

NSL-130-A

131857121

**New Mexico Oil Conservation Division---Engineering Bureau**  
**Administrative Application Process Documentation**

**Date Application Received:** 11-13-2001

**Date of Preliminary Review:** 11-28-2001  
(Note: Must be within 10-days of received date)

**Results:**  **Application Complete**  **Application Incomplete**

**Date Incomplete Letter Sent:** NA

**Deadline to Submit Requested Information:** NA

**Phone Call Date:** NA  
(Note: Only applies if requested data is not submitted within the 7-day deadline)

**Phone Log Completed?**  **Yes**  **No**

**Date Application Processed:** 12-3-2001

**Date Application Returned:** \_\_\_\_\_  
(Note: Only as a last resort & only after repeated attempts by the Division to obtain the necessary information to process the application)

ABOVE THIS LINE FOR DIVISION USE ONLY

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



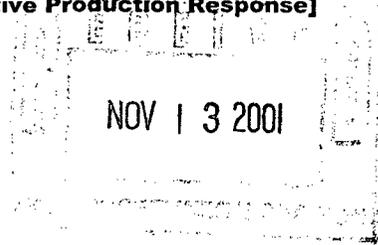
**ADMINISTRATIVE APPLICATION CHECKLIST**

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

**Application Acronyms:**

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

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]  
 [A] Location - Spacing Unit - Simultaneous Dedication  
 NSL  NSP  SD
- Check One Only for [B] or [C]  
 [B] Commingling - Storage - Measurement  
 DHC  CTB  PLC  PC  OLS  OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
 WFX  PMX  SWD  IPI  EOR  PPR
- [D] Other: Specify \_\_\_\_\_



- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or  Does Not Apply
- [A]  Working, Royalty or Overriding Royalty Interest Owners
- [B]  Offset Operators, Leaseholders or Surface Owner
- [C]  Application is One Which Requires Published Legal Notice
- [D]  Notification and/or Concurrent Approval by BLM or SLO  
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E]  For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F]  Waivers are Attached

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

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

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

George A. Cox  
 Print or Type Name

George A. Cox  
 Signature

LAWSON  
 Title

11-7-01  
 Date

George\_Cox@XTOENERGY.COM  
 e-mail Address



November 7, 2001

**CERTIFIED MAIL:**

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

RE: Application for Administrative Approval of Unorthodox Location  
XTO Energy Inc.'s Schwerdtfeger "A" #12B Well  
2,385' FNL and 2,580' FWL (SE/4 NW/4)  
Unit F, Section 6, T27N-R8W  
San Juan County, New Mexico  
Blanco Mesaverde Gas Pool

Dear Mr. Stogner:

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

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

The rules state that the well should not be closer than 660 feet to the South and North lines nor closer than 660 feet to the East and West lines of a Gas Proration Unit and not closer than 10 feet to any interior quarter or quarter-quarter section line. Due to the existing topography, XTO is not able to place the well any further West for a location that will conform to current footage requirements. The drilling of this additional well would increase production and the protection of correlative rights.

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

Sincerely,  
XTO ENERGY INC.



George A. Cox, CPL

Landman

Enclosures

cc: Gary Markestad  
Darrin Steed  
Jeff Patton  
Robin Tracy



OFFSET OPERATORS AND OWNERS NOTIFICATION LIST  
SCHWERDTEFGER "A" #12B WELL

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

Four Star Oil & Gas  
P.O. Box 2100  
Denver, CO 80210-2100  
Attention: Rocky Holly

BPAmoco  
P.O. Box 3092  
Houston, TX 77253  
Attention: Steve Reinert



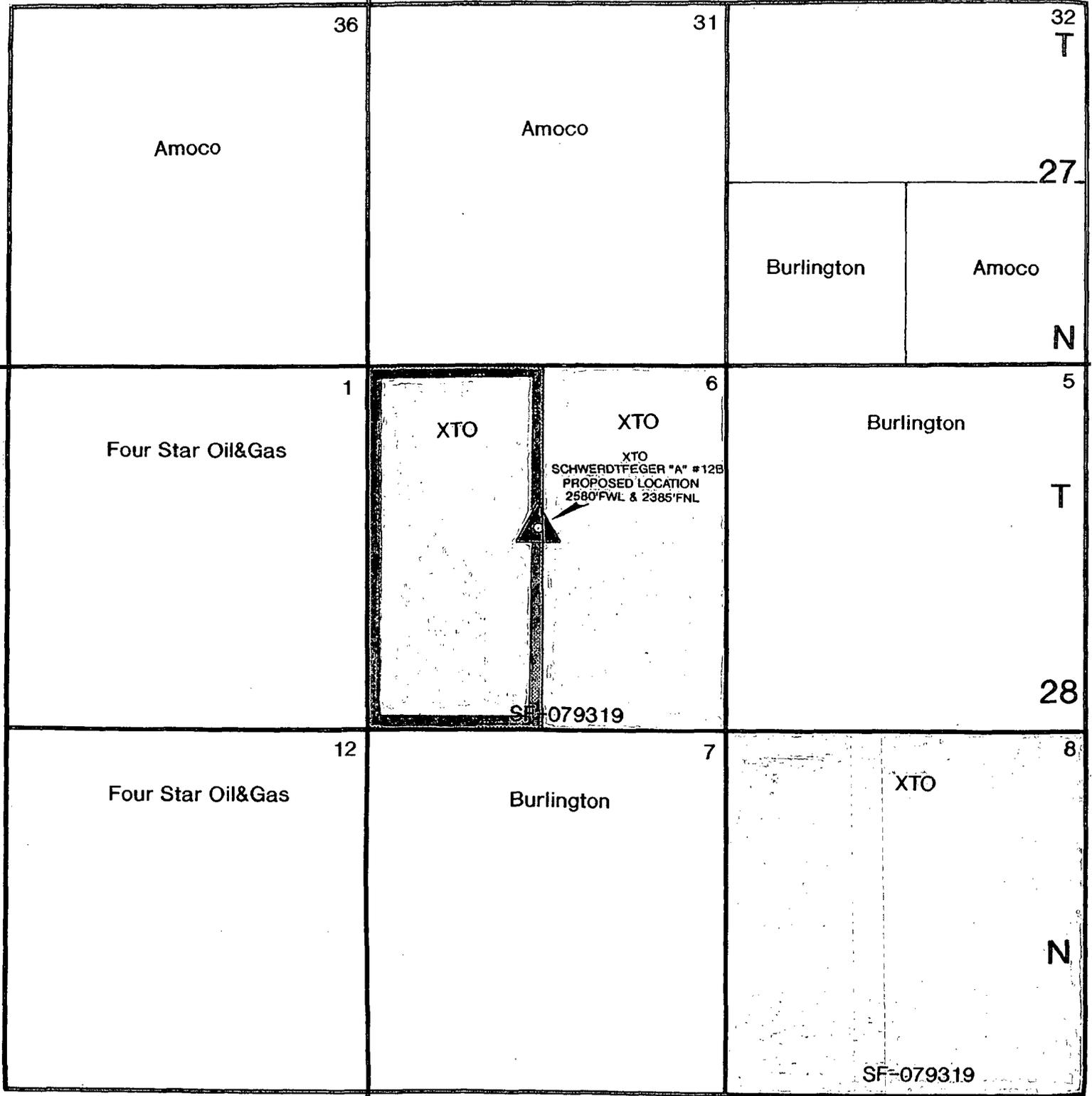
SECTION PLAT OF 9 SQUARE MILES

STATE: New Mexico COUNTY: San Juan  
PROSPECT: Mesaverde Formation DATE: \_\_\_\_\_  
SECTIONS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SURVEY: \_\_\_\_\_  
ACRES: \_\_\_\_\_ TOWNSHIP: 27North RANGE: 8West

SCALE: 1"=2,000'

R-9-W

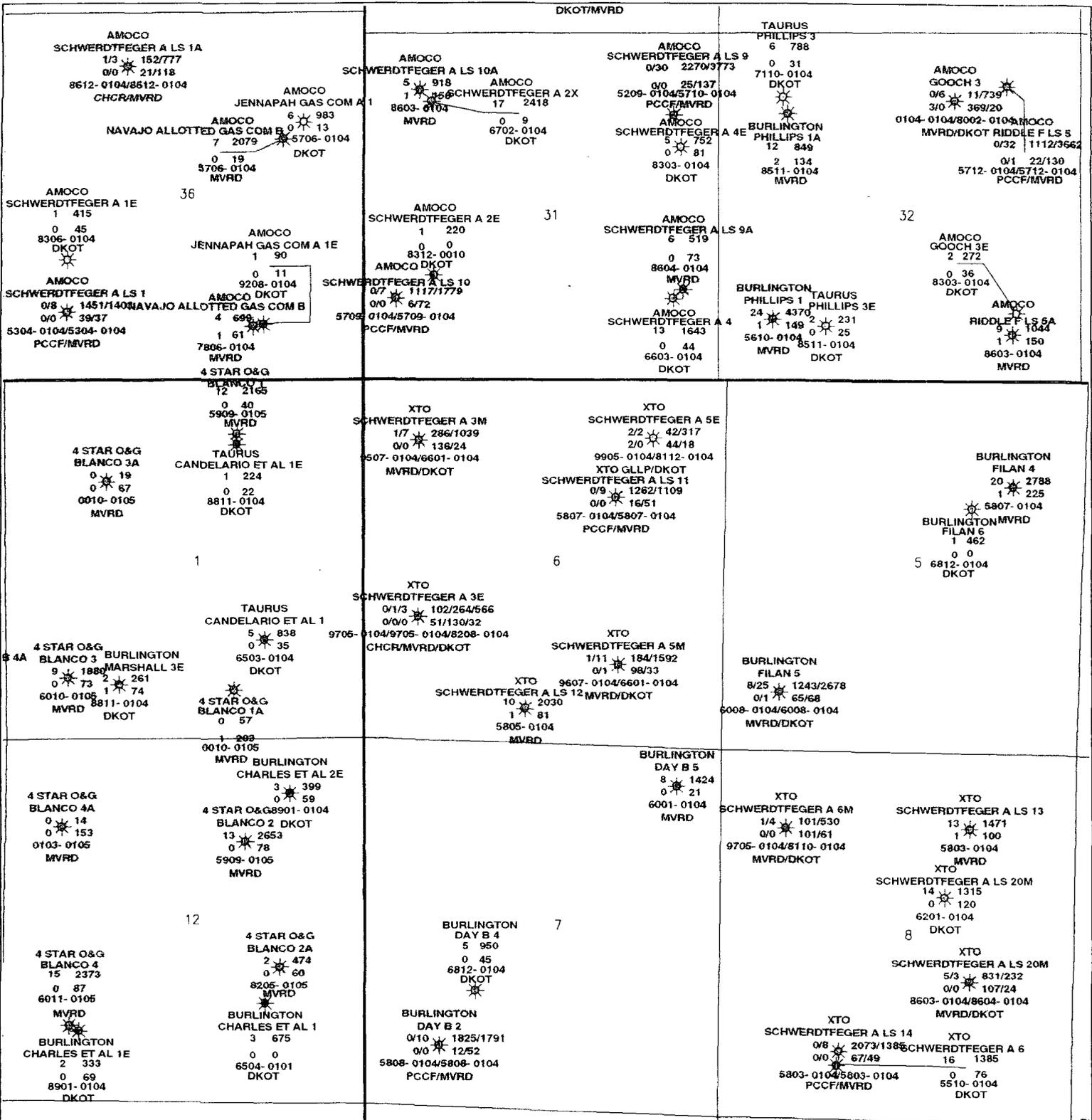
R-8-W



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

XTO ENERGY INC.  
SCHWERTFEGER "A" No. 12B  
NW/4 SEC. 6, T-27-N, R-8-W, N.M.P.M.,  
SAN JUAN COUNTY, NEW MEXICO  
2385' FNL 2580' FWL





**WELLS W/PRODUCTION**

Operator  
Well Name & Number  
Cum Oil MBO ● Cum Gas MCF  
Curr Rate Bopd ● Curr Rate Mcf/d  
Start-End Date  
Formation

**DAKOTA**

**MESA VERDE**

XTO Energy Inc.

SAN JUAN COUNTY, NEW MEXICO  
9 SECTION - 6-27N-8W  
DAKOTA & MESA VERDE PRODUCERS

Johnny LeBon	R. Tracy	1/16/2001
Scale 1/24000	1" = 2000'	6-27-8



November 7, 2001

**CERTIFIED MAIL:**

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

RE: Application for Administrative Approval of Unorthodox Location  
XTO Energy Inc.'s Schwerdtfeger "A" #12B Well  
2,385' FNL and 2,580' FWL (SE/4 NW/4)  
Unit F, Section 6, T27N-R8W  
San Juan County, New Mexico  
Blanco Mesaverde Gas Pool

Gentlemen:

Enclosed please find a copy of the above captioned application that has been sent to the NMOCD for administrative approval. Should you not agree with the request, please notify the NMOCD within 20 days of the date of this application. Should you have any questions, concerning the operations, please feel free to contact me at (817) 885-2454.

Sincerely,  
XTO ENERGY INC.

A handwritten signature in black ink, appearing to read 'George A. Cox'.

George A. Cox, CPL  
Landman

Enclosures



November 7, 2001

**CERTIFIED MAIL:**

Four Star Oil & Gas  
P.O. Box 2100  
Denver, CO 80210-2100  
Attention: Rocky Holly

RE: Application for Administrative Approval of Unorthodox Location  
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Sincerely,  
XTO ENERGY INC.

  
George A. Cox, CPL  
Landman

Enclosures



November 7, 2001

**CERTIFIED MAIL:**

BPAmoco  
P.O. Box 3092  
Houston, TX 77253  
Attention: Steve Reinert

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Sincerely,  
XTO ENERGY INC.

  
George A. Cox, CPL  
Landman

Enclosures

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>BP Amoco</b> <b>P. O. Box 3092</b> <b>Houston, TX 77253</b> <b>Attn: Steve Reinert</b> GAC:11/06/01:Schwerdtferger A 12B	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
2. Article Number ( <i>Transfer from service label</i> )		
PS Form 3811, August 2001                      Domestic Return Receipt                      102595-01-M-2509		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <b>X</b>	
	B. Received by ( <i>Printed Name</i> )	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>Four Star Oil &amp; Gas</b> <b>P. O. Box 2100</b> <b>Denver, CO 80210-2100</b> <b>Attn: Rocky Holly</b> GAC:11/06/01:Schwerdtferger A 12B	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
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<b>Dawn Howell</b> <b>Burlington Resources Oil &amp; Gas</b> <b>P. O. Box 4289</b> <b>Farmington, NM 87499-4289</b> GAC:11/06/01:Schwerdtferger A 12B	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
2. Article Number ( <i>Transfer from service lab</i> )    7001 0320 0004 8336 5046		
PS Form 3811, August 2001                      Domestic Return Receipt                      102595-01-M-2509		