|           | 1   |          |   | 1 | _/ |               |            |    |        |
|-----------|-----|----------|---|---|----|---------------|------------|----|--------|
| DATE IN 5 | /49 | SUSPENSE | 6 | 7 | Ľ  | $\mathcal{L}$ | 9 ENGINEER | m5 | LOGGED |

ABOVE THIS LINE FOR DIVISION USE ONLY

#### **NEW MEXICO OIL CONVERVATION DIVISION**

- Engineering Bureau -

| _        |  |  | gg   |  |   |
|----------|--|--|--|--|---|
|          | _  |  | IVE APPLICATION  |  |   |
|          | THIS COVERSHI  | EET IS MANDATORY FOR ALL AD  | MINISTRATIVE APPLICATIONS FOR  | EXCEPTIONS TO DIVISION RU  | LES AND REGULATIONS   |
| Applicat | [PC-Pc   | [DD-Direction;<br>nhole Commingling]<br>ool Commingling] [O<br>WFX-Waterflood Exp<br>[SWD-Salt Water | d Proration Unit] [NSL-I<br>al Drilling] [SD-Simultar<br>[CTB-Lease Commingli<br>LS-Off-Lease Storage]<br>ansion] [PMX-Pressure<br>r Disposal] [IPI-Injection<br>ecovery Certification] [I | neous Dedication]<br>ng] [PLC-Pool/Lea<br>[OLM-Off-Lease Mo<br>e Maintenance Expa<br>n Pressure Increase                   | se Commingling] easurement] ansion]   |
|          |  |  |  | \$****   | VEGIT .   |
| [1]      | TYPE OF AI   |  | neck Those Which and Unit - Directional Drilling   |  | MAY 1 7 1999  |
|          | Check<br>[B]   | COne Only for [B] or [<br>Cornmingling - Stor<br>☐ DHC ☐ CTB   | age - Measurement  | ols Pc   | CLOSTOFFWATON ALL FLOW  |
|          | [C]  | Injection - Disposal  ☐ wFx ☐ PMX  | - Pressure Increase - E  | nhanced Oil Recove   | -   |
| [2]      | NOTIFICAT<br>[A]   |  | TO: - Check Those valty or Overriding Royal  |  | r □ Does Not Apply  |
|          | [B]  | ✓ Offset Operation   | tors, Leaseholders or Su   | ırface Owner   |   |
|          | [C]  | ☐ Application if   | One Which Requires Pu  | ublished Legal Notic   | e   |
|          | [D]  |  | nd/or Concurrent Approv  |  |   |
|          | [E]  | For all of the   | above, Proof of Notificat  | tion or Publication is   | Attached, and/or,   |
|          | [F]  | ☐ Waivers are /  | Attached   |  |   |
| [3]      | I hereby certify<br>Rules and Reg<br>for administrati<br>verify that all in<br>included. I und | that I, or personnel upulations of the Oil Co<br>ive approval is accuranterest (WI, RI, ORRI)        | is common. I further version of data, information  | ave read and complinther, I assert that the best of my knowledgerify that all application is constitution is constitution. | ied with all applicable ne attached application ge and where applicable, ble API Numbers are ause to have the |
| Lee R. V | White  | Jeck. In   | Engineer   | ing Manager  | 5/12/99   |
| Print or | Type Name  | Signature  | Title  |  | Date  |



[713] 296-6000

May 12, 1999

State of New Mexico Oil Conservation Division 2040 S. Pacheco Santa Fe, New Mexico 87505

Re: Application for a Non-Standard Location Owen 'B' No. 6 Tubb Oil & Gas Pool (86440) Lea County, New Mexico

Apache Corporation would like to request administrative approval of a Non-Standard Location for the referenced well. We are requesting a simultaneous dedication of 160 acres to the Owen 'B' No. 2 and Owen 'B' No. 6.

To support this request we submit the following information:

- 1) NM-OCD Form C-102 for Owen 'B' No. 2
- 2) NM-OCD Form C-102 for Owen 'B' No. 6
- 3) Plat of Section 34 with Owen 'B' Lease (consisting of 160 acres) outlined
- 4) Copy of letter sent (by Certified Mail) to all Offset operators in Section 34

If you have any questions or require additional information regarding this application, please contact me at 713-296-6338. Thank you.

Sincerely,

APACHE CORPORATION

Debra J. Anderson

Engineering Technician

Attachments

cc: New Mexico Oil Conservation Division

District I

1625 N. French Drive

Hobbs, New Mexico 88240

Subtrait 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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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 L          | distances must i   | De Irom the out   | er boundaries   | oi uie secuc   | )N    |   |
|---------------------|------------|---------------|----------------|--------------------|-------------------|-----------------|----------------|-------|---|
| Operator            | Corne      | oration       |                |                    | Lease             | Owen            | 1 R 1          |       | Well No.  |
|                     |            | racion        |                | <del></del>        |                   |                 |                |       |   |
| Unit Letter         | Section    | 71            | Township       | 21S                | Range             | 37E             |                |       | County  |
| L                   | 1          | 34            |                | 213                |                   |                 | N              | MP    | M. Eca  |
| Actual Footage Loca | ation of W |               | outh           |                    |                   | 420             |                |       | West  |
| 1980                | feet from  | i nie         |                | line and           |                   | 420             | fee            | t fro | om the line   |
| Ground level Elev.  | .          |               | Formation      |                    | Pool              | - O:1 C C       | 00 (061        | 40    | Dedicated Acreage:  |
| 3459                |            | Tub           |                |                    |                   | o Oil & G       |                | 40    | 160 Acres   |
| 2. If mor           | e than one | lease is dedi | cated to the w |                    | nd identify the o | wnership therec | of (both as to |       | rking interest and royalty).  |
|                     |            | pooling, etc. |                |                    |                   |                 |                |       | ,,  |
|                     | Yes        |               |                | answer is "yes"    |                   |                 |                |       | · · · · · · · · · · · · · · · · · · ·   |
|                     |            |               | and tract desc | riptions which ha  | ve actually been  | consolidated.   | Use reverse    | side  | of  |
|                     | if neccess |               | the well until | all interests have | heen consolida    | ed (hy commun   | itization unit | izat  | tion, forced-pooling, or otherwise)   |
|                     |            |               |                | nterest, has been  |                   |                 |                | uzau  | doil, forced-pooling, or otherwise)   |
|                     |            |               | .,             |                    | · · · · · · · ·   |                 |                |       | T   |
|                     |            | i             |                |                    |                   |                 |                | 7     | OPERATOR CERTIFICATION  |
|                     |            | i             |                |                    | •                 | i               |                |       | I hereby certify that the information   |
|                     |            | i<br>1        |                |                    |                   | -               |                |       | contained herein in true and complete to the  |
|                     |            | !<br>•        |                |                    |                   | !               |                |       | best of my knowledge and belief.  |
|                     |            | ļ             |                | - (                |                   |                 |                | 1     | Signature   |
|                     |            | l             |                |                    |                   | Ţ               |                |       | Total di Carran   |
|                     |            | 1             |                |                    |                   | 1               |                |       | Com Charles   |
|                     |            | 1             |                |                    |                   | 1               |                |       | Printed Name  |
| <b></b>             |            | <u></u>       |                | -+                 |                   | ·÷              |                | -}-   | Debra J. Anderson   |
|                     |            | !<br>         |                | 1                  |                   | i               | (              | (     | Position  |
|                     |            | !<br>!        |                |                    |                   | 1               |                | `     | Engineering Technician  |
|                     |            | !             |                |                    |                   | !               |                |       | Company   |
|                     |            | 1             |                | ĺ                  |                   | 1               |                |       | Apache Corporation  |
|                     |            | •             |                | 1                  |                   |                 |                |       | Date  |
|                     |            | 1             |                | - 1                |                   | 1               |                |       | 5-12-99   |
|                     |            | İ             |                |                    |                   | i               |                |       |   |
| ·                   |            |               |                |                    |                   | - <del>i</del>  |                | _     | SURVEYOR CERTIFICATION  |
|                     |            | !<br>!        |                |                    |                   | i               |                |       | I have been asserted about the well because of  |
| il. t               |            | !<br>!        |                |                    |                   | 1               |                |       | I hereby certify that the well location show<br>on this plat was plotted from field notes |
| Owen B #2           | ž          | 1             |                | j                  |                   | ļ               |                |       | actual surveys made by me or under n  |
|                     |            | Ûwei          | n 'B' #6       |                    |                   | !               |                |       | supervison, and that the same is true at  |
| •                   |            | j             | <b>©</b> .     |                    |                   | I               |                |       | correct to the best of my knowledge as  |
|                     |            | 1             |                | ļ                  |                   | 1               |                |       | belief.   |
|                     |            | j             |                | - 1                |                   | 1               |                |       | Date Surveyed   |
|                     |            | <u>i</u>      |                |                    |                   | _i              |                | _[    | · ·   |
|                     |            | 1             |                |                    |                   | i               |                | _     | Signature & Seal of   |
|                     |            | [<br>1        |                | <u>'</u>           |                   | 1               |                |       | Professional Surveyor   |
|                     |            | !             |                |                    |                   | 1               |                |       |   |
|                     |            | l i           |                |                    |                   | į               |                |       |   |
|                     |            | 1             |                | 1                  |                   | 1               |                |       |   |
|                     |            | ì             |                |                    |                   | 1               |                |       |   |
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|                     |            | 1             |                | 1                  |                   | i               |                |       | Certificate No.   |
|                     |            |               |                | <u></u>            |                   |                 |                |       |   |
|                     |            |               | 100 30 30      |                    |                   | 1000000         |                |       |   |
| 0 330 660           | 990 13     | 20 1650       | 1980 2310      | 2640               | 2000 1500         | 1000            | 500            | 0     |   |

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

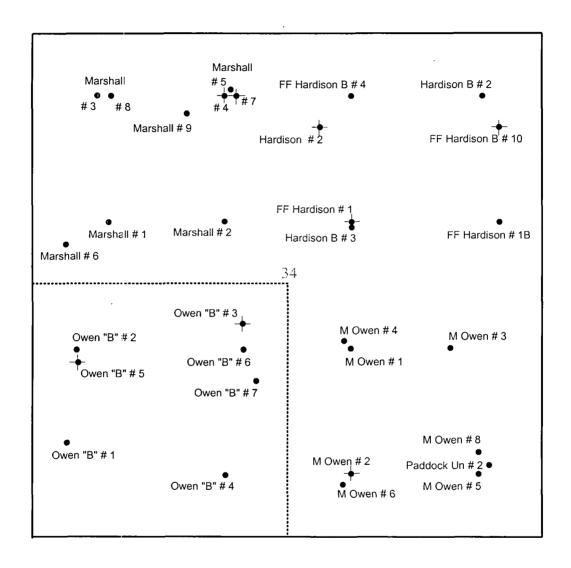
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

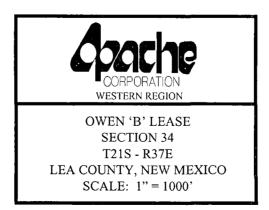
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| Operator           |                       |                |                                   |                      | Lease                         |              |           |              |                                       | Well No.  |
|--------------------|-----------------------|----------------|-----------------------------------|----------------------|-------------------------------|--------------|-----------|--------------|---------------------------------------|---|
| Apache Corporation |                       |                |                                   |                      | Owen                          | ' B '        |           |              | Well 140.                             |   |
| Unit Letter        | Section               |                | Township                          |                      | Range                         |              |           |              | County                                |   |
| K                  | Jocat                 | 34             | 1 -                               | 21S                  | 37                            | E            |           |              |                                       | Lea   |
| Actual Footage Lo  | cation of             |                |                                   | 210                  |                               |              | ******    | NM!          | PM                                    |   |
| 1980               |                       |                | South                             | V                    |                               | 2180         |           | £ =          | We                                    | st e.   |
| Ground level Elev. |                       | rom the        | ucing Formation                   | line and             | Pool                          |              |           | leet in      | om the                                | line Dedicated Acreage:   |
| 3429               | .                     | - 100          | Tubb                              |                      | 1                             | Oil &        | Gas       | (8644)       | 0)                                    | 160   |
|                    | ne the ac             | reage dedi     | cated to the subject v            | vell by colored per  |                               |              |           |              | · · · · · · · · · · · · · · · · · · · | Acres   |
|                    |                       |                | dedicated to the we               |                      |                               |              | -         |              | orking interest ar                    | d royalty).   |
|                    |                       | ne lease o     | f different ownership<br>g, etc.? | is dedicated to the  | e well, have the              | interest of  | all owne  | ers been con | nsolidated by co                      | mmunitization,  |
|                    | Yes                   | •              |                                   | answer is "yes" ty   |                               |              |           |              |                                       |   |
|                    |                       |                | where and tract descr             | iptions which have   | actually been                 | consolidated | L (Use 1  | reverse side | e of                                  | •   |
|                    | m if necc<br>wahle wi |                | ned to the well until             | all interests have h | een consolidate               | d (hy comm   | ninitizat | ion unitiza  | tion formed-noo                       | ling or otherwise)  |
|                    |                       |                | t, eliminating such in            |                      |                               |              |           | ion, unuza   | idon, forcas-poo                      | ing, or outerwise)  |
|                    |                       |                |                                   |                      | <u> </u>                      |              |           |              | 0,777                                 |   |
|                    |                       |                |                                   |                      |                               | 1            |           |              |                                       | ATOR CERTIFICATION  |
|                    |                       | i              |                                   |                      |                               | i            |           | Í            |                                       | by certify that the information<br>rein in true and complete to the |
|                    |                       | i              |                                   |                      |                               | i            |           |              |                                       | rein in true and complete to the<br>owledge and belief.             |
|                    |                       | i              |                                   | 1                    |                               | i            |           |              | Sac of 11.57   12.50                  | A   |
|                    |                       | -              |                                   | }                    |                               | !            |           | ,            | Signature                             |   |
|                    |                       | !              |                                   | 1                    |                               | ļ            |           |              | 10 PM                                 | a b Aud DIMM  |
|                    |                       | Į.             |                                   | - 1                  |                               | 1            |           | }            | Printed Name                          | THE WAY   |
|                    |                       |                |                                   | 1                    |                               |              |           |              |                                       | . Anderson  |
|                    |                       |                |                                   |                      |                               | $T^{-}$      |           | ·—-/         | Position                              |   |
|                    |                       | ĺ              |                                   | 5                    |                               | Ì            |           |              |                                       | ring Technician   |
|                    |                       | i              |                                   |                      |                               | i            |           |              | Company                               | 11.18 100101  |
|                    |                       | i              |                                   |                      |                               | i            |           |              |                                       | Corporation   |
| ł                  |                       | i              |                                   |                      |                               | i            |           |              | <del></del>                           | dor por a cross   |
|                    |                       | ļ              |                                   | İ                    |                               | !            |           |              | Date 5 _ 1                            | 2-99  |
|                    |                       | ŀ              |                                   |                      |                               | 1            |           |              | 3-1                                   | 2-33  |
| ĺ                  |                       | !              |                                   |                      |                               | ļ            |           |              | SURVI                                 | EYOR CERTIFICATION  |
|                    |                       |                |                                   |                      |                               | 1            |           |              |                                       |   |
|                    |                       | i              |                                   | Ì                    |                               | 1            |           | 1            |                                       | tify that the well location shows                                   |
| 1-                 |                       | - 1            |                                   |                      |                               |              |           |              |                                       | was plotted from field notes o                                      |
| Owen 'B' #2        |                       | 1              | Owen B #6                         | }                    |                               | 1            |           | 1            |                                       | eys made by me or under m   |
| •                  |                       | i              | •                                 |                      |                               | į            |           |              |                                       | and that the same is true and<br>the best of my knowledge and       |
|                    |                       | i              |                                   |                      |                               | i            |           |              | belief.                               |   |
|                    |                       | 1              |                                   |                      |                               | <u> </u>     |           |              |                                       |   |
|                    |                       | - }            |                                   | 1                    |                               | l<br>i       |           | 1            | Date Survey                           | ed .  |
|                    |                       | — <u>;</u> — – |                                   | -+                   |                               | +            |           |              |                                       |   |
|                    |                       | ļ              |                                   | •                    |                               | į            |           |              | Signature & Professional              |   |
|                    |                       | İ              |                                   |                      | •                             | 1            |           |              | rioressional                          | Surveyor  |
|                    |                       | i              |                                   |                      |                               | 1            |           |              |                                       |   |
|                    |                       | 1              |                                   |                      |                               | 1            |           | 1            |                                       |   |
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|                    |                       | ſ              |                                   |                      |                               | Í            |           |              | Certificate N                         | lo.   |
| ( <u> </u>         |                       | <u> </u>       |                                   |                      | 0 100 12 12 14 14 14 14 14 14 | <u> </u>     |           |              |                                       |   |
|                    | -                     | 1206           |                                   | 2612                 | T I                           | 1000         |           |              |                                       |   |
| 0 330 660          | 990                   | 1320 1         | 650 1980 2310                     | 2640 20              | 000 1500                      | 1000         | 50        | 0 0          |                                       |   |







[713] 296-6000

May 12, 1999

Offset Operators

Re: Application for a Non-Standard Location

Owen 'B' Lease Well No. 2 and 6 Tubb Oil & Gas Pool Lea County, New Mexico

Attached please find a copy of an Application for a Non-Standard Location that Apache Corporation has filed with the New Mexico Oil Conservation Division. If you have an objection to this application, you must notify the OCD in writing within 20 days from the date of this letter.

Sincerely,

APACHE CORPORATION

Debra J. Anderson Engineering Technician

Attachment

# OFFSET OPERATORS OWEN 'B' LEASE SECTION 34 T-21S, R-37E LEA COUNTY, NEW MEXICO

Chevron USA Inc.
P O Box 1150
Midland, Texas 79702
Certified Receipt # Z-116-148-710

Exxon Co. USA P O Box 4707 Houston, Texas 77210-4707 Certified Receipt # Z-116-148-711

Titan Resources 500 W. Texas Suite 500 Midland, Texas 79701 Certified Receipt # Z-116-148-712