

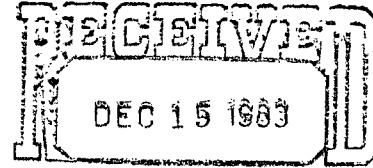
AMERADA HESS CORPORATION

December 13, 1983

P. O. DRAWER "D"
MONUMENT, NEW MEXICO 88265

NSL-1779

~~Re~~ Order R-2197A
December 30, 1983.



OIL CONSERVATION DIVISION
SANTA FE

Joe D. Ramey
State of New Mexico
Energy and Minerals Department
Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501

Re: Unorthodox Oil Well Location for the
Langlie Mattix Woolworth Unit No. 114

Dear Sir:

Amerada Hess Corporation is requesting approval for an unorthodox Queen oil well location 1539 feet from the North line and 2407 feet from the East line of Sec. 33, T-24-S, R-37-E, Lea County, in accordance with administrative order R-2197, March 14, 1962 as amended by order number R-3704, March 12, 1969, and order number R-2197-A, September 17, 1969. The NW/4 SW/4 NE/4 of Sec. 33 is to be dedicated to the well. Copies of forms C-101, C-102 and a location map have been attached for your convenience.

The well is to be drilled to gain further reservoir information about the Queen formation to upgrade the units' waterflood recovery efficiency. Offset operators have been furnished a copy of this application by registered mail. If you have any questions regarding this matter please feel free to contact me.

Sincerely,

Randall L. Howell

Randall L. Howell
Associate Petroleum Engineer

RLH/dg

Attachments

Encl:

xc: Division Director (2)
District Office
File

Offset Operators:

- 1) Amoco Production Company, USA
Box 3092
Houston, Texas 77001
- 2) Conoco, Inc.
Five Greenway Plaza E
Houston, Texas 77001
- 3) Cordova Resources, Inc.
5501 LBJ Frwy., Ste. 900
Dallas, Texas 75240
- 4) Gulf Oil Exploration & Producing Co.
Box 670
Hobbs, New Mexico 88240
- 5) Mobil Producing Texas & New Mexico, Inc.
Nine Greenway Plaza, Ste. 2700
Houston, Texas 77046
- 6) Shell Oil Company
Box 576 Woodcreek
Houston, Texas 77001
- 7) Texaco, Inc.
Box 728
Hobbs, New Mexico 88240
- 8) Union Texas Petroleum Corp.
Box 2120, One Riverway
Houston, Texas 77252-2120

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-85

All distances must be from the outer boundaries of the Section.

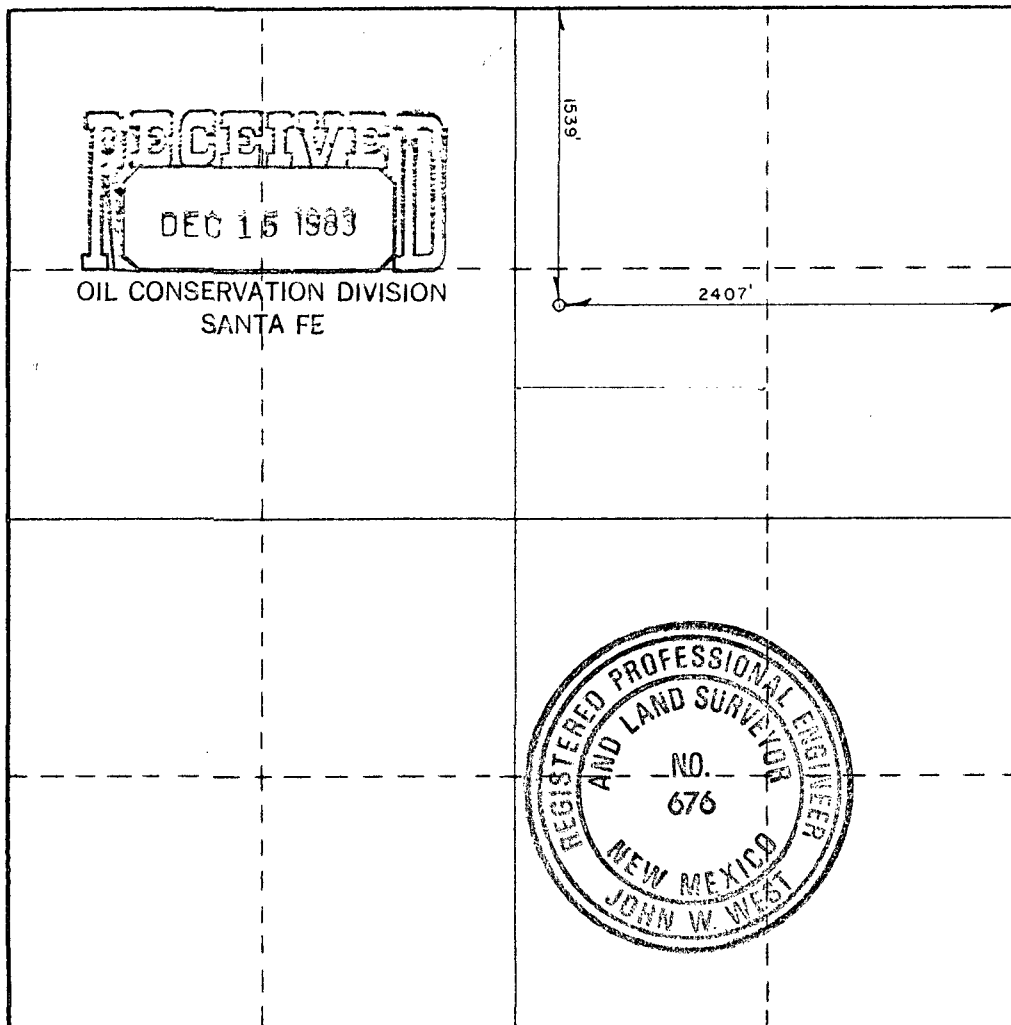
Operator AMERADA HESS CORP.			Lease LANGLIE MATTIX WOOLWORTH		Well No. 114
Unit Letter G	Section 33	Township 24S	Range 37E	County LEA	
Actual Footage Location of Well: 1539 feet from the NORTH line and 2407 feet from the EAST line					
Ground Level Elev. 3247.0	Producing Formation Queen		Pool Langlie Mattix Pool		Dedicated Acreage: 20 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure 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 interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation N/A

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name
Randall L. Howell
Position
Associate Petroleum Engineer
Company
Amerada Hess Corporation
Date
December 13, 1983

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 knowledge and belief.

Date Surveyed
12/9/83
Registered Professional Engineer
and/or Land Surveyor

John W. West
Certificate No.
N.M. P.E. & L.S. #676

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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

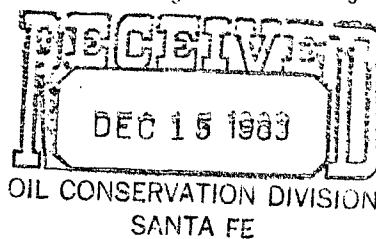
1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		Langlie Mattix Woolworth Unit	
DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		8. Farm or Lease Name	
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		9. Well No. 114	
2. Name of Operator Amerada Hess Corporation		10. Field and Pool or Whelan Langlie Mattix Field	
3. Address of Operator Drawer "D", Monument, New Mexico 88240		11. Field and Pool or Whelan Langlie Mattix Pool	
4. Location of Well UNIT LETTER G LOCATED 1539 FEET FROM THE North LINE 2407 East 33 24S 37E AND FEET FROM THE LINE OF SEC. TWP. RGE. NMPM		12. County Lea	
19. Proposed Depth 3800'		19A. Formation Queen	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3247'-GL 3258'-KB)Est.)	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Unknown	
22. Approx. Date Work will start January 1984			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	9-5/8"	36.00	2700'		Circulated
15"	9-5/8"	32.30	2386'		Circulated
7-3/8"	5-1/2"	14.00	3800'		Circulated

LMWU #114 is to be drilled to gain further reservoir information about the Queen formation in hopes of upgrading the Units' recovery efficiency.



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

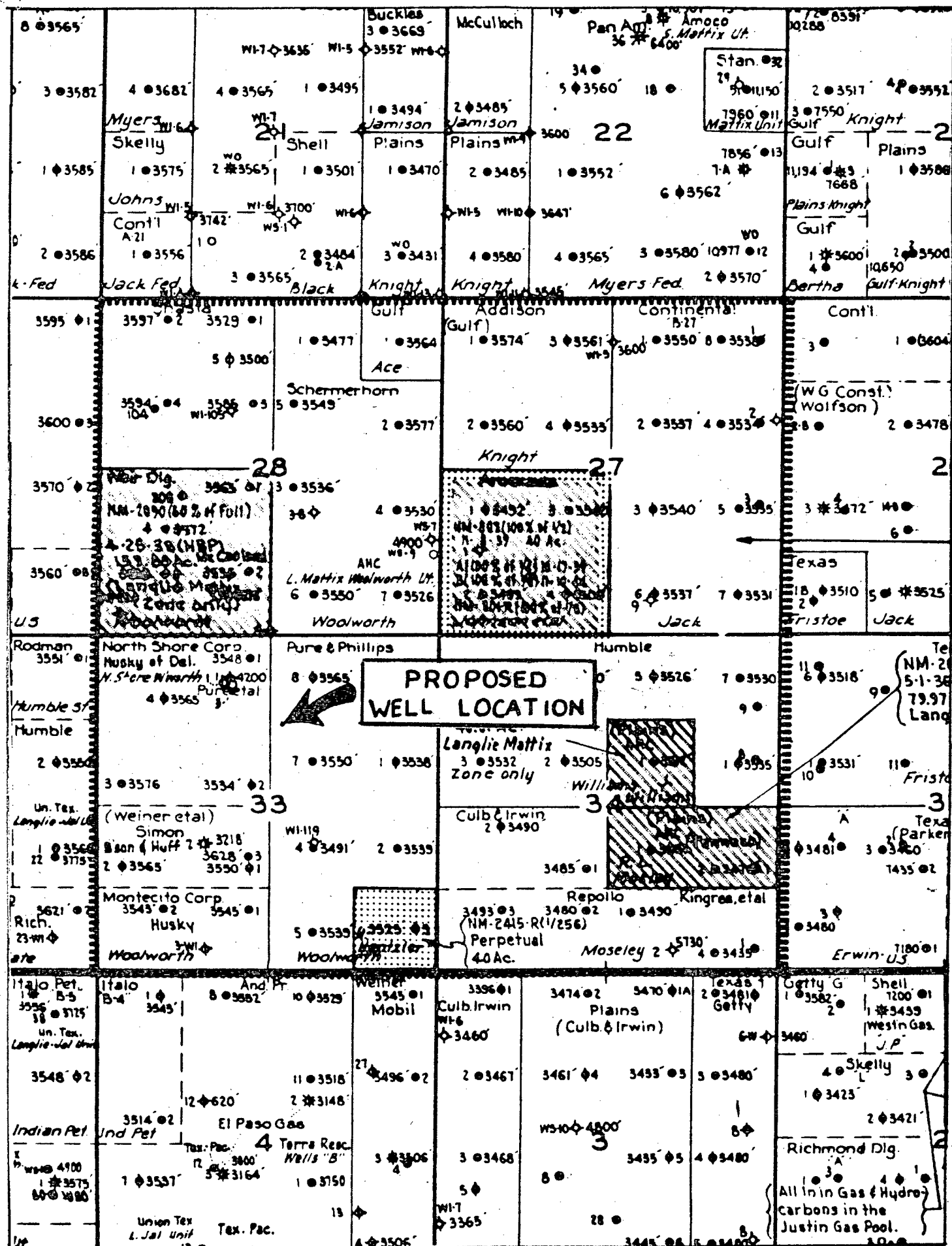
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Randall S. Howell Title Associate Petroleum Engineer Date December 13, 1983

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



P23 0611113

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		Shell Oil Co	
STREET AND NO.		Box 576 Woodlark	
P.O., STATE AND ZIP CODE		Houston 77001	
POSTAGE		\$.37	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	.75
		SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$1.12	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

CERTIFIED

P23 0611113

MAIL

AHEP-2110-3-D

TO:

RETURN POSTAGE GUARANTEED

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P23 0611114

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		<i>Union Ind. Pub. Corp.</i>	
STREET AND NO.		<i>Box 2120 One Riverway</i>	
P.O., STATE AND ZIP CODE		<i>Livermore 94550-2120</i>	
POSTAGE		\$ 37	
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	75	
	SPECIAL DELIVERY	c	
	RESTRICTED DELIVERY	c	
	OPTIONAL SERVICES		
	RETURN RECEIPT SERVICE		
	SHOW TO WHOM AND DATE DELIVERED	c	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	c	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	c		
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	c		
TOTAL POSTAGE AND FEES		\$ 1.12	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

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P23 0611108

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		<i>Corporation</i>
STREET AND NO.		<i>5 Quincey Place</i>
P.O., STATE AND ZIP CODE		<i>Houston 77001</i>
POSTAGE		\$ <i>37</i>
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	<i>.75</i>
	SPECIAL DELIVERY	<i>c</i>
	RESTRICTED DELIVERY	<i>c</i>
	SHOW TO WHOM AND DATE DELIVERED	<i>c</i>
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	<i>c</i>
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	<i>c</i>
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	<i>c</i>
TOTAL POSTAGE AND FEES		\$ <i>1.12</i>
POSTMARK OR DATE		

PS Form 3800, Apr. 1976

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RECEIPT FOR CERTIFIED MAIL

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NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		
STREET AND NO.		
P.O., STATE AND ZIP CODE		
POSTAGE		\$ 27
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	75
	SPECIAL DELIVERY	
	RESTRICTED DELIVERY	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	
TOTAL POSTAGE AND FEES		\$ 1.02
POSTMARK OR DATE		

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P23 0611109
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PS Form 3800, Apr. 1976

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P23 0611111

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(See Reverse)

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	SPECIAL DELIVERY
	RESTRICTED DELIVERY
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	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY
OPTIONAL SERVICES	RETURN RECEIPT SERVICE
TOTAL POSTAGE AND FEES	
POSTMARK OR DATE	

PS Form 3800, Apr. 1976

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P23 0611112

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		
<i>Buff. Del</i>		
STREET AND NO.		
<i>Box 670</i>		
P.O., STATE AND ZIP CODE		
<i>Hobbs</i>		
POSTAGE	\$ <i>1.37</i>	
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	<i>.75</i>
	SPECIAL DELIVERY	¢
	RESTRICTED DELIVERY	¢
	OPTIONAL SERVICES	
	RETURN RECEIPT SERVICE	
	SHOW TO WHOM AND DATE DELIVERED	¢
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢	
TOTAL POSTAGE AND FEES		\$ <i>1.02</i>
POSTMARK OR DATE		

PS Form 3800, Apr. 1976

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P23 0611112

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P23 0611110

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO		<i>Andrew Rosencrans</i>
STREET AND NO.		<i>2501 LBQ Hwy 8900</i>
P.O., STATE AND ZIP CODE		<i>Dallas, 75240</i>
POSTAGE		\$ <i>1.37</i>
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	<i>.75</i>
	SPECIAL DELIVERY	¢
	RESTRICTED DELIVERY	¢
	SHOW TO WHOM AND DATE DELIVERED	¢
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$ <i>1.02</i>
POSTMARK OR DATE		

PS Form 3800, Apr. 1976

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P23 0611115
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

SENT TO		
STREET AND NO.		
P.O., STATE AND ZIP CODE		
POSTAGE		\$ 1.37
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	.75¢
	SPECIAL DELIVERY	¢
	RESTRICTED DELIVERY	¢
	OPTIONAL SERVICES	
	RETURN RECEIPT SERVICE	
	SHOW TO WHOM AND DATE DELIVERED	¢
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$ 1.12
POSTMARK OR DATE		

PS Form 3800, Apr. 1976

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