

DATE IN 3/4/04	SUSPENSE 3/24/04	ENGINEER MES	LOGGED IN LR	TYPE NSL	APP NO. PLR0406527094
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
- Engineering Bureau -
1220 South St. Francis Drive, Santa Fe, NM 87505



RECEIVED

MAK 4 2004

ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Simultaneous Dedication

☒ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

[A] ☐ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ☐ Application is One Which Requires Published Legal Notice

[D] ☐ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☐ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

George A. Cox
Print or Type Name

[Signature]
Signature

LANDMAN
Title

3-2-04
Date

GEORGE_COX@XTOENERGY.COM
e-mail Address



March 2, 2004

CERTIFIED MAIL:

Mr. Michael E. Stogner
New Mexico Oil Conservation Division
1220 S. Saint Francis Dr.
Santa Fe, New Mexico 87504

RE: Application for Administrative Approval of Unorthodox Location
XTO Energy Inc.'s Florance #71 Well
2,415' FSL and 660' FEL (NE/4 SE/4)
Unit I, Section 18, T27N-R8W
San Juan County, New Mexico
Basin Mancos

30-045-31926

Dear Mr. Stogner:


XTO Energy Inc. hereby requests administrative approval for an unorthodox location for the above referenced well. Attached for your reference are the following exhibits:

1. Well location plat (NMOCD Form C-102)
2. List of Offset Owners
3. Ownership map
4. Topographic map
5. Production map

The rules state that the well should not be closer than 660 feet to the South and North lines nor closer than 660 feet to the East and West lines of a Gas Proration Unit and not closer than 10 feet to any interior quarter or quarter-quarter section line. Due to the existing topography, XTO is not able to place the well any further South for a location that will conform to current footage requirements. XTO is drilling the above captioned well for the Basin Dakota and Blanco Mesaverde formations that are spaced as an E/2 Unit. The non-standard Basin Mancos formation is spaced as a 160 acre unit. The completion in the Basin Mancos formation would increase the overall production in this well.

By certified mail, a copy of this application and request for administrative approval has been sent to all of the Basin Mancos working interest owners and offset operators listed on the attached list. XTO would like to request your Administration Approval for the unorthodox location based on the above information. Should you need any additional information please feel free to contact me at (817) 885-2454.

Sincerely,
XTO ENERGY INC.



George A. Cox, CPL
Landman

Enclosures

cc: Del Craddock
Jeff Patton
Robin Tracy

DISTRICT II
P.O. Drawer 00, Artesia, N.M. 88211-0719

DISTRICT III
1000 Rio Brazos Rd., Aztec, N.M. 87410

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

*API Number	*Pool Code 97232	*Pool Name BASIN MANCOS
*Property Code 167067	*Property Name FLORANCE	*Well Number 71
*OGRID No.	*Operator Name XTO ENERGY INC.	*Elevation 6752

¹⁰ Surface Location

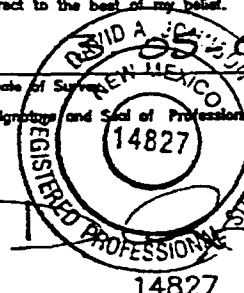
UL or lot no. 1	Section 18	Township 27-N	Range 8-W	Lot Idn	Feet from the 2415	North/South line SOUTH	Feet from the 660	East/West line EAST	County SAN JUAN
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Dedicated Acres 160 SE / 4									
¹³ Joint or Infill									
¹⁴ Consolidation Code									
¹⁵ Order No.									

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

16

LOT 1	SEC. CORNER FD 3 1/4" BC 1955 BLM	17	OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief Signature <u>Jeffrey W. Patton</u> Printed Name <u>JEFFREY W. PATTON</u> Title <u>DRAWING ENGINEER</u> Date <u>10-1-03</u>	
LOT 2				
LOT 3	18 LAT. 36°34'26" N. (NAD 83) LONG. 107°42'57" W (NAD 83)		18	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. Date of Survey <u>05-10-03</u> Signature and Seal of Professional Surveyor:  Certificate Number <u>14827</u>
LOT 4	QTR. CORNER FD 3 1/4" BC 1955 BLM	SEC. CORNER FD 3 1/4" BC 1955 BLM		

OFFSET OPERATORS AND OWNERS NOTIFICATION LIST
FLORANCE #71 WELL

Burlington Resources Oil & Gas
P.O. Box 4289
Farmington, NM 87499-4289
Attention: Dawn Howell



SECTION PLAT OF 9 SQUARE MILES

STATE: New Mexico COUNTY: San Juan
PROSPECT: Ownership for Mesaverde Formation – E/2 DATE: March 1, 2004
Ownership for Mancos – SE/4
SECTION: 18 TOWNSHIP: 27 North RANGE: 8 West

SCALE: 1'=2000'





SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dawn Howell
Burlington Resources
P. O. Box 4289
Farmington, NM 87499-4289
GAC:3/2/04:Florence #71

2. Article Number*(Transfer from service label)*

7003 1680 0001 5312 1068

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?** ☐ YesIf YES, enter delivery address below: ☐ No**3. Service Type**☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.**4. Restricted Delivery? (Extra Fee)**☐ Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael E. Stogner
New Mexico Oil Conservation Division
1220 S. Saint Francis Dr.
Santa Fe, NM 87504
GAC:3/2/04:Florence #71

2. Article Number*(Transfer from service label)*

7003 1680 0001 5312 1075

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

☐ Agent☐ Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?** ☐ YesIf YES, enter delivery address below: ☐ No**3. Service Type**☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.**4. Restricted Delivery? (Extra Fee)**☐ Yes