

NEW MEXICO ENERGY, MINERALS & NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION DISTRICT I HOBBS 1625 French Dr. Hobbs, NM 88240 (505) 393-6161 FAX (505) 393-0720

April 5, 2001

Exxon-Mobil Corp ATT: Dolores O Howard P O Box 4358 Houston TX 77210

| RE: | Property/W | ellNe | ew Mexico S State #33-P, 2-22s-37e API #30-025-25299 | | | | |
|---|--------------|-------------|---|--|--|--|--|
| The enclosed forms are being returned to your company due to lack of sufficient or correct data required to properly process the forms. ALL DATA CIRCLED IN RED should be supplied or amended. Revised forms should be resubmitted ATTACHED TO THIS FORM to the address above with fifteen (15) days. | | | | | | | |
| C-101 | | | Plugging bond is not in place for OGRID reflected on form. Contact Dorothy Phillips in OCD Santa Fe office: (505) 827-7137 | | | | |
| | | | OGRID number does not exist for Operator as designated | | | | |
| | | | Proposed Bottom Hole location omitted | | | | |
| | | | Ground Level Elevation omitted | | | | |
| | | | Proposed casing record incomplete or unacceptable | | | | |
| | | | BOP schematic not included or attached | | | | |
| | | | Other: | | | | |
| | | | | | | | |
| | | | | | | | |
| C-10 | 2 <u>xx</u> | | Form is not properly signed and dated | | | | |
| | | | Directional Drill: Project area, producing interval, kickoff point, surface location, and bottom hole location should be designated | | | | |
| | | xx | Acreage to be dedicated to well should be outlined | | | | |
| | | | Non-standard location. Approved order from Santa Fe not on file | | | | |
| | | | Non-standard proration. Approved order from Santa Fe not on file | | | | |
| | | xx | Other: UPON Completion of the Abo formation this form is required by the OCD | | | | |
| | | | this form is required by the oob | | | | |
| C-10 | 13 VV | | API number omitted | | | | |
| C-10 | 13 <u>××</u> | | Proper well identification omitted | | | | |
| | | | Location data incorrect or insufficient | | | | |
| | | ~~ | Date(s) work performed omitted | | | | |
| | | XX | Tubing size and depth and/or packer setting omitted | | | | |
| | | ×× | Other: UPON completion of the Abo formation | | | | |
| | | | This form is required by the OCD OVER | | | | |

| C-104 X | X | | Operator OGRID omitted |
|---------------------|-----------|-----------|---|
| | | xx_ | Effective Date should be included in Item 3 Reason for Filing Code |
| | | | Bottom hole location omitted |
| | | · | Transporter name/OGRID omitted or incorrect |
| | | | Location for new POD requested omitted |
| | | xx | Well Completion Data incomplete |
| | | xx | Well Test Data omitted |
| | | | Form is not properly signed and dated |
| | | | Operator Change: Signature and OGRID of previous operator required |
| | | ×× | Other: UPON completion of the Abo formation this form is required by the OCD |
| | | | |
| | v v | | Lithology omitted |
| C-105 | <u>xx</u> | | Tubing record omitted |
| | | | |
| | | | Well location incomplete |
| | | | Casing record incomplete or omitted |
| | | | Production data incomplete |
| | | <u>xx</u> | Other: UPON completion of the Abo formation This form is required by the OCD |
| | | | |
| | | | |
| Deviation | Survey | | Omitted |
| Direction Survey | - | | Omitted. Directional Drill: required with correctly calculated Bottom Hole Location |
| Logs | | | Required on all wells: State, Federal and Private |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| C-139 | | | See Attached Form |
| C-140 | | | See Attached Form |
| C-141 | | | See Attached Form |

PLEASE NOTE: DELAY IN PROCESSING OF REGULATORY FORMS MAY RESULT IN OPERATOR RECEIVING PRODUCTION AND DISPOSITION ERROR MESSAGES GENERATED