

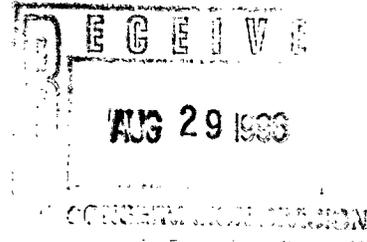


NEW MEXICO

2100 Louisiana Blvd.  
Nobles, New Mexico 87050  
505-683-7100

NSP

9/18/96



August 28, 1996

Attn: Mr. William J. LeMay  
NMOCD  
2040 South Pacheco  
Santa Fe, New Mexico

Mr. J. T. Sexton  
NMOCD  
P. O. Box 1980  
Hobbs, New Mexico 88240

Re: Application for Non-Standard Gas Proration Unit & Unorthodox Location  
C. H. Weir "B" #5  
Unit G, Sec. 11, T20S, R37E,  
Lea County, New Mexico

Dear Mr. LeMay and Mr. Sexton:

Texaco Exploration & Production Inc., respectfully requests administrative approval for a non-standard 280 acre gas proration unit and an unorthodox well location in the Eumont Gas Pool for the C. H. Weir "B" #5. The well is currently completed in the Glorieta formation, but it has not produced since 1987.

Attached is NMOCD form C102 identifying the proposed lease on the subject 280 acre proration unit.

Texaco has notified offset operators of this application by copy of this application package sent by certified mail. If you need further information concerning this matter, please contact me at (505) 397-0413. Thank you for your consideration of this proposal.

Sincerely,

Britton M. McQuien  
Engineer  
Texaco E&P Inc.

enc

cc: Offset Operators

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

DISTRICT II  
P.O. Box Drawer DD, Artesia, NM 88211-0719

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

# OIL CONSERVATION DIVISION

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

## WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30 025 06062	<sup>2</sup> Pool Code 76480	<sup>3</sup> Pool Name EUMONT; YATES-7 RVRS-QUEEN (PRO GAS)
<sup>4</sup> Property Code 011132	<sup>5</sup> Property Name WEIR, C. H. -B-	
<sup>7</sup> OGRID Number 022351	<sup>8</sup> Operator Name TEXACO EXPLORATION & PRODUCTION INC.	
		<sup>6</sup> Well No. 5
		<sup>9</sup> Elevation

### 10 Surface Location

Ul or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
G	11	20S	37E		1980'	NORTH	1650'	EAST	LEA

### 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

<sup>12</sup> Dedicated Acres 280	<sup>13</sup> Joint or Infill No	<sup>14</sup> Consolidation Code	<sup>15</sup> 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



**17 OPERATOR CERTIFICATION**

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

Signature: *Paula S. Ives*

Printed Name: Paula S. Ives

Position: Engineering Assistant

Date: 8/15/96

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**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 knowledge and belief.

Date Surveyed:

Signature & Seal of Professional Surveyor:

Certificate No.:

Is your RETURN ADDRESS completed on the reverse side?

**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.

Bmm

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:  
 Conoco Inc.  
 10. Desta Dr., Suite 100W  
 Midland, Texas 79705

4a. Article Number  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery  
 8-21-96

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 Anita Gonzales

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

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Bmm

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:  
 Charles N. Evans  
 P.O. Box 41  
 Eunice, New Mexico 89425

4a. Article Number  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, December 1994

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Bmm

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:  
 Lewis B. Burkeson and wife,  
 Kathryn K. Burkeson  
 P.O. Box 2479  
 Midland, Texas 79702

4a. Article Number  
 4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
 7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)  
 X [Signature]

PS Form 3811, December 1994

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BMM

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:  
 Santa Fe Energy Resources, Inc.  
 550W. Texas, Suite 1330  
 Midland, Texas 79701

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery  
8-21-96

5. Received By: (Print Name)  
Cathy Gentry

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

6. Signature: (Addressee or Agent)  
X C. Gentry

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *BMM*

- Complete items 1 and/or 2 for additional services.
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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:  
*Wayne Jarvis  
1105 Alpine  
Andrews, Texas 79714*

4a. Article Number

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

7. Date of Delivery  
*8-22-96*

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)  
*[Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *BMM*

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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:  
*OXY USA Inc.  
P.O. Box 50250  
Midland, TX 79702*

4a. Article Number

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 [Signature]*

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:** *BMM*

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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, Texas 79702*

4a. Article Number

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

7. Date of Delivery *[Stamp]*

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

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, 4a, and 4b.
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Bmm

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:

Apache Corporation  
2000 Post Oak Blvd., Suite 100  
Houston, Texas 77056

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

8/23/96

5. Received By: (Print Name)

X *[Signature]*

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

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

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- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

Bmm

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:

Sharon Beaver  
4014 Lehigh Drive  
Midland, Texas 79702

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

AUG 22 1996

5. Received By: (Print Name)

X *[Signature]*

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

AUG 22 1996

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- 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.
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Bmm

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:

Atlantic Richfield Company  
P.O. Box 1610  
Midland, Texas 79702

4a. Article Number

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

AUG 22 1996

5. Received By: (Print Name)

X *[Signature]*

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

Thank you for using Return Receipt Service.

X

NSP-1765



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

9/3/96

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

GOVERNOR

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

RE: Proposed:

- MC \_\_\_\_\_
- DHC \_\_\_\_\_
- NSL \_\_\_\_\_
- NSP   X   \_\_\_\_\_
- SWD \_\_\_\_\_
- WFX \_\_\_\_\_
- PMX \_\_\_\_\_

Gentlemen:

I have examined the application for the:

<u>Texaco E&amp;P Inc</u>	<u>CH Weir B</u>	<u>#5-G</u>	<u>11-20s-37e</u>
Operator	Lease & Well No.	Unit	S-T-R

and my recommendations are as follows:

OK

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Yours very truly,

*Jerry Sexton*  
 Jerry Sexton  
 Supervisor, District 1

/ed