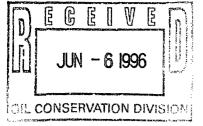
DHC





6/26/96 1277

June 4, 1996

Mr. William J. LeMay, Director State of New Mexico Energy, Minerals & Natural Resources Dept. Oil Conservation Division 2040 South Pacheco Santa Fe, NM 87505

Re: S. J. Carr #5 Unit N, Section 10, T-23S, R37E, Lea County, New Mexico

Gentlemen:

Your administrative approval is requested for an exception to Rule 303-C to permit down-hole commingling of the Fowler Upper Yeso and Fowler Abo production in the subject well.

Please find enclosed all pertinent data regarding this application as outlined in Rule No. 303-C.

Sincerely,

Whie Broaks

Bobbie Brooks Production Analyst

Enclosures

cc: New Mexico Oil Conservation DivisionP. O. Box 1980Hobbs NM 88240

Offset operators

#### ARCH PETROLEUM INC.

#### S. J. CARR #5

Approval is requested for an exception to Rule 303-3-C to permit down-hole commingling of the Flower Upper Yeso and Fowler Abo production in the subject well.

The C. J. Carr #5 has permission to surface commingle the production under order PC-933.

The Fowler Upper Yeso is currently shut-in and the Fowler Abo is producing.

The fluids show no evidence of incompatibility; therefore, down-hole commingling is not expected to result in reservoir damage. Ownership in the two pools is common and correlative rights will not be violated.

Should secondary recovery operations become practical in the future, the two zones could be separated at such time without damaging either reservoir.

Offset operators were notified of the intent to down-hole commingle the subject well by letter dated June 4, 1996.

Ballie Brooks Bobbie Brooks - Production Analyst

EXHIBIT I

OXY USA INC. P. O.BOX 50250 MIDLAND TX 79710

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CONOCO INC. P. O. BOX 2197 HOUSTON TX 77079-1175

AMOCO PRODUCTION CO. P. O. BOX 4072 ODESSA TX 79760

RALPH C. BRUTON 3500 ACOMA HOBBS NM 88240



June 4, 1996

**CERTIED MAIL** 

Re: DHC - S. J. Carr #5 Unit N. Section 10, T23S, R37E Lea County, New Mexico

To: All offset operators

We are enclosing a copy of our application to downhole commingle the Fowler Upper Yeso and Fowler Abo zones in the above well.

Any questions, you might have, please contact me at 915-685-1961.

Sincerely,

Bauenie Brooks

Bobbie Brooks Production Analyst

Enclosure

•• /

District I PO Box 1980, Hobbs, NM \$8241-1980 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

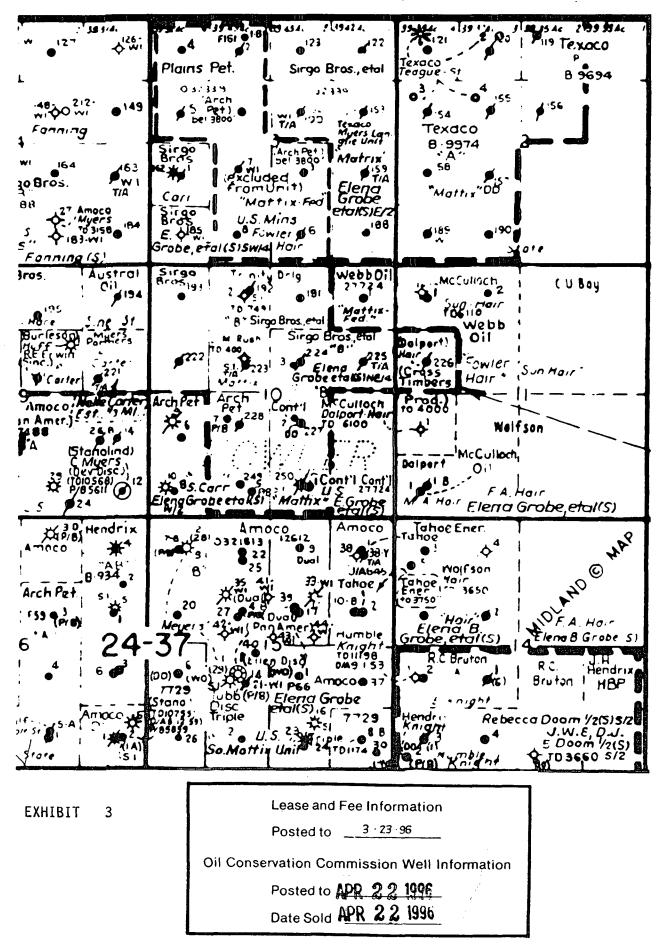
OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Form C-102 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

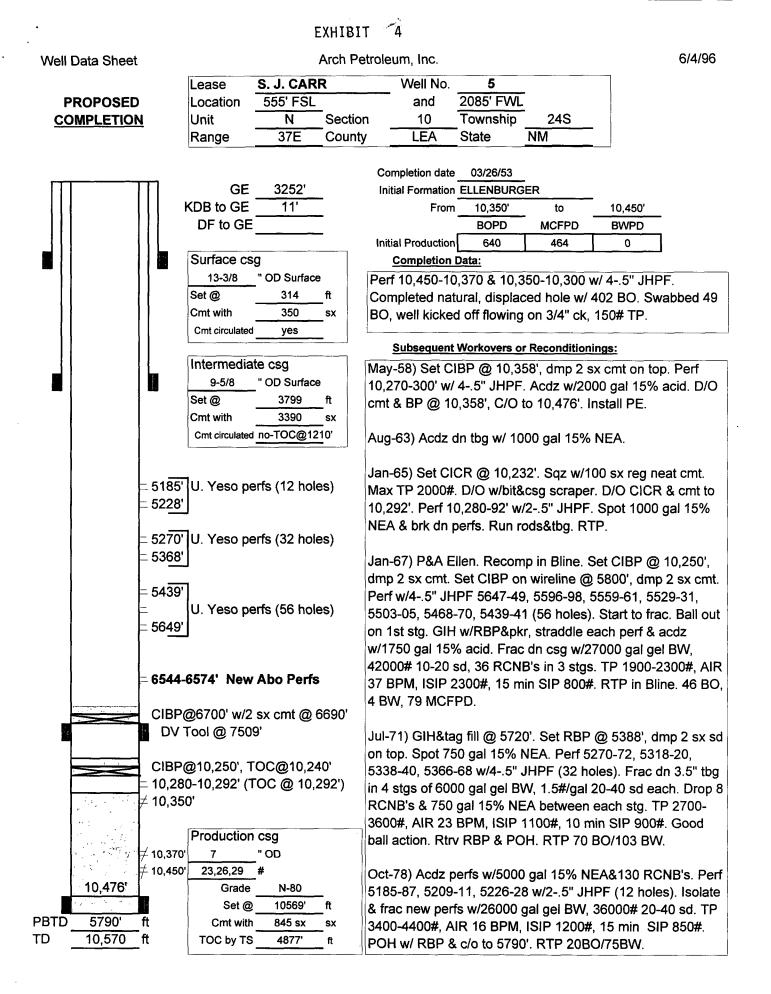
#### AMENDED REPORT

|                                                              |             | WE                                      | ELL LO       | CATIO                                                                               | N AND A            | CREAGE DED         | ICATION P          | LAT                 | NIDOC         | Ar G-03 5243                              |  |                           |  |        |
|--------------------------------------------------------------|-------------|-----------------------------------------|--------------|-------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|---------------------|---------------|-------------------------------------------|--|---------------------------|--|--------|
| 'API Number                                                  |             |                                         |              | 2 Pool Coo                                                                          | ie 🛛               | 26680              | Pool N             |                     |               |                                           |  |                           |  |        |
| 30-025-11084                                                 |             |                                         |              | <sup>2</sup> Pool Code 26680 <sup>2</sup> Pool Name<br>Fowler Upper Yeso/Fowler Abo |                    |                    |                    |                     |               |                                           |  |                           |  |        |
| * Property Code                                              |             |                                         |              | -                                                                                   | <sup>4</sup> Prope | ety Name           |                    |                     | ' Well Number |                                           |  |                           |  |        |
| 014925                                                       |             |                                         | <u>S. J.</u> | Carr                                                                                |                    |                    |                    |                     | 5             |                                           |  |                           |  |        |
| 'OGRID                                                       |             |                                         |              |                                                                                     | •                  | tor Name           |                    |                     | * Elevation   |                                           |  |                           |  |        |
| 00096                                                        | 2           |                                         | ARCH         | ARCH PETROLEUM INC.                                                                 |                    |                    |                    | 3252' GL            |               |                                           |  |                           |  |        |
| <sup>10</sup> Surface Location                               |             |                                         |              |                                                                                     |                    |                    |                    |                     |               |                                           |  |                           |  |        |
| UL or lot no.                                                | Section     | Township                                | Range        | Lot Ida                                                                             | Feet from the      | : North/South line | Feet from the      | he East/West line C |               | Feet from the East/West line              |  | from the East/West line C |  | Cogaty |
| N                                                            | 10          | 245                                     | 37E          |                                                                                     | 555                | South              | 2085               | West                |               | Lea                                       |  |                           |  |        |
| <sup>11</sup> Bottom Hole Location If Different From Surface |             |                                         |              |                                                                                     |                    |                    |                    |                     |               |                                           |  |                           |  |        |
| UL or lot no.                                                | Section     | Township                                | Range        | Lot Ida                                                                             | Feet from the      | North/South line   | Feet from the      | East/We             | rt line       | County                                    |  |                           |  |        |
| I                                                            |             |                                         |              |                                                                                     |                    |                    |                    |                     |               |                                           |  |                           |  |        |
| 12 Dedicated Act                                             | es 13 Joint | or Infill 14 (                          | Consolidatio | a Code (" (                                                                         | Order No.          |                    | ····               | <u></u>             |               |                                           |  |                           |  |        |
| 40                                                           |             |                                         |              |                                                                                     |                    |                    |                    | •                   |               |                                           |  |                           |  |        |
| NO ALLO                                                      | VABLE       |                                         |              |                                                                                     |                    | TION UNTIL ALL     |                    |                     | EN CO         | NSOLIDATED                                |  |                           |  |        |
|                                                              |             | OR A                                    | NON-ST       | NDARD                                                                               | UNIT HAS           | BEEN APPROVED      | BY THE DIV         | ISION               |               |                                           |  |                           |  |        |
| 16                                                           |             |                                         |              |                                                                                     |                    |                    | <sup>17</sup> OPEI | RATOR               | CER           | <b>TIFICATION</b>                         |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    | I hereby cert      | ify that the i      | formation     | convained herein is                       |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    | true and com       | plese so she i      | best of my    | knowledge and belief                      |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    |                    |                     |               |                                           |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    |                    |                     |               | 4                                         |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    | L.                 |                     | 0             | 0                                         |  |                           |  |        |
|                                                              |             |                                         | 1            |                                                                                     |                    | Signature          | mi                 | Sio                 | all           |                                           |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    |                    | e Brool             | <b>(</b> 5    |                                           |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    | Printed Nam        | ĸ                   |               |                                           |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    |                    | ction /             | Analys        | st                                        |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    | Title<br>6-4-      | 96                  |               |                                           |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    | Date Dete          | 30                  |               |                                           |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    |                    |                     |               |                                           |  |                           |  |        |
|                                                              |             |                                         |              | 1                                                                                   |                    |                    | "SURV              | <b>EYOR</b>         | CERT          | TIFICATION                                |  |                           |  |        |
|                                                              | 1           |                                         |              |                                                                                     |                    |                    |                    |                     |               | n shown on this plat                      |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    |                    |                     | -             | al surveys made by<br>at the same is true |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    | and correct i      |                     |               | 11                                        |  |                           |  |        |
|                                                              |             |                                         |              |                                                                                     |                    |                    |                    |                     |               | I <sup>.</sup>                            |  |                           |  |        |
|                                                              | ļ           |                                         |              |                                                                                     |                    |                    | Date of Surve      | ey                  |               |                                           |  |                           |  |        |
|                                                              | -           | + + + + + + + + + + + + + + + + + + + + | ╘╼╤╧═╤╧      | 7                                                                                   |                    | 1                  | Signature and      | Scal of Pro         | feasional S   | kurveyer.                                 |  |                           |  |        |
| 2085'-                                                       |             | `- <b>O</b>                             |              | Y                                                                                   |                    |                    |                    |                     |               | l l                                       |  |                           |  |        |
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|                                                              |             | - I                                     |              | 1                                                                                   |                    |                    | Certificate No     | umber               | <u> </u>      |                                           |  |                           |  |        |
|                                                              |             | AL A                                    | 1-1-1        | 1                                                                                   |                    | <u> </u>           |                    |                     |               |                                           |  |                           |  |        |

### Southeast LEA COUNTY, NEW MEXICO

SCALE: 1" = 4,000 Ft.





#### ARCH PETROLEUM INC. DHC S. J. CARR #5 UPPER YESO & ABO WELL HISTORY

3/53 The well was drilled to a total depth of 10,570'. 13-3/8" casing was set @ 314' and cement was circulated to surface. 9-5/8" intermediate casing was set @ 3,799' and cemented. Cement was not circulated. Top of cement is at 1210' as determined by temperature survey. 7" inch production casing was set @ 10,569' and cemented in two stages. Top of cement is 4877' determined by temperature survey. Cement was cleaned out to 10,476' PBTD.

3/53 <u>Initial completion</u>. The well was perforated in the Ellenburger from 10450'-10,370' and 10,350'-10,300' with 4- 0.5" JHPF. The well was completed without treatment. Initial production began 3/26/53

5/58 <u>Added Pay in Ellenburger</u>. Set a CIBP @ 10,358' & dumped 2 sx cmt on top. Perforated f/10,270'-10,300' w/4- 0.5" JHPF. Acidized w/2,000 gal acid. Swabbed back load. Drilled out cement & CIBP. Cleaned out to 10,476' PBTD. Installed pumping equipment & returned well to production on 5/13/58.

3/60 <u>Squeeze lower perfs & acidize</u>. Squeeze perfs f/10,450'-10,370' and 10,350'-10,300' w/100 sacks. Acidized perfs f/10,270'-10,300' w/1,000 gal acid. Returned well to production on 3/18/60.

 $\frac{\text{Acidize existing perfs}}{10,270'-10,300'}$  w/1,000 gallons 15% NE acid. Return to production on 8/16/63.

2/65 <u>Squeeze perfs & re perforate</u>. Set CICR @ 10,232'. Squeeze perfs f/10,270'-10,300' w/100 sacks cement. Maximum tubing pressure was 2,000#. Drill out CICR & cement to 10,292'. Perforate 10,280'-10,292' w/2- 0.5" JHPF. Acidize w/1,000 gal 15% NE acid. Return to production on 2/1/65.

1/67 <u>Plug & abandon Ellenberger and complete in Upper Yeso</u>. Set CIBP @ 10,250'. Dump 2 sacks cement on top. Set CIBP @ 5800' & dump 2 sacks cement on top. New PBTD= 5790'. Perforate f/5647'-49', 5596'-95', 5559'-61', 5529'-31', 5503'-05', 5468'-70', and 5439', 41' w/4- 0.5" JHPF total 56 holes. Break down perfs individually using total 1,750 gals 15% HCL. Frac dn csg w/27,000 gals gelled brine water & 42,000# 10-20 mesh sand. Began initial production from the Upper Yeso formation on 1/23/67.

7/71 Add perfs in Upper Yeso. Set RBP @ 5388' and dump 2 sx sand on top. Spot 750 gallons 15% NE acid. Perf f/5270'-72', 5318'-20', 5338'-40', 5366'-68', w/4- 0.5" JHPF total 32 holes. Frac down 3-1/2" tubing w/6,000 gallons gelled brine water & 9,000# 20-40 mesh sand. Flowed & swabbed back load. Retrieved RBP and returned to production on 7/16/71.

10/78 Add perfs in Upper Yeso and Acidize. Acidize perfs w/5,000 gallons 15% NE acid blocked w/130 RCN ball sealers. Perf f/5185'-87', 5209'-11', 5226'-28' w/2- 0.5" JHPF total 12 holes. Isolate & frac new perfs w/26,000 gal gelled brine water & 36,000# 20-40 mesh sand. Retrieved RBP and return to production.

3/96 <u>Clean out & recomplete in Abo</u>. POH w/rods & tbg. Drill out fill, BP's, & junk to 7172'. Set CIBP @ 6700'. Dump 2 sx cmt on top. PBTD=6690'. Perforate f/6544'-6574' w/1- 0.45" JHPF(total 30 holes). RIH w/2-3/8" SN, 7" Baker Lokset, on/off tool w/seal assembly, & 205 jts 2-7/8" tbg. (Pkr set @ 6359). 'Acidize w/2,000 gal 15% HCL using 45 RCNB ball sealers. Had good ball action. Pbkdn=2070#, AIR=2.5 bpm, Pavg=1830#. Swab back load. RIH w/1"X 10' GA, 2X 1-1/2"X 16' pump, 2'X 3/4" sub, 184- 3/4", 71- 7/8", 10'X 7/8", 2'X 7/8", 2'X 7/8", & PR. Production test Abo formation. Started pumping well on 4-1-96.

#### ARCH PETROLEUM INC.

#### DHC - S. J. CARR #5

#### FOWLER UPPER YESO AND FOWLER ABO

#### RULE 303 (C) (2)

- A. Operator: Arch Petroleum Inc., 10 Desta Drive, Suite 420E, Midland, Texas 79705.
- B. Lease, Well and Location: S. J. Carr #5, Unit N, 555' FSL, 2085' FWL, Section 10-T24S-R37E, Lea County, New Mexico.
- C. Plats showing dedicated acreage and offset ownership Exhibit 2 and 3.
- D. Production Decline: The Fowler Upper Yeso is expected to decline 6% per year after an IP of 30 MCFPD while the oil will decline 6% per year after an IP of 5 BOPD. The Fowler Abo gas is expected to decline 10% per year after an IP of 10 MCFPD while the oil will decline 10% per year after an IP of 5 BOPD.
- E. Bottom Hole Pressure: Fowler Upper Yeso BHP at 5400' is estimated to be 150 psi. Fowler Abo BHP at 6500' is estimated to be 200 psi.
- F. Fluid Characteristics: The Fowler Upper Yeso and Fowler Abo are currently commingled in surface facilities located on the S. J. Carr lease per commingling Order PC-933 dated April, 1996. To date, there has been no evidence of fluid incompatibility.
- G. Value of Commingled Fluids: Fowler Upper Yeso and Fowler Abo oil production is currently being commingled in surface storage facilities on the subject lease from wells numbered 5, 6, 7 and 8. Down-hole commingling will not effect the price. Exhibit 8 shows the relative value of commingled and non commingled liquids produced on the lease.
- H. The suggested allocation of produced hydrocarbons is based on the percentages of oil and gas produced on the latest C-116.

| Fowler Upper Yeso | Fowler Abo |  |  |  |  |
|-------------------|------------|--|--|--|--|
| Oil - 71 %        | 29 %       |  |  |  |  |
| Gas - 87 %        | 13 %       |  |  |  |  |

I. State of Notification - Exhibit 1.

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DISTRICT.I P.O.-Box 1980, Hobbs, NM 88240 DISTRICT.II P.O. Drawer DD, Artesia, NM 88210 DISTRICT.III Submit 2 copies to Appropriate District Office. 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-116 Revised 1/1/89

# **OIL CONSERVATION DIVISION**

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

## GAS - OIL, RATIO TEST

| • 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | whi                                                                                           | al l                              | <u> </u>                               |            | T              |                   |                     | 5                   | 8        |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------|----------------|-------------------|---------------------|---------------------|----------|-----|
| Instructions:<br>During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in<br>which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in<br>order that well can be assigned increased allowables when authorized by the Division.<br>Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F.<br>Specific gravity base will be 0.60.<br>Report casing pressure in lieu of tubing pressure for any well producing through casing. |                             |                                                                                               |                                   |                                        | S. J. CARR | LEASE NAME     |                   | O DESTA DRIVE, STE. | ARCH PETROLEUM INC. | Operator |     |
| oing press                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I allowabi<br>MCF mea       | shall be p<br>prcent. O                                                                       |                                   |                                        | <b>თ</b>   | NO.            | WELL              | 420E, MIDLAND,      |                     |          |     |
| ure for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | les whe<br>isured           | perator                                                                                       |                                   |                                        | z          | c              |                   | IDLA                |                     |          |     |
| any we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | n autho<br>at a pre         | d at a 1<br>is enco                                                                           |                                   |                                        | 10         | S              | LOCATION          |                     |                     |          |     |
| ell prod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | brized t                    | ate noi                                                                                       |                                   | · · · · · · · · · · · · · · · · · · ·  | 24S        |                | TION              | X                   |                     |          |     |
| lucing (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | base of                     | t exceeding the top un<br>d to take advantage of<br>by the Division.<br>base of 15.025 note a | t excee                           |                                        | 37E        | R              |                   | 79705               |                     |          |     |
| through casing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Division.<br>15.025 psia a  |                                                                                               | ding the top ur<br>e advantage of |                                        |            | 5-4-96         | TEST              | DATEOF              |                     | FOWLER / |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nd a t                      | uit allo<br>this 2:                                                                           |                                   |                                        | ס          | STAT           |                   | TEST - (X)          | ABO                 |          |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | emperat                     | wable fo<br>5 percen                                                                          |                                   |                                        |            | SIZE           |                   |                     |                     |          |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | or the pool<br>it tolerance | or the pool                                                                                   |                                   |                                        |            | 110            | PRESS.            | 102                 | Scheduled           |          | LOT |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             |                                                                                               |                                   |                                        |            | ALLOW-         | DAILY             | <b>D</b>            |                     |          |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature<br>BOBBIE BROOKS  |                                                                                               | nnlete to                         | · · · · · · · · · · · · · · · · · · ·  | 24         | HOURS          | FENSI             | 0                   |                     |          |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                             | are best                                                                                      | ertify tha                        |                                        | ഗ          | WATER<br>BBLS. | P                 | Completion          |                     |          |     |
| KS PRODUCTION ANALYST<br>e<br>915-685-1961                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                           | , 111y a                                                                                      | t the a                           |                                        | 36.8       | GRAV.          |                   |                     | County              |          |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RODUCT                      | Signature                                                                                     | above inf                         | ······································ |            | BBLS.          | PROD. DURING TEST | 6                   | LEA                 |          |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ION AN/                     |                                                                                               | and belief                        |                                        | ഗ          | - GAS          |                   | Special 1           |                     |          |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>NLYST</b>                |                                                                                               | is true and                       |                                        | 2500       | CU.FT/BBL      |                   | ×                   |                     |          |     |

(See Rule 301, Rule 1116 & appropriate pool rules.)

6-4-96 Date

915-685-1961

Telephone No.

| <ul> <li>which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.</li> <li>Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.</li> <li>Report casing pressure in lieu of tubing pressure for any well producing through casing.</li> <li>(See Rule 301, Rule 1116 &amp; appropriate pool rules.)</li> </ul> | Instructions:                                                                                   |                                       | S. J. CARR | LEASE NAME                      | DESTA DRIVE. STE.     | ARCH PETROLEUM INC. | Submit 2 copies to Appropriate<br>District Office.<br>DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240<br>DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210<br>DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410 |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------|------------|---------------------------------|-----------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| opriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                 |                                       | ഗ          | NO.                             | 420E, MI              |                     |                                                                                                                                                                                                                |  |  |
| pool n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                       | z          | с                               | MIDLAND               |                     |                                                                                                                                                                                                                |  |  |
| is enco<br>in autho<br>at a pre<br>any we<br>alles.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | L.<br>3<br>•<br>•                                                                               |                                       | 10         | S T                             | , TX                  |                     | OI E                                                                                                                                                                                                           |  |  |
| ate not<br>vized by<br>ssure b<br>Il produ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | · · · · · · · · · · · · · · · · · · · | 24S        | Ч <mark>Й</mark>                | 70705                 |                     | L C                                                                                                                                                                                                            |  |  |
| exceed<br>to take<br>y the D<br>ase of<br>ucing th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | •                                                                                               |                                       | 37E        | <b>R</b>                        | 05                    |                     | S<br>Minerals<br>ONS<br>Santa Fe<br>GAS                                                                                                                                                                        |  |  |
| ing the top u<br>advantage of<br>ivision.<br>15.025 psia <i>:</i><br>rough casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                       | 2-9-96     | DATE OF<br>TEST                 |                       | Pool<br>FOWLER UP   |                                                                                                                                                                                                                |  |  |
| r this 25<br>and a tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                       | ס          | STATUS                          | TYPE OF<br>TEST - (X) | UPPER YESO          | f 7<br>few M<br>fural R<br>ATI<br>ox 20<br>ox 20<br>lexico                                                                                                                                                     |  |  |
| wable fo<br>5 percent<br>emperatu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                       |            | CHOKE<br>SIZE                   |                       | YES0                | exico<br>lesourc<br>ON I<br>88<br>87504                                                                                                                                                                        |  |  |
| top unit allowable for the pool<br>age of this 25 percent tolerance<br>psia and a temperature of 60°<br>casing.                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                                       | 35         | TBG.<br>PRESS.                  | Scheduled             |                     | es Depart<br>DIVIS<br>-2088                                                                                                                                                                                    |  |  |
| ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                                       |            | DAILY<br>ALLOW-<br>ABLE         |                       |                     | ION                                                                                                                                                                                                            |  |  |
| Signature<br>BOBBIE BROOKS<br>Printed name and titu<br>6-4-96<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | I hereby ce<br>complete to t                                                                    |                                       | 24         | HOURS                           | 0                     |                     |                                                                                                                                                                                                                |  |  |
| Signature<br>BOBBIE BROOKS<br>Printed name and title<br>6-4-96<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | certify that<br>to the best of                                                                  |                                       | 30         | PA<br>WATER<br>BBLS.            | Completion            |                     |                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | t the at<br>f my kno                                                                            |                                       | 36.5       | OD. DUR<br>GRAV.<br>OIL         |                       | County              |                                                                                                                                                                                                                |  |  |
| PRODUCTION<br>915-68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I hereby certify that the above information<br>complete to the best of my knowledge and belief. |                                       | თ          | PROD. DURING TEST               | ()                    | LEA                 |                                                                                                                                                                                                                |  |  |
| IOT 1. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | information<br>dge and belie                                                                    |                                       | 33         | · GAS                           | Special               |                     | For                                                                                                                                                                                                            |  |  |
| AHALYST<br>- 1961<br>Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | is true and of.                                                                                 |                                       | 4333       | GAS - OIL<br>RATIO<br>CU.FT/BBL | ×                     |                     | Form C-116<br>Revised 1/1/89                                                                                                                                                                                   |  |  |

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#### CARR, S. J. LEASE TANK BATTERY Section 10, T-24-S, R-3-E Lea County, New Mexico

#### PRODUCTION

| WELLS AND POOL<br>Fowler Upper Yeso | <u>JAN. 1996</u> | <u>FEB. 1996</u> | <u>TOTAL</u>  | AVG.<br><u>BOPD</u> |  |
|-------------------------------------|------------------|------------------|---------------|---------------------|--|
| Carr #5                             | 147              | 153              | 300           | 5.00                |  |
| Carr #6                             | 122              | 274              | 396           | 6.60                |  |
| Carr #7                             | 111              | 60               | 171           | 2.85                |  |
| Carr #8                             | 147              | 122              | 269           | 4.48                |  |
| Wildcat (Fowler) Abo                |                  |                  |               |                     |  |
| Carr #5                             |                  |                  |               | 8.00                |  |
|                                     | BOPD             | <u>GRAVITY</u>   | <u>\$/BBL</u> | <u>\$/DAY</u>       |  |
| Fowler Upper Yeso                   | 4.73             | 36.5             | \$19.709      | \$ 93.22            |  |
| Wildcat(Fowler) Abo                 | 8.00             | 36.8             | \$19.709      | \$157.67            |  |
| Total                               |                  |                  |               | \$250.89            |  |
| Commingled                          | 12.73            | 36.7             | \$19.709      | \$250.89            |  |
|                                     |                  |                  | Difference    | \$.00               |  |