EXXON COMPANY, U.S.A.
POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

HOUSTON PRODUCTION ORGANIZATION
PERMITTING

July 22, 1999

J. L.Greenwood, Well No. 9
Downhole Commingling Request
Blinebry Oil and Gas Pool
Tubb Oil and Gas Pool (Oil)

Ms. Lori Wrotenberry, Director
New Mexico Oil Conservation Division
2040 Pacheco
Santa Fe, NM 87505

Dear Ms. Wrotenberry,

Exxon requests approval to downhole commingle production from the J. L. Greenwood, Well No. 9, located at Unit J, Section 9, T22S and R37E in Lea County, New Mexico. This is an exception to Rule 303A.

The pools to be downhole commingled are the Blinebry Oil and Gas and the Tubb Oil and Gas (Oil). There is no diversity among the royalty ownership and Exxon is the sole working interest owner.

The Offset Operators have been notified and return receipts are included in this package. We would appreciate your approval of this request. If there are questions, call Bob Ward at 713-431-1024.

Sincerely,

Charlotte Harper

Charlotte Harper

/slf
New Mexico DHC dot

OFFSET OPERATOR LISTIN

J. L. GREENWOOD
WELL # 9

Anadarko Petroleum Corp.
P.O. Box 2497
Midland, TX 79702

BEC Corporation
P.O. Box 1392
Midland, TX 79702

Chevron USA Inc.
P.O. Box 1150
Midland, TX 79702

John H. Hendrix Corporation
P.O. Box 3040
Midland, TX 79702

ORYX Energy Company
P.O. Box 2880
Dallas, TX 75221

Texaco E&P Inc.
P.O. Box 3109
Midland, TX 79702

Titan Resources, Inc.
500 West Texas, Suite 500
Midland, TX 79701

Zia Energy
P.O. Box 2510
Hobbs, NM 88241

J. L. GREENWOOD
SECTION 9, T-22-S, R-37-E, Lea Co. NM
WELL NO. 9

	Harborough Oil + GAS		J. H. HENDRIX		TITAN		BEC CORP TITAN		
	ZIA ENERGY		ZIA ENERGY	J. H. Hendrix	TITAN		BEC CORP TITAN		
8	8			9	9		10		10
8	8			9	9		10		10
	APACHE		EXXON J. L.		EXXON GREENWOOD		BEC CORP TEXACO		
	Amerada HESS	ZIA ENERGY	ZIA ENERGY		ZIA ENERGY		John H. Hendrix ORYX		
	ZIA ENERGY JH. HENDRIX		CHEVRON		CHEVRON		ANADARKO J. H. HENDRIX		
	17				16				15

J. L GREENWOOD LEASE

OFFSET NOTIFICATION
AREA FOR WELL NO. 9

Fold to

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

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

Consult postmaster for fee.

3. Article Addressed to:
Deraco E&P Inc
P.O. Box 3109
Midland, Tx 79702

4a. Article Number

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

7. Date of Delivery
JUL 0 9 1999

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
Rec Corp
P.O Box 1392
Midland, Tx 79702

4a. Article Number
Z 260 316 257

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

7. Date of Delivery

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
Titan Resources Inc
500 W. Tex Suite 500
Midland, Tx 79701

4a. Article Number

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

7. Date of Delivery
7/2

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

JLG
9

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

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

Consult postmaster for fee.

3. Article Addressed to:
Chevron USA Inc
P.O. Box 1150
Midland, Tx 79702

4a. Article Number
Z 260 316 256

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

7. Date of Delivery JUL 02 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
CRY X Energy Co.
P.O. Box 2880
Dallas, Tx 75221

4a. Article Number
Z 260 316 254

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

7. Date of Delivery JUL 02 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:
John H Hendrix Corp
PO Box 3040
Midland, Tx 79702

4a. Article Number
Z 260 316 255

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

7. Date of Delivery JUL 2 2 1999

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

MIDLAND, TX DIVISION OFFICE
USPS

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Anadarko Petroleum
P.O. Box 2497
Midland, Tx 79702

4a. Article Number: Z 260 316 270

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

7. Date of Delivery: JUL 12 1999

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X D. Jernigan

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your **RETURN ADDRESS** completed on the reverse side?

Thank you for using Return Receipt Service.

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

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

Consult postmaster for fee.

3. Article Addressed to:

Sun Energy
P.O. Box 2510
~~Hobbs~~ NM 88241

4a. Article Number: Z 260 316 259

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

7. Date of Delivery: 7/7/99

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Maggie Webb

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your **RETURN ADDRESS** completed on the reverse side?

Thank you for using Return Receipt Service.

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
PO Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brasos Rd. , Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Submit to Appropriate District Office
State Lease -4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025-10130	060240	Tubb Oil & Gas (Oil)

Property Code	Property Name	Well Number
004179	J. L. Greenwood	9

OGRID No.	Operator Name	Elevation
007673	Exxon Corporation	3,422' DF

Surface Location

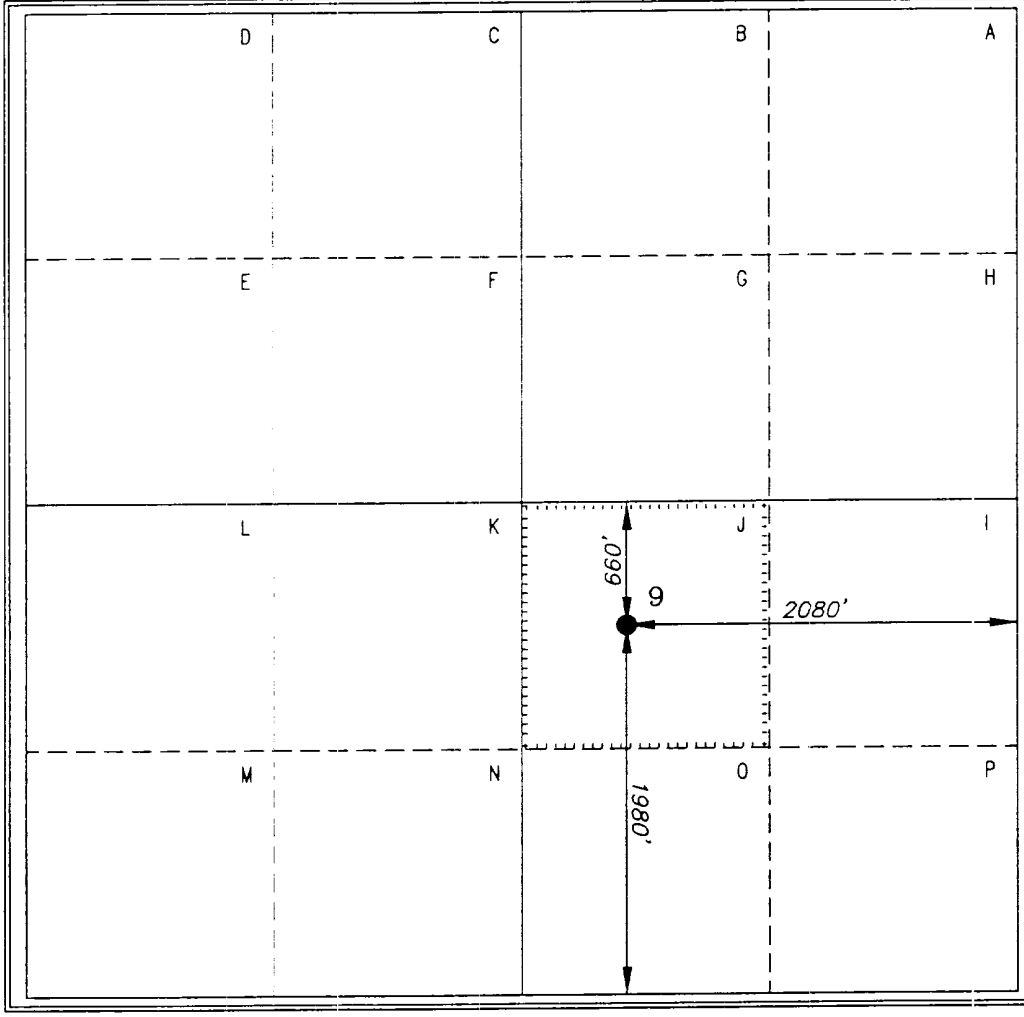
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	9	22/S	37/E		1980	South	2080	East	Lea

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
40			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNITL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

C. H. Harper
Signature

C. H. Harper
Printed Name

Permits Supervisor
Title

7-22-99
Date

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 belief.

1/20/47
Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

Distance to nearest Town	Drawn By	Date	Drawing File Name
2.5 Miles SW of Eunice, New Mexico.			File No.: A10294b

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
PO Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name	
3002510130	06660	BLINEBRY OIL & GAS	
Property Code	Property Name		Well Number
004179	J.L GREENWOOD		9
OGRID No.	Operator Name		Elevation
007673	Exxon Corp.		3422 D.F.

Surface Location

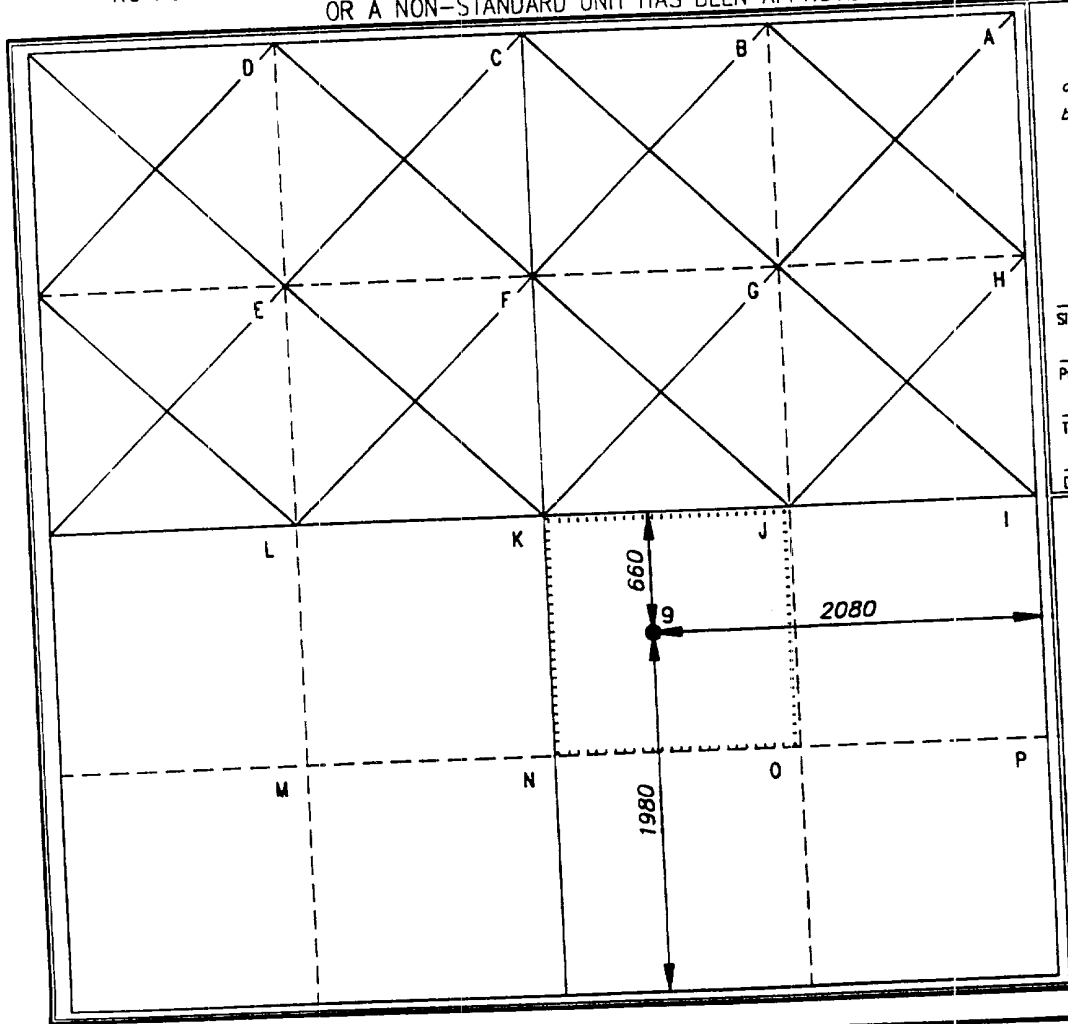
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	9	22S	37E		1980	SOUTH	2080	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
40			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNITL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

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

C. H. Harper
Signature

C.H. Harper
Printed Name

Permits Supervisor
Title

3-10-95
Date

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 belief.

1/20/47
Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

Distance to nearest Town	Drawn By	Date	Drawing File Name
2.5 Miles SW of EUNICE, New Mexico.	SRP	3/8/95	File No.: A10294b

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
811 South First St., Artesia, NM 88210-2835

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410-1693

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 S. Pacheco
Santa Fe, New Mexico 87505-6429

APPLICATION FOR DOWNHOLE COMMINGLING

Form C-107-A
New 3-12-96

APPROVAL PROCESS:
X Administrative __Hearing

EXISTING WELLBORE
X YES __NO

Exxon Company U.S.A. (Operator) | P.O. Box 4358, Houston, TX 77210-4358 (Address)

J. L. Greenwood (Lease) | #9 (Well No) | J-9-22S-37E (Unit Ltr - Sec - Twp - Rge) | Lea (County)

OGRID NO. 007673 | Property Code 004179 | API NO. 300251013000 | Spacing Unit Lease Types: (check 1 or more) Federal ___, State ___, and/or Fee X

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	Blinebry		Tubb
2. Top and Bottom of Pay Section (Perforations)	5423' - 5813'		5909' - 6102'
3. Type of production (Oil or Gas)	Oil		Oil
4. Method of Production (Flowing or Artificial Lift)	Artificial Lift		Artificial Lift
5. Bottomhole Pressure Oil Zones - Artificial Lift: Estimated Current Gas & Oil - Flowing: Measured Current All Gas Zones: Estimated Or Measured Original	a. (Current) 690#	a.	a. 970#
	b. (Original) N/A	b.	b. N/A
6. Oil Gravity (°API) or Gas BTU Content	34.8° API		41° API
7. Producing or Shut-In?	Producing		N/A
Production Marginal? (yes or no)	No		
* If Shut-In, give date and oil/gas/ water rates of last production Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data	Date: Rates:	Date: Rates:	Date: Rates:
* If Producing, give date and oil/gas/ water rates of recent test (within 60 days)	Date: 5/6/99 Rates: 7.8 bopd, 146 kcf pd, 2 bwpd	Date: Rates:	Date: Rates:
8. Fixed Percentage Allocation Formula - % for each zone	Oil: 62 % Gas: 77 %	Oil: % Gas: %	Oil: 38 % Gas: 23 %

9. If allocation formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.

10. Are all working, overriding, and royalty interests identical in all commingled zones? X Yes ___ No
If not, have all working, overriding, and royalty interests been notified by certified mail? ___ Yes ___ No
Have all offset operators been given written notice of the proposed downhole commingling? X Yes ___ No

11. Will cross-flow occur? ___ Yes X No If yes, are fluids compatible, will the formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. ___ Yes ___ No (If No, attach explanation)

12. Are all produced fluids from all commingled zones compatible with each other? X Yes ___ No

13. Will the value of production be decreased by commingling? ___ Yes X No (If Yes, attach explanation)

14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Lands or the United States Bureau of Land Management has been notified in writing of this application. ___Yes ___ No

15. NMOCD Reference Cases for Rule 303(D) Exceptions: ORDER NO(S). _____

16. ATTACHMENTS:
- C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
- Production curve for each zone for at least one year. (If not available, attach explanation.)
- For zones with no production history, estimated production rates and supporting data.
- Data to support allocation method or formula.
- Notification list of all offset operators.
- Notification list of working, overriding, and royalty interests for uncommon interest cases.
- Any additional statements, data, or documents required to support commingling.

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

SIGNATURE James R. Ward TITLE Sr Regulatory Specialist DATE 7-21-99

TYPE OR PRINT NAME James R. Ward TELEPHONE NO. (713) 431-1024

J. L. Greenwood #9:

ALLOCATION FORMULA

Blinebry	→	6.5 bopd, 210 kcfpd	-	current volumes
Tubb	→	4 bopd, 62 kcfpd	-	predicted volumes
TOTAL		10.5 bopd, 272 kcfpd		

Blinebry

$\frac{6.5}{10.5} \times 100 = 62\%$

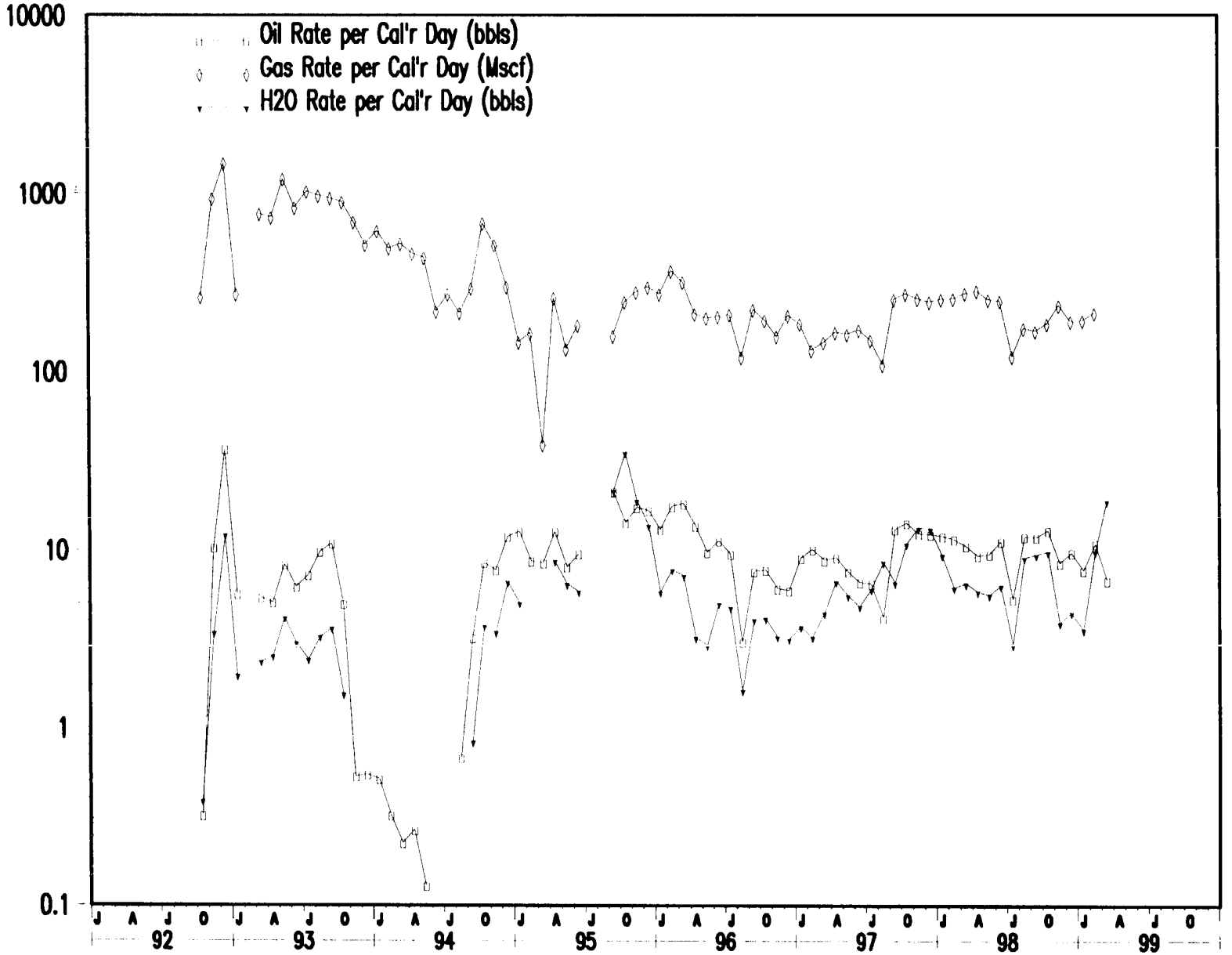
$\frac{210}{272} \times 100 = 77\%$

Tubb

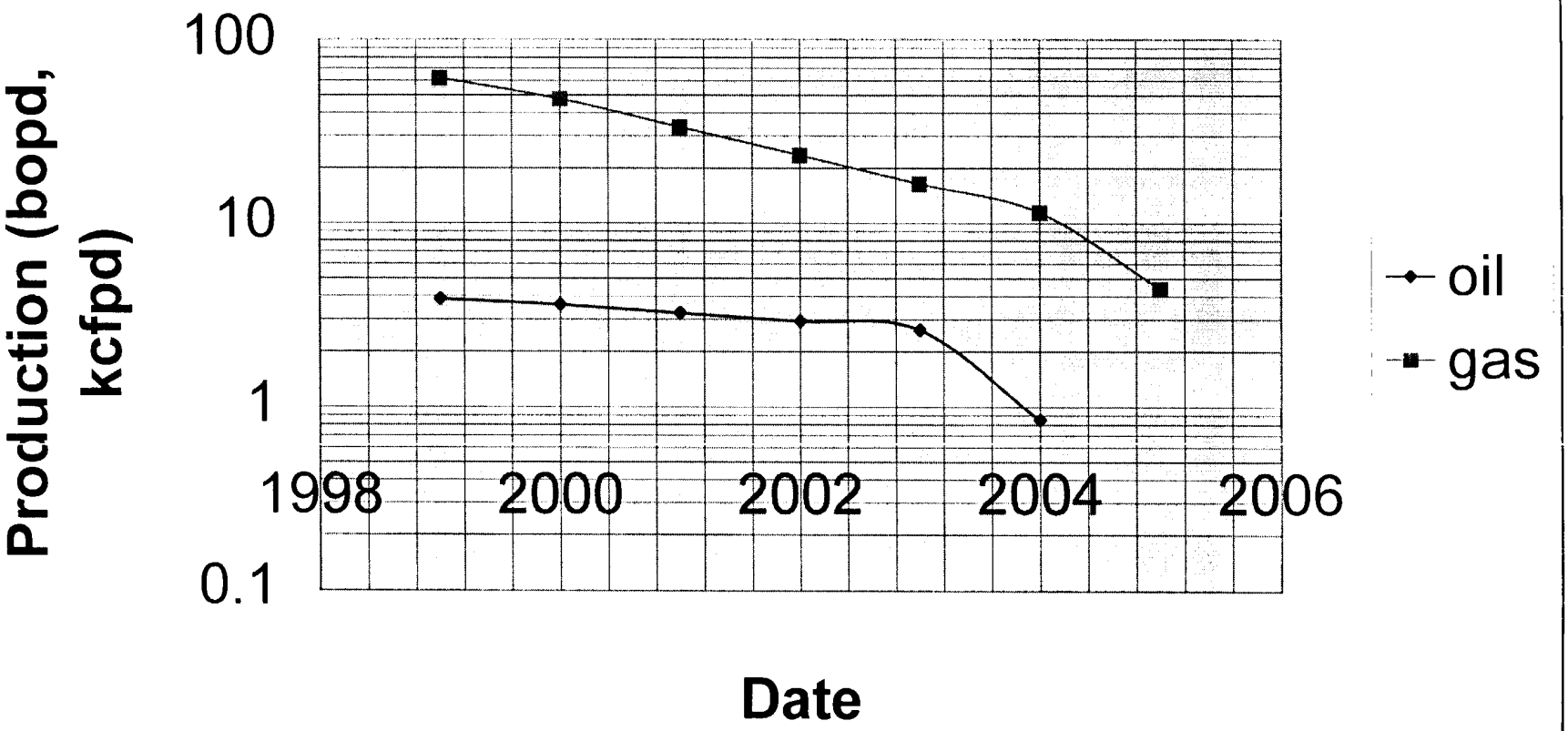
$\frac{4}{10.5} \times 100 = 38\%$

$\frac{62}{272} \times 100 = 23\%$

J.L.Geenwood # 9
Blinebry Production



J.L. Greenwood #9
Predicted Tubb Production



Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P 0. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 3002510130

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No. FEE

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORMC-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name: J L GREENWOOD

1. Type of Well: OIL WELL ☒ GAS WELL ☐ XOTHER DHC

2. Name of Operator: EXXON CORPORATION

8. Well No. 9

3. Address of Operator: ATTN: REGULATORY AFFAIRS P. O. BOX 4358 HOUSTON, TX 77210

9. Pool name or Wildcat: BLINEBRY OIL & GAS

4. Well Location

Unit Letter J : 1980 Feet From The SOUTH Line and 2080 Feet From The EAST Line

Section 9 Township 22S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3424DF

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG & ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: DHC ☒		OTHER: ☐	

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

PULL PRODUCTION EQUIPMENT OUT OF HOLE
DRILL OUT CAST IRON BRIDGE PLUG AT ABOUT 5,860'
CLEAN OUT TO BOTTOM
PULL OUT OF HOLE, RUN IN PRODUCTION EQUIPMENT AND PRODUCE WELL

THIS PROCEDURE WILL ALLOW THE DOWNHOLE COMMINGLING OF THE TUBB OIL AND GAS (OIL) AND THE BLINEBRY OIL AND GAS POOLS. CONCURRENT WITH THE SUBMISSION OF THIS FORM, A DOWNHOLE COMMINGLING PERMIT APPLICATION IS BEING SUBMITTED TO THE NMOCD OFFICE IN SANTA FE. COMMINGLING WILL BEGIN WHEN THE APPROPRIATE APPROVALS ARE SECURED.

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

SIGNATURE J.R.Ward TITLE Sr. Regulatory Specialist DATE 07/21/99

TYPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

(This space for State Use)

APPROVED BY Gary W. Wink TITLE GARY W. WINK FIELD REPRESENTATIVE II DATE JUL 28 1999

CONDITIONS OF APPROVAL, IF ANY: