

2/21/97 - 3/13/97 - BS - RV - DH C

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

ADMINISTRATIVE APPLICATION COVERSHEET

THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS

Application Acronyms:

[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]  
[DD-Directional Drilling] [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]

1478

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

[A] Location - Spacing Unit - Directional Drilling

☐ NSL ☐ NSP ☐ DD ☐ SD

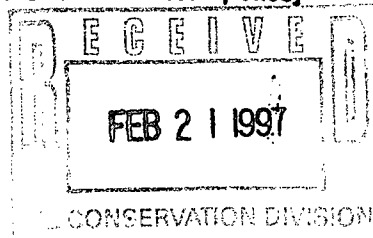
Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☒ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

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

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR



[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] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I further verify that all applicable API Numbers are included. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

Britton McQuien  
Print or Type Name

Britton McQuien  
Signature

Engineer  
Title

2/18/97  
Date



Texaco E & P

205 E. Bender Blvd.  
Hobbs NM 88240  
505 393 7191

February 18, 1997

NMOCD  
2040 South Pacheco  
Santa Fe, New Mexico 87505

Attn: Mr. Michael Stogner

**Subject: Application to DHC L. R. Kershaw #15, B-13-20-37, in the Weir Blinebry, East (63800) and Monument Tubb (47090) Pools.**

Dear Mr. Stogner:

Texaco Exploration and Production, Inc. respectfully requests administrative approval to downhole commingle the L. R. Kershaw #15 in the Weir Blinebry, East and Monument Tubb Pool. Notification of this application has been sent to offset operators and a statement of notification has been included in this package. Currently, the Blinebry is being rod-pumped and the Tubb is plugged back.

This well was recently recompleted to the Blinebry, but the production is marginal from this zone. Downhole commingling will provide the most economical means for producing both zones. Both zones will be produced by rod-pumping.

This well meets all of the requirements set forth by Rule 303(C). Due to the recency of the Blinebry completion, a full year of production data is not available. The allocation factors were calculated in the following manner:

$$\% \text{ TUBB} = \frac{\text{TUBB STABILIZED PRODUCTION}}{\text{TUBB} + \text{BLINEBRY STABILIZED PRODUCTION}}$$

$$\% \text{ BLINEBRY} = 100\% - \% \text{ TUBB.}$$

If you have any questions concerning this application, please contact Britton M. McQuien at (505) 397-0427.

Sincerely,

Britton M. McQuien  
Production Engineer  
Texaco Exploration and Production, Inc.

cc: Mr. J. T. Sexton

enc

## 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 30806	<sup>2</sup> Pool Code 63800	<sup>3</sup> Pool Name WEIR; BLINEBRY, EAST
<sup>4</sup> Property Code 010974	<sup>5</sup> Property Name KERSHAW, L. R.	<sup>6</sup> Well No. 15
<sup>7</sup> OGRID Number 022351	<sup>8</sup> Operator Name TEXACO EXPLORATION & PRODUCTION INC.	<sup>9</sup> Elevation GL-3556', KB-3569'

<sup>10</sup> Surface Location

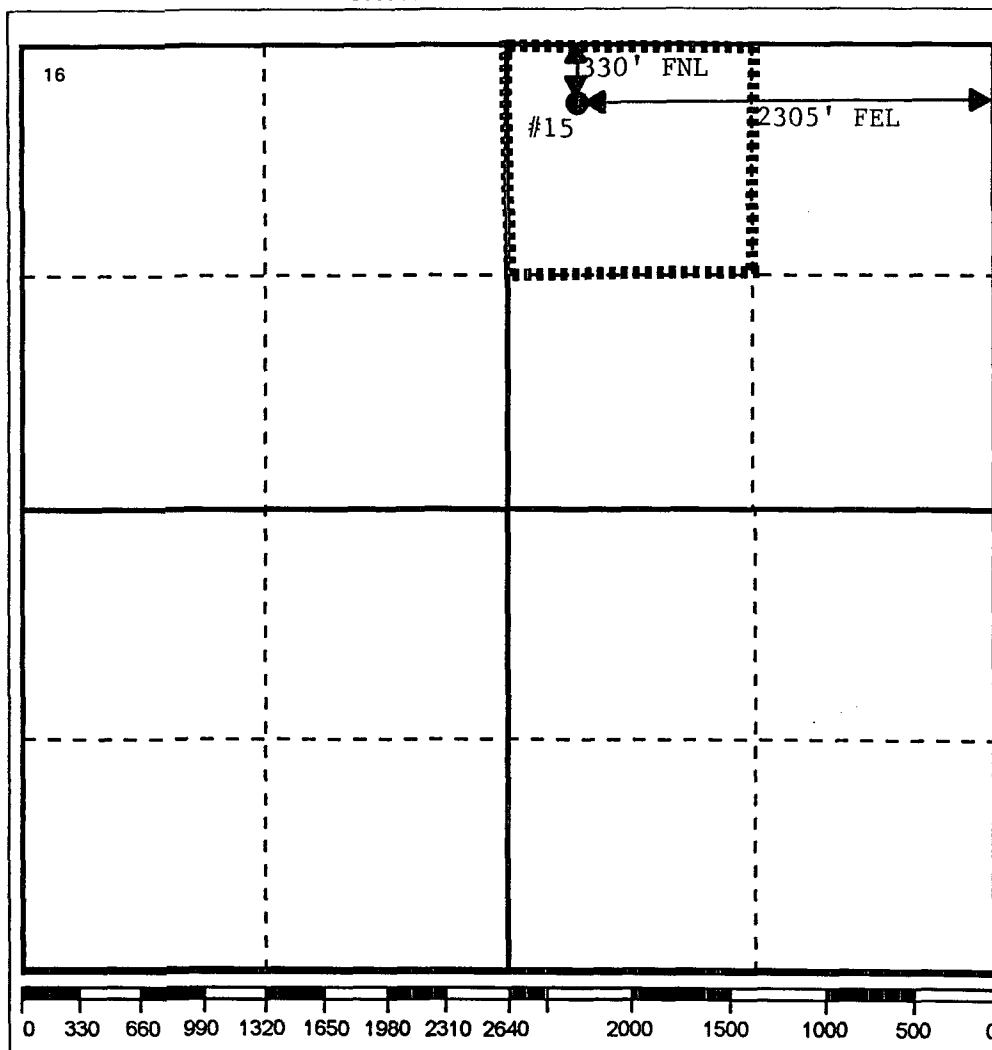
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
B	13	20-S	37-E		330	NORTH	2305	EAST	LEA

<sup>11</sup> 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 40	<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

*Greg Maes*  
Signature

Printed Name  
V. Greg Maes

Position  
Engineering Assistant

Date  
2/18/97

## 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.

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

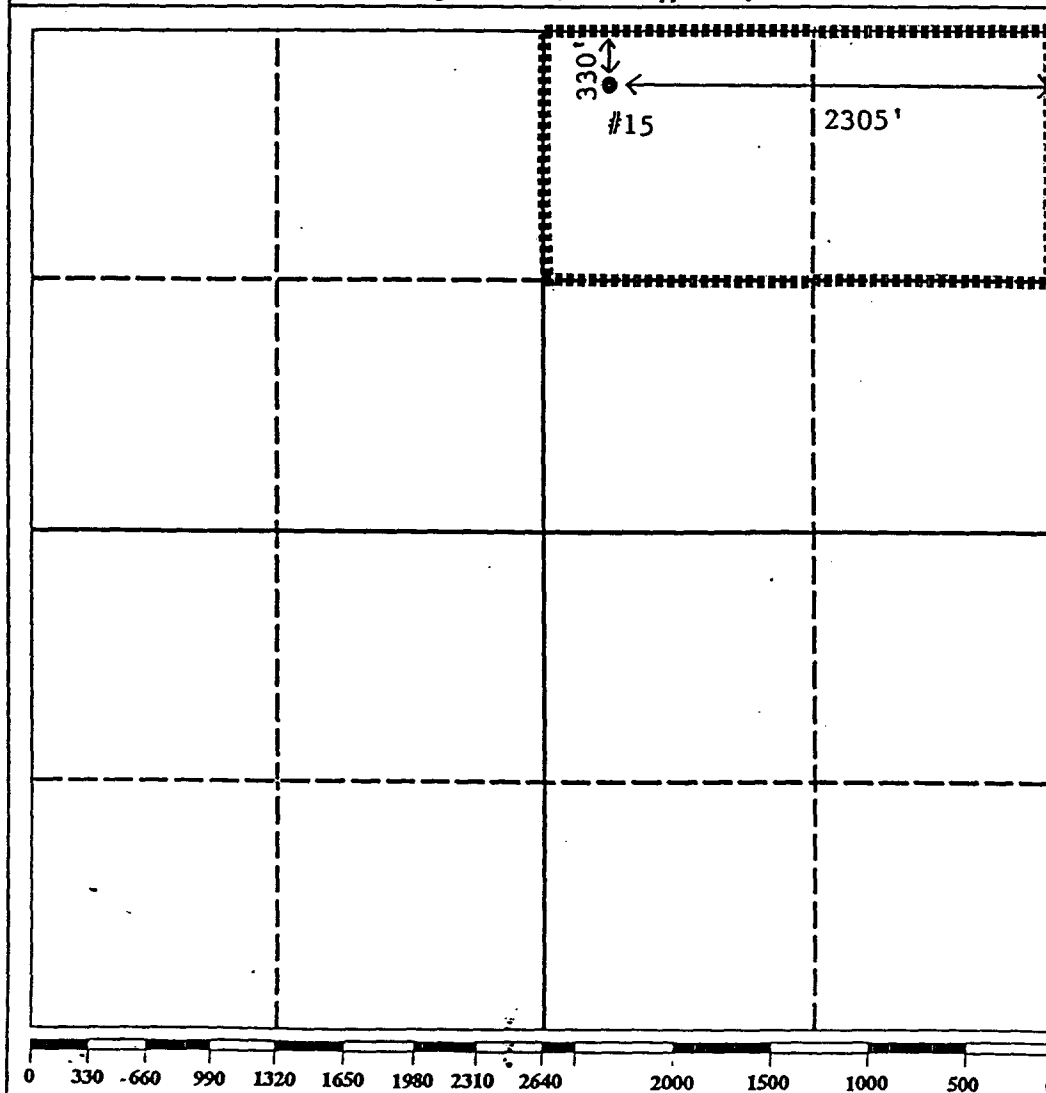
**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

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

**WELL LOCATION AND ACREAGE DEDICATION PLAT**  
All Distances must be from the outer boundaries of the section

Operator <b>Texaco Exploration and Production Inc.</b>			Lease <b>L. R. Kershaw</b>		Well No. <b>15</b>
Unit Letter <b>B</b>	Section <b>13</b>	Township <b>20-S</b>	Range <b>37-E</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>330</b> feet from the <b>North</b> line and <b>2305</b> feet from the <b>East</b> line					
Ground level Elev. <b>3556' GR</b>	Producing Formation <b>Tubb</b>		Pool <b>Monument Tubb</b>		Dedicated Acreage: <b>80</b> Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
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 interest, has been approved by the Division.



**OPERATOR CERTIFICATION**

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

Signature  
*Monte C. Duncan*  
Printed Name  
**Monte C. Duncan**  
Position  
**Engineer's Assistant**  
Company  
**Texaco E & P Inc.**  
Date  
**8-12-93**

**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.

## EXHIBIT "B" - CASE NO. 11353, ORDER NO. R-10470-A

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

## DISTRICT II

811 South First St., Artesia, NM 88210

## DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87505-8429Form C-107-A  
New 3-12-96

APPROVAL PROCESS:

☐ Administrative ☐ Hearing

EXISTING WELLBORE

☐ YES ☐ NO

## APPLICATION FOR DOWNHOLE COMMINGLING

Operator Texaco Exploration & Producing Inc. Address 205 East Bender Hobbs, New Mexico 88240

Lease L. R. Kershaw Well No. 15 Unit Ltr. - Sec - Tws - Rge B-13-20S-37E County Lea

Spacing Unit Lease Types: (check 1 or more)

OGRID NO. 022351 Property Code 010974 API NO. 30-025-30806 Federal ☐ State ☐ (and/or) Fee ☒ X

The following facts are submitted in support of downhole commingling:	Lower Zone	Intermediate Zone	Upper Zone
1. Pool Name and Pool Code	Monument Tubb 47090		Weir Blinbry, East 63800
2. Top And Bottom of Pay Section (Perforations)	6327-6567		5754-5844
3. Type of production (Oil or Gas)	oil		oil
4. Method of Production (Flowing or Artificial Lift)	plunger lift		pumping
5. Bottomhole Pressure Oil Zones - Artificial Lift: Estimated Current	(Current) a. 400 psi	a.	a. 700 psi
Gas & Oil - Flowing: Measured Current	(Original) b.	b.	b.
All Gas Zones: Estimated Or Measured Original			
6. Oil Gravity (* API) or Gas BTU Content	35		39
7. Producing or Shut-In? Production Marginal? (yes or no)	shut-in yes		producing yes
* If Shut-In, give date and oil/gas/ water rates of last production Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data	Date: 7/4/96 Rates: 8/126/10		
* If Producing, give date and oil/gas/ water rates of recent test (within 60 days)	Date: Rates:		12/19/96 9/10/11
8. Fixed Percentage Allocation Formula - % for each zone	Oil: 47% Gas: 93%	Oil: % Gas: %	Oil: 53% Gas: 7%

9. If allocation Formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.
10. Are all working, overriding, and royalty interests identical in all commingled zones? ☒ Yes ☐ No  
If not, have all working, overriding, and royalty interests been notified by certified mail? ☐ Yes ☐ No  
Have all offset operators been given written notice of the proposed downhole commingling? ☒ Yes ☐ No
11. Will cross-flow occur? ☐ Yes ☒ No If yes, are fluids compatible, will the Formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. ☐ Yes ☐ No (If No, attach explanation)
12. Are all produced fluids from all commingled zones compatible with other? ☒ Yes ☐ No
13. Will the value of production be decreased by commingling? ☐ Yes ☒ No (If Yes, attach explanation)
14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Land or the United States Bureau of Land Management has been notified in writing of this application. ☒ Yes ☐ No
15. NMOCD Reference Cases for Rule 303(C) Exceptions: ORDER NO(S). \_\_\_\_\_
16. ATTACHMENTS:

- \* C-102 for each zone to be commingled showing its spacing unit and acreage deication.
- \* Production curve for each zone for at lease one year. (If not available, attach explanation.)
- \* For zones with no production history, estimated production rates and supporting data.
- \* Notification list of all offset operators.
- \* Notification list of working, overriding, and royalty interests for uncommon interest cases.
- \* Any additional statements, data or documents required to support commingling.

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

SIGNATURE Britton M. McQuien TITLE Engineer DATE 2-3-97TYPE OR PRINT NAME Britton M. McQuien TELEPHONE NO. ( 505 ) 397-0427

# KERSHAW, L. R. 15 WEIR BLINEBRY, EAST

TEPI NUL

100

10

1

96.91 96.92 96.93 96.94 96.95 96.96 96.97 96.98 96.99 97 97.01

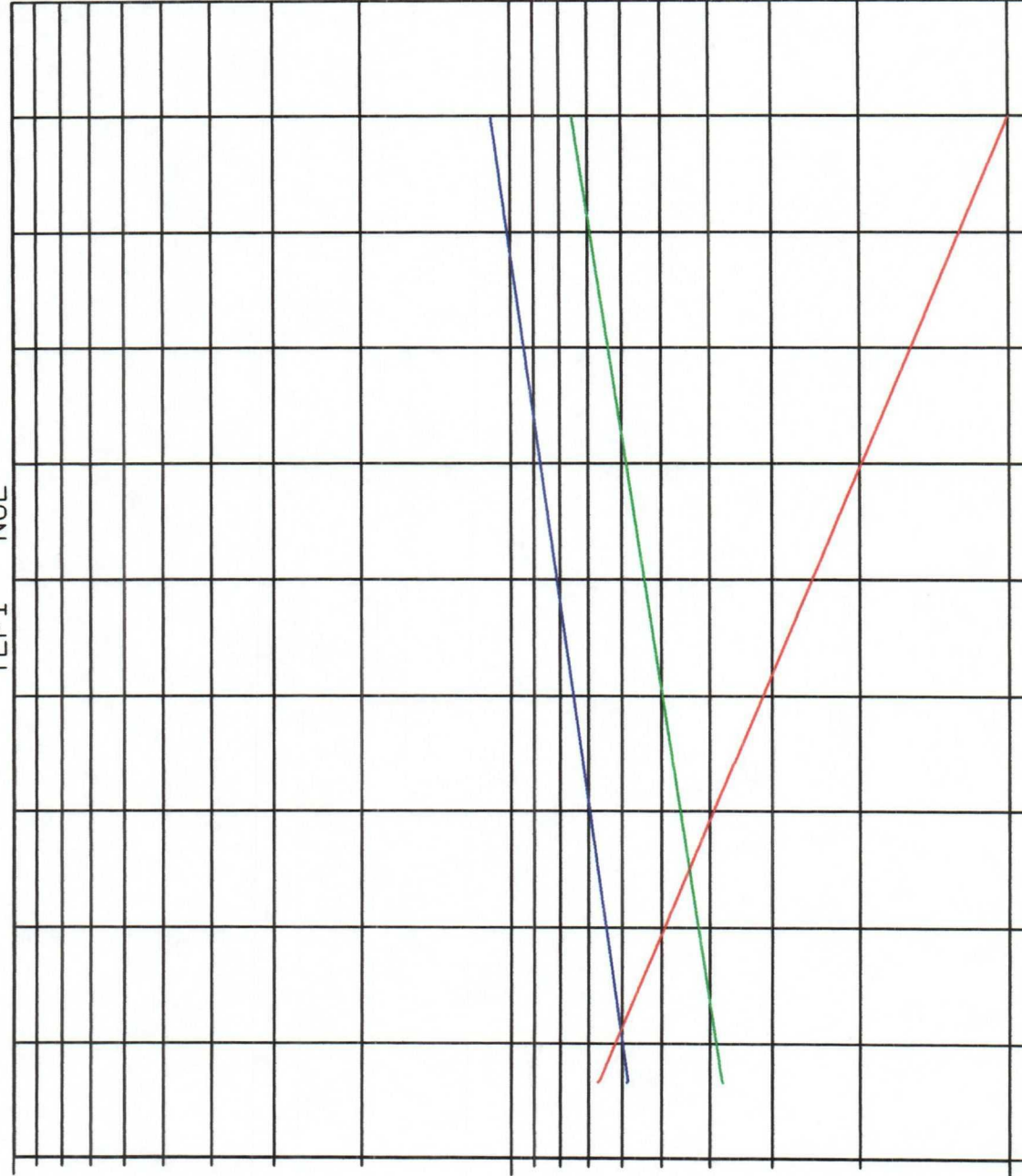
YEARS

MCFPD

BWPD

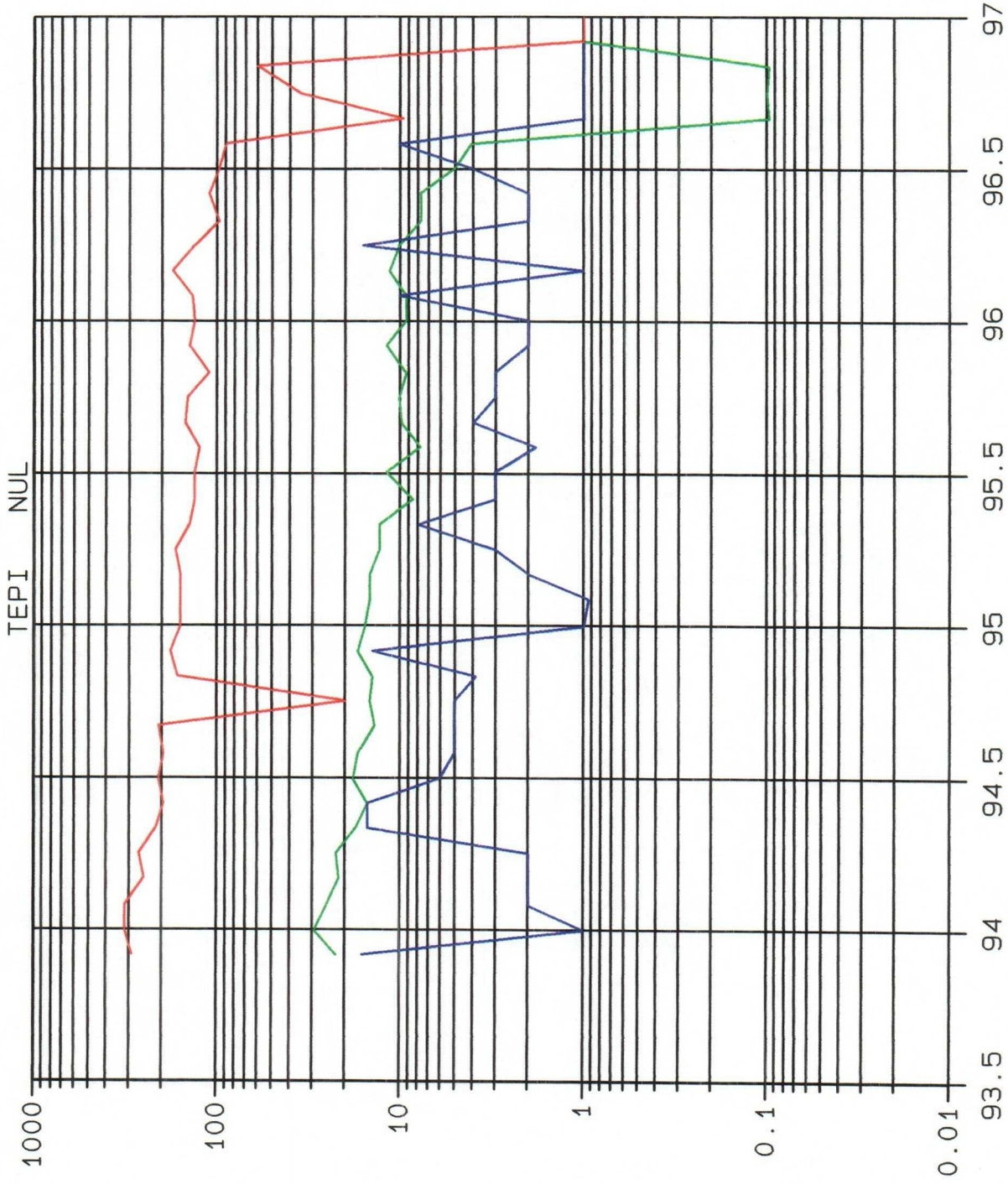
BOPD

LEASE DATA  
LSE 010974  
FLD 63800  
OPER TEPI  
ZONE NUL  
--  
COUNTY 025  
STATE 30  
30025308060003  
STATUS 12-96  
CO 0 MBO  
CG 0 MCF  
CW 1 MBW  
BOPD 8  
BWPD 11  
MCFPD 0  
WELLS 1  
CI 0 MBWI  
BWIPD 0





# KERSHAW, L. R. 15 MONUMENT TUBB



YEARS

LEASE DATA  
 LSE 010974  
 FLD 47090  
 OPER TEPI  
 ZONE NUL  
 --  
 COUNTY 025  
 STATE 30  
 30025308060002  
 STATUS 12-96  
 CO 14 MBO  
 CG 170 MMCF  
 CW 5 MBW  
 BOPD 0  
 BWPD 0  
 MCFPD 0  
 WELLS 1  
 CI 0 MBWI  
 BWIPD 0

# Offset Operators and all Lessees of Record

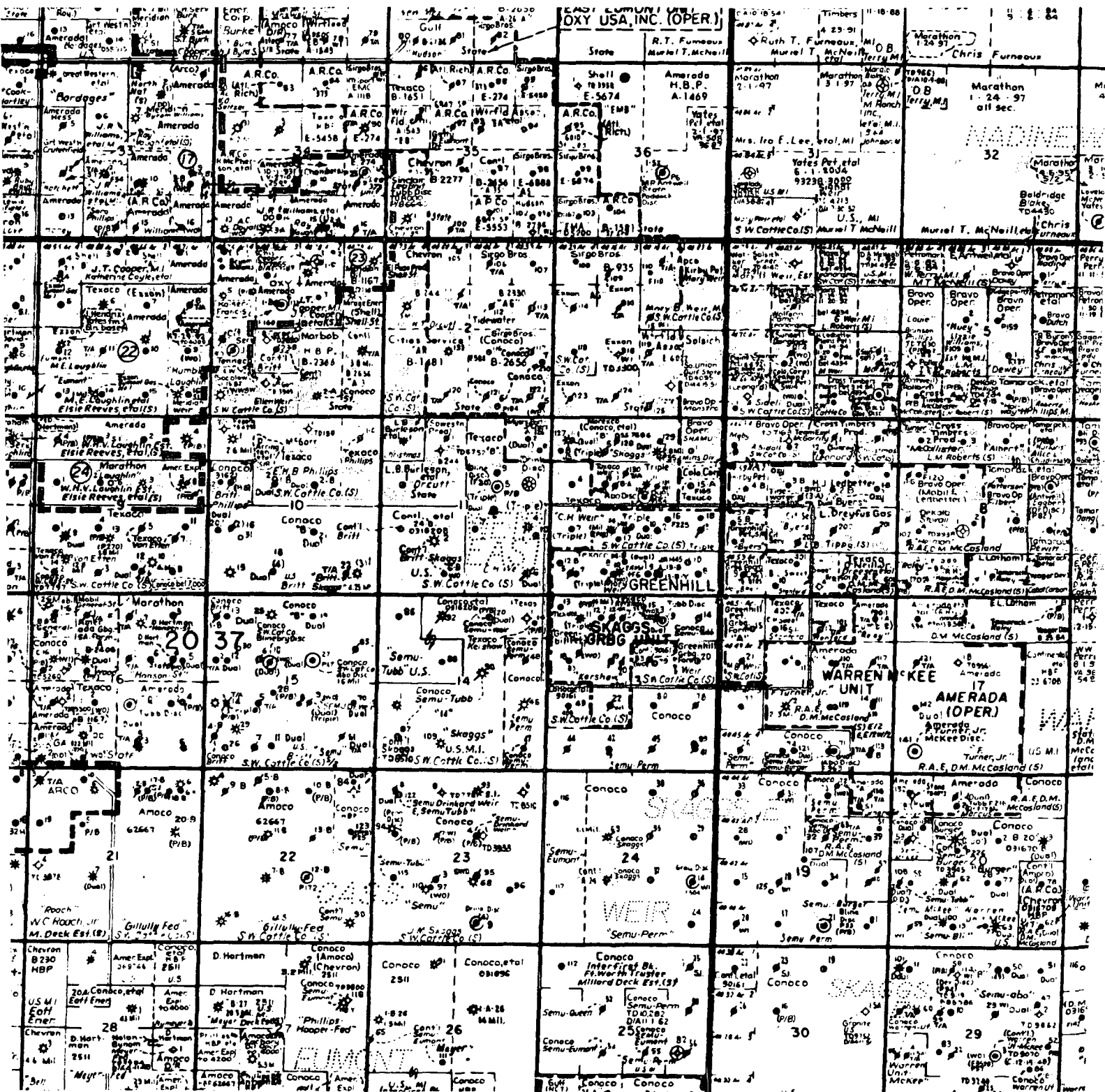
L. R. Kershaw Well No. 15

N/2 NE/4 of Section 13, T-20-S, R-37-E

Weir East Blinby/Monument Tubb Formations

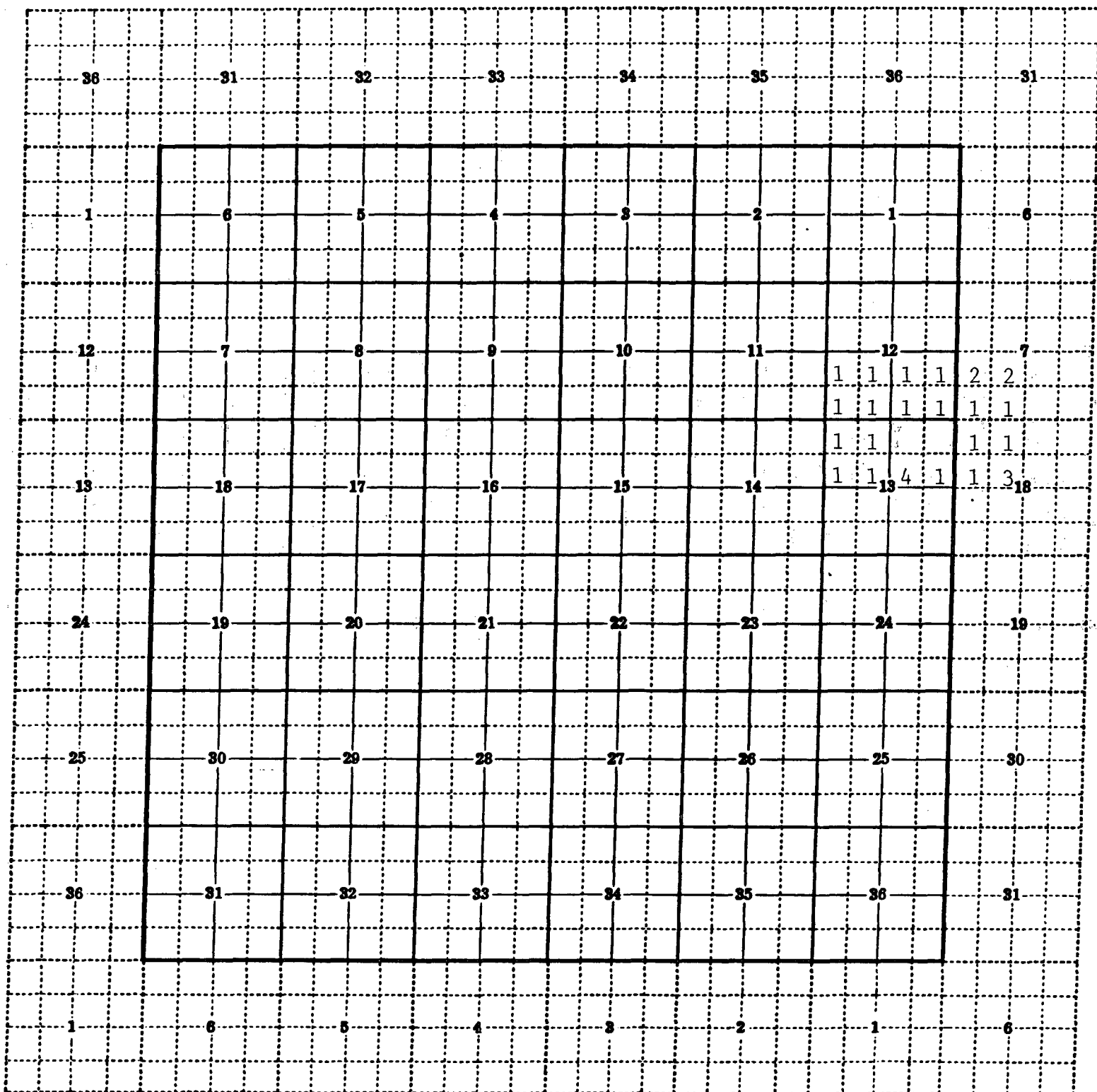
Lea County, New Mexico

January 23, 1997





Offset Operators and all Lessees of Record  
L. R. Kershaw Well No. 15  
N/2 NE/4 of Section 13, T-20-S, R-37-E  
Weir East Blinby/Monument Tubb Formations  
Lea County, New Mexico  
January 23, 1997



Offset Operators and all Lessees of Record  
L. R. Kershaw Well No. 15  
N/2 NE/4 of Section 13, T-20-S, R-37-E  
Weir East Blinby/Monument Tubb Formations  
Lea County, New Mexico  
January 23, 1997

Number 1

---

Texaco Exploration and Production Inc.  
P. O. Box 3109  
Midland, Texas 79702

Number 2

---

OXY USA Inc.  
P. O. Box 50250  
Midland, Texas 79702

Number 3

---

Amerada Hess Corporation  
P. O. Box 2040  
Houston, Texas 77252

Number 4

---

Amoco Production Company  
P. O. Box 3092  
Houston, Texas 77253

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

Chevron USA, Inc.  
P. O. Box 1150  
Midland, Texas 79702

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

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.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 622 712 548

4b. Service Type

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

7. Date of Delivery

FEB 05 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

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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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

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

4a. Article Number

P 622 712 549

4b. Service Type

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

7. Date of Delivery

2-6-97

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Chevron USA, Inc.  
P.O. Box 1150  
Midland, Texas 79702

4a. Article Number

P 622 712 544

4b. Service Type

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

7. Date of Delivery

FEB 05 1997

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

PS Form 3811, December 1994

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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:**

Amerada Hess Corporation  
P. O. Box 2040  
Houston, Texas 77252

**4a. Article Number**

P 622 712 546

**4b. Service Type**

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

**7. Date of Delivery**

2-10 FEB 10 1997

**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X Daryl K. Bradford

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

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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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:**

Amoco Production Company  
P. O. Box 3092  
Houston, Texas 77253

**4a. Article Number**

P 622 712 547

**4b. Service Type**

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

**7. Date of Delivery**

FEB 06 1997

**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X Shirley Martin

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

PS Form 3811, December 1994

Domestic Return Receipt

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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, Texas 79702

**4a. Article Number**

P 622 712 545

**4b. Service Type**

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

**7. Date of Delivery**

2-6

**5. Received By: (Print Name)****6. Signature: (Addressee or Agent)**

X [Signature]

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.