20 SOUTH 37 EAST NMPM LEA Actual Footage Location of Well: 660 feet from the SOUTH line and 1780 feet from the WEST line Ground Levei Elev. Producing Formation Pool EUMONT YATES 7 RVRS QN (PRO GAS) G40 Actual Footage dedicated to the subject well by colored pencil or hackure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty) 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, 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, forced—pool otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. OPERATOR CERTIFICATION	Operator	EXXON COMP	ANY U.S.A.	Lease	EUMO	NT GAS CO	м. 1	Well No.
LEA Lectual Footage Location of Fell: 680 feet from the SOUTH line and 1780 feet from the WEST lipe GROWN EDMONT VATES 7 RVRS QN (PRO GAS) 1.0 cutting the accreage dedicated to the subject well by colored penal or hashing marks on the plat below. 2. If more than one lease is dedicated to the vell, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease is dedicated to the vell, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease is dedicated to the vell, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease is dedicated to the vell, have the interest of all owners been consolidated. The analysis of the form necessary. 4. If any other is not lease of the well unit all interests have been consolidated (by communitiestion, unititation, foreed—position of the royalty libe the subject with a non-plandard unit, climinating such interest, has been approved by the libration. 5. If having corriging the the such instance of the least of the such instance of the	Unit Letter	Section	Township	Range				
Fround Level Elev. Fround Level Elev. Fround Level Elev. Fround Evel Elev. Fround Elevel Elev. Fround Elev. Front Elev. Fround Elev. Fround Elev. Fround Elev. Fround Elev. Front	N	. 4	1 -	1 *	37 E	AST N	1 -	LEA
Food Freedom Front Food Foo	CCO	6	OUTH line and	17	780	feet	from the W	EST line
1. Outline the acreage dedicated to the subject well by colored panel or hackure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and reyalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communities unuittation, force-pooling, etc.? 4. Yes No. If answer is "yes" type of consolidation 5. If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary. 6. An allowable will be assigned to the well until all interests have been consolidated (by communitisation, unitisation, forced-position necessary. 7. An allowable will be assigned to the well unit all interests have been approved by the Division. 9. PERATOR CERTIFICATION 9. PORTAGE CERTIFICATION 1. HARPER Position PERMITS SUPERVISOR Company EXXON CORP P. D. Dox 1600, MIDLAND, T. Date 2. P. A. D. SURVEYOR CERTIFICATION 2. SURVEYOR CERTIFICATION 2. SURVEYOR CERTIFICATION 2. An analysis of the sent of may demanded basing. 3. Surveyed and type of the surveyed and type of an other parts of the first of may demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. ALGUST 6, 1992 3. Signature & Sent of My demanded basing. 4. Company of the man of th		1 -			IT VATEC	7 DVDC ON	/DDO CAC	Dedicated Acreage:
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otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. OPERATOR CERTIFICATION I hereby certify the the conformation of the true and compeles best of my homeledge and helded. Signature Printed Name C.H. HARPER PERMITS SUPERVISOR Company EXXON CORP. P.O. BOX 160C, MIDLAND, I Date SURVEYOR CERTIFICATION I hereby certify that the until incoming a on this plat one plotted from field and answers made by more under the the best of my homeledge bestef. Date Surveyed AUGUST 5, 1992 Signature & Seal of Professional Surveyor AUGUST 5, 1992 Signature & Seal of Professional Surveyor AUGUST 5, 1992 Cartifichen No. Professional Surveyor	this form neces	84IY				·		
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Printed Name C. H. HARPER Position PERMITS SUPERVISOR Company EXXON CORP. P. O. BOX 1600, MIDLAND, I Date J. J 9 2 SURVEYOR CERTIFICATION I haveby carrify that the well inventors a on this plot was plotted from field not assume company made by me-or under supervisors, and that the sense to true supervisors, and that the sense to true correct to the best of my inventors belief. Date Surveyed AUGUST 6, 1992 Signature & Sensi of Professional Surveyor-				g- <u>a</u> st		*	[] contained	hereby certify the the information herein is true and complete to the
C.H. HARPER Position PERMITS SUPERVISOR Company EXXON CORP. P.O.BOX 1600, MIDLAND, T Date 2 - 9 - 2 SURVEYOR CERTIFICATION I haraby certify that the until incention a on this plat was platted from field med astum surveys made by the or until supervisor, and that the same to try correct to the best of my harabedy belief. Date Surveyed AUGUST 6, 1992 Signature & Seal of Professional Surveyed AUGUST 6, 1992 Signature & Seal of Professional Surveyed AUGUST 6, 1992 Signature & Seal of Professional Surveyed AUGUST 6, 1992 Signature & Seal of Professional Surveyed AUGUST 6, 1992 Signature & Seal of Professional Surveyed AUGUST 6, 1992 Signature & Seal of Professional Surveyed AUGUST 6, 1992 Signature & Seal of Professional Surveyed AUGUST 6, 1992					İ		Signature	
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