



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
HOBBS DISTRICT OFFICE

2-4-91

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1980
HOBBS NEW MEXICO 89241-1980
(505) 393-6161

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC _____
DHC _____
NSL _____
NSP ☒ _____
SWD _____
WFX _____
PMX _____

Gentlemen:

I have examined the application for the:

Onyx Energy Co. W.W. Weatherly #2-8 17-21-37
Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
Supervisor, District 1

/ed

Note: Mike if they sent all the C-10's to you
please send them down. Thanks
C



Oryx Energy Company
24 Smith Road
PO Box 1861
Midland TX 79702-1861
915 688 0300

January 31, 1991

Southwestern
Production Region

State of New Mexico
Energy, Minerals and Natural Resources Dept.
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504 - 2088

Attn: Michael Stogner
Hearing Examiner & Petroleum Engineer

Re: Non-Standard Gas Proration Unit
Eumont Gas Pool
Oryx Energy Company
W. W. Weatherly No. 2
J. 1980' FSL & 1980' FEL, Sec. 17,
T-21-S, R-37-E, Lea County

Dear Mr. Stogner:

Oryx Energy Co. requests approval to plug back the captioned well from the Penrose Skelly Grayburg Pool to the Eumont Gas Pool with a 160-acre non-standard gas proration unit.

All offset operators have been notified by certified mail on 1-31-91, list attached.

None of the offset operators shown on this list produce from the Eumont Pool at the present time.

Should you require additional information concerning this well, please contact me at A/C 915 688-0375.

Yours truly,

ORYX ENERGY COMPANY

Maria L. Perez
Proration Analyst

Attach.

cc: Oil Conservation Div., Hobbs

MLP/ak

FEB 01 1991

RECEIVED

Offset Operators

W. W. Weatherly #2

1. Campbell and Hedrick
P. O. Box 401
Midland, Texas 79701
2. Conoco Inc.
3817 NW Expwy, Ste. 400
Oklahoma City, OK 73018
3. Hawkins Oil & Gas, Inc.
400 S. Boston, Ste. 800
Tulsa, OK 74103
4. Texaco Producing Co.
P. O. Box 730
314 E. Vender Blvd.
Hobbs, New Mexico 88240



Oryx Energy Company
24 Smith Road
PO Box 1861
Midland TX 79702-1861
915 688 0300

Southwestern
Production Region

January 31, 1991

Campbell and Hedrick
P. O. Box 401
Midland, Texas 79701

Hawkins Oil & Gas, Inc.
400 S. Boston, Ste. 800
Tulsa, OK 74103

Conoco Inc.
3817 NW Expwy., Ste. 400
Oklahoma City, OK 73018

Texaco Producing Co.
P. O. Box 730
314 E. Vender Blvd.
Hobbs, New Mexico 88240

Re: Non-Standard Gas Proration Unit
Eumont Gas Pool
Oryx Energy Company
W. W. Weatherly No. 2
J. 1980' FSL & 1980' FEL, Sec. 17,
T-21-S, R-37-E, Lea County, N. Mexico

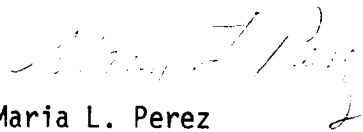
Gentlemen:

This is your notification, as offset operator of this 160-acre non-standard proration unit, of our intent to plug back the captioned well from the Penrose Skelly Grayburg Pool to the Eumont Gas Pool.

Should you have any objection to this request, please contact the Oil Conservation Division in Santa Fe and Oryx Energy Company in writing.

Yours truly,

ORYX ENERGY COMPANY


Maria L. Perez
Proration Analyst
(915) 688-0375

MLP/ak

RECEIVED

FEB 01 1991

HO...



Oryx Energy Company
24 Smith Road
PO Box 1861
Midland TX 79702-1861
915 688 0300

Southwestern
Production Region

February 25, 1991

State of New Mexico
Energy, Mineral and Natural Resources Dept.
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87504 - 2088

Attn: Michael Stogner
Hearing Examiner & Petroleum Engineer

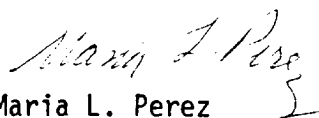
Re: Non-Standard Gas Proration Unit
Eumont Gas Pool
Oryx Energy Company
W. W. Weatherly No. 2
J, 1980' FSL & 1980' FEL, Sec. 17
T-21-S, R-37-E, Lea County, N. M.

Dear Mr. Stogner:

The captioned application was mailed to you on January 31, 1991.
Attached are the registered signed return receipts from each of the
offset operators as proof of notification.

Yours truly,

ORYX ENERGY COMPANY


Maria L. Perez
Proration Analyst
A/C 915 688-0375

cc: OCD-Hobbs

MLP/ak

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Campbell and Hedrick P. O. Box 401 Midland, Texas 79701	4. Article Number P 087 129 884 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>Margaret Jones</i>	
7. Date of Delivery FEB -8 1991	

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Conoco Inc. 3317 NW Expwy, Ste. 400 Oklahoma City, OK 73113	4. Article Number P 087 129 893 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery FEB -9 1991	

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Hawkins Oil & Gas, Inc. 400 S. Boston, Ste. 800 Tulsa, OK 74103	4. Article Number P 087 129 882
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X <i>[Signature]</i>	
7. Date of Delivery 2-4-91	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Texaco Producing Co. P. O. Box 730 314 E. Vender Blvd. Hobbs, New Mexico 88240	4. Article Number P 087 129 881
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Address <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 2-1-91	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT
