OIL CONSERVATION COMMISSION Hobbs DISTRICT

| OIL CONSERVATION COMMISSION BOX 2088 | DATE_ | March | 8, | 1977 |
|------------------------------------------------------------------|-------|----------------------|--------------------------|-----------------|
| SANTA FE, NEW MEXICO | RE: | Proposed Proposed | DHC NSL SWD WFX | X |
| Gentlemen: | | | | |
| I have examined the application dated | | | | |
| for the Doyle Hartman Langlie Jal Federal Operator Lease and Wel | 1 No. | #1-A | | -25-37 S-T-R |
| and my recommendations are as follows: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | s very tr | uly, | |

DOYLE GARTMAN

Oil Operator
SUITE 312

C & K PETROLEUM BUILDING MIDLAND, TEXAS 79701

(915) 684-4011 — 684-7592

March 2, 1977

New Mexico Oil Conservation Commission P. O. Box 2088 Santa Fe, New Mexico

Attn: J.E. Kapteina

Re: Request for Non-Standard Location and Non-Standard

Proration Unit

Langlie-Jal Federal No. 1

NE/4 NE/4 Section 8 T-25-S, R-37-E

Lea County, New Mexico

Gentlemen:

On December 14, 1976, I was granted a farmout by El Paso Natural Gas Company covering the Jalmat Gas rights in the NE/4 Section 8, T-25-S, R-37-E, Lea County, New Mexico and I propose to drill a 3300-feet Seven Rivers test in the NE/4 NE/4 Section 8.

Since Union Texas Petroleum's Langlie Jal Unit No. 74 is located 660' FNL and 660' FEL Section 8, it will be impossible to locate a new in the center of Unit-A of Section 8. In addition, UIP has existing water injection lines and production gathering lines located both south and west of their LJU No. 74. Therefore, in order to avoid the existing surface obstructions and to minimize any possible subsurface contamination, I am requesting that the NMOCC approve a non-standard Jalmat Gas location for my Langlie-Jal Federal No. 1. I propose to locate the subject well 330' FNL and 330' FEL of Section 8.

Furthermore, I am also requesting approval from the NMOCC at this time for a 160-acre non-standard gas spacing unit for my Langlie Jal Federal No. 1 consisting of the NE/4 Section 8, T-25-S, R-37-E.

Three copies of a plat showing the location of the proposed well and gas spacing unit are enclosed.

Copies of this application and plat have also been sent to all offsetting operators. A list of these operators is as follows:

Union Texas Petroleum 1500 Wilco Building Midland, Texas 79701 Attn: Mr. Don Dow El Paso Natural Gas Company 1800 Wilco Building Midland, Texas 79701 Attn: Mr. Charles Corbett Texas Pacific Oil Company P. O. Box 4067 Midland, Texas 79701 Attn: Mr. Julian Stroud

Atlantic Richfield Company P. O. Box 1610 Midland, Texas 79701 Attn: Mr. William L. Coleman Anoco Production Company P. O. Box 3092 Houston, Texas 77001 Attn: Mr. A. R. Reed

Reserve Oil and Gas Company 312 HBF Building Midland, Texas 79701 Attn: Mr. E. M. Johnson

Sincerely yours,

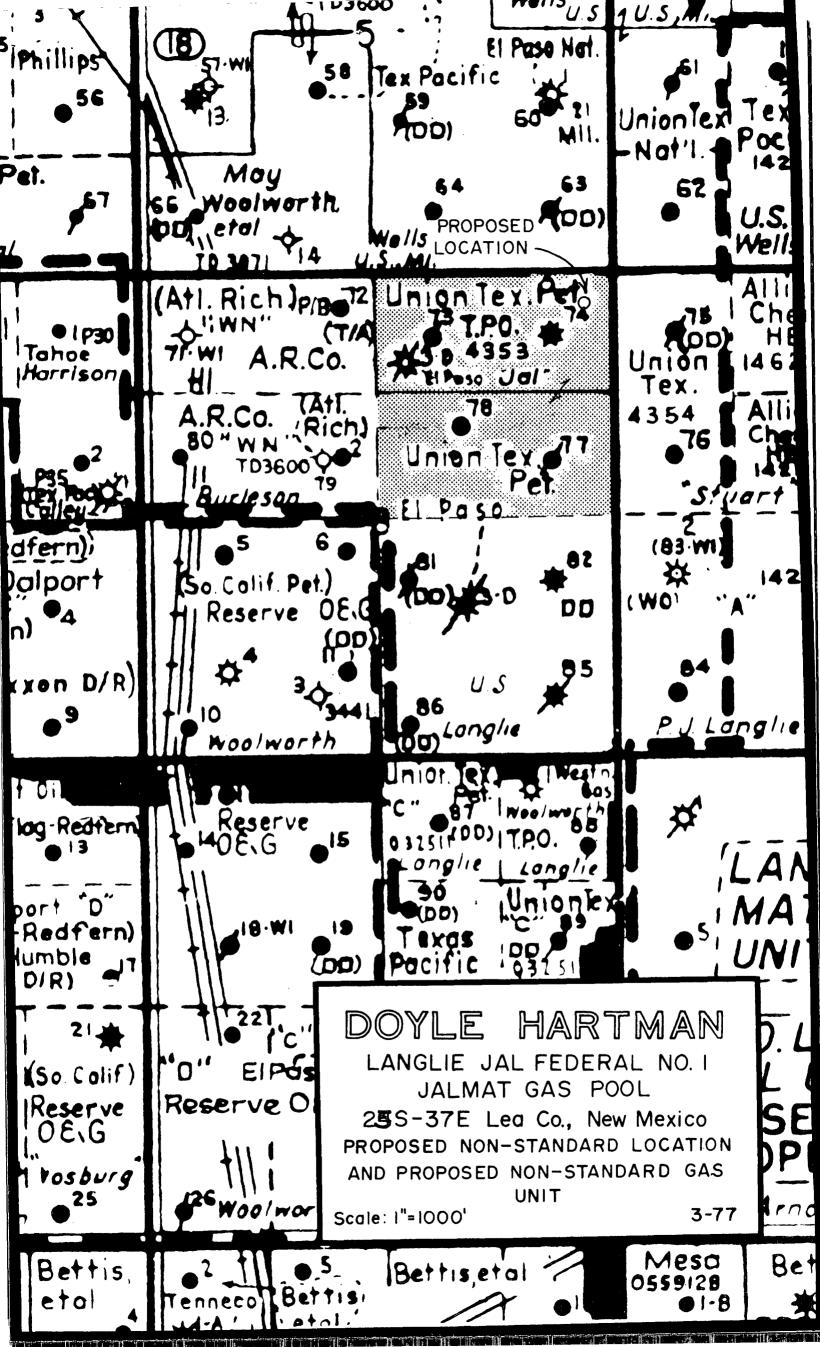
Doyle Hartman

DH/wgw

MEXICO OIL CONSERVATION COMMITTEN WELL LOCATION AND ACETAL DIDITATION PLAT

Form C-41, Superconder (C.)

es must be from the outer to DOYLE HARTMAN Langlie-Jal-Federal Ta ~7.51.17 37 East LGo 25 South 330 north feet from the Producing Formation Pool 3199.2 Yates-Seven Rivers Jalmat Gas Pool 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks in the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the owners of the order as to we interest and royalty) 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been a dated by communitization, unitization, force-pooling, etc? If answer is "yes," type of consolidation _ If answer is "no," list the owners and tract descriptions which have actually been consthis form if necessary.). No allowable will be assigned to the well until all interests have been consolidated the consolidated the consolidated the forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has to an arproved by the sion. Doyle Hartman Operator Individual 3 - 2 - 77I here! , cold, that the well I comen Late Curveye: Jan. 20, 1977 Registered Frotesolon il Linginger 676



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

(See Reverse)

RECEIPT FOR GERTIFIED WAIL

NO INSURANCE CAVEHAGE MICVIDED— NOT FOR EXCERNATIONAL MAIL (See Reverse)

| | SET | אדָדוּ ג'ל | P | wollich wal | 1 /10 | | | |
|-------------------------|-----------------------------|-------------------|------------------------|---------------------------------------------------------------------------|-------|----------------------------------------------------------------|---|--|
| | STREET AND NO. | | | | | | | |
| | P.O. STATE AND ZIP CODE | | | | | | | |
| | PO | STAC | \$ | | | | | |
| | CONSULT POSTMASTER FOR FEES | CE | RTIF | ¢ | | | | |
| | | | SF | PECIAL DELIVERY | ¢ | | | |
| | | OPTIONAL SERVICES | _ | STRICTED DELIVERY | ¢ | | | |
| | | | RETURN RECEIPT SERVICE | SHOW TO WHOM AND DATE DELIVERED | ¢ | | | |
| | | | EIPTSE | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢ | | | |
| | | | OPTIO | 0PT10 | N REC | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | ¢ | |
| | | | RETUR | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ | | | |
| 9, | TO. | TAL | \$ | | | | | |
| PS Form 3800, Apr. 1976 | POSTMARK OR DATE | | | | | | | |
| | | ١. | | 1 | | | | |
| | | · | | | | | | |
| Д | | | | | | | | |

RECEIPT FOIL CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

| | | | | (See Reverse) | |
|-------------------------|-----------------------------|-------------------|-----------------------|---------------------------------------------------------------------------|--------|
| | | T TM | o L | ant & Mich | idd' |
| | ST) | REET | 1 | 1804 1610 | |
| | II |), S | TATE | AND AP CODE | 0 1920 |
| | РО | STA | GE | | \$ |
| | S | CE | RTIF | FIED FEE | ¢ |
| | E | | SF | PECIAL DELIVERY | ¢ |
| | ő | _ر ا | L | ESTRICTED DELIVERY | ¢ |
| | CONSULT POSTMASTER FOR FEES | OPTIONAL SERVICES | ETURN RECEIPT SERVICE | SHOW TO WHOM AND DATE DELIVERED | ¢ |
| | OSTM/ | NAL SE | EIPTS | SHOW TO WHOM, DATE. AND ADDRESS OF DELIVERY | ¢ |
| | SULTP | OPTIO | N REC | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | ¢ |
| | CON | | RETUR | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ |
| 9/ | | | TAGE AND FEES | \$ | |
| PS Form 3800, Apr. 1976 | POS | STM | ARK | OR DATE | |
| Apr | ĺ | | , | | |
| 8 | | | ` . | | |
| 38 | 1 | | | | |
| orı | 1 | | | | |
| ·S. | | | | | |
| <u>ب</u> ا | | | _ | | |

P.O. STATE AND ZIP CODE

THE POSTAGE

SPECIAL DELIVERY

RESTRICTED DELIVERY

RESTRICTED DELIVERY

CODUCTOR

SHOW TO WHOM AND DATE
AND ADDRESS OF
DELIVERY

SHOW TO WHOM AND DATE
AND ADDRESS OF DELIVERY

TOTAL POSTAGE AND FEES

POSTMARK OR DATE

\$ CERTIFIED FEE

C BY

SPECIAL DELIVERY

C BY

SHOW TO WHOM AND DATE
ADDRESS OF DELIVERY

TOTAL POSTAGE AND FEES

\$ POSTMARK OR DATE

No.

252913

RECEIPT FOR CERTIFIED MAIL

HO INSURANCE COVERAGE PROVIDED— KOT FOR INTERNATIONAL MAIL (See Reverse)

| Γ | SEN | TIC | ? | 21 | / | | | |
|-------------------------|-----------------------------|-------------------|-------------|---------------------------------------------------------------------------|----------------------------------------------------------------|---|--|--|
| - | 620 | STREET AND NO. | | | | | | |
| | ан 7.5 | ا شاسا د در آ | | | | | | |
| t | P.0 | , ST | 10:100 | | | | | |
| | <u> </u> | 24 | 17/1/10 | | | | | |
| · L | POS | STAC | \$ | | | | | |
| ſ | S | CE | RTIF | ¢ | | | | |
| | H | | SF | ECIAL DELIVERY | ¢ | | | |
| | OR | " | RE | STRICTED DELIVERY | ¢ | | | |
| | CONSULT POSTMASTER FOR FEES | OPTIONAL SERVICES | RVICE | SHOW TO WHOM AND DATE DELIVERED | ¢ | | | |
| | | | OPTIONAL SE | RETURN RECEIPT SERVICE | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢ | | |
| | SULTP | | | IN REC | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | ¢ | | |
| | CON | | RETUR | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ | | | |
| 9 | то | TAL | \$ | | | | | |
| 197 | POSTMARK OR DATE | | | | | | | |
| PS Form 3800, Apr. 1976 | | | | | | | | |
| PS 3 | } | | | 1 | | | | |

No.

252912

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL

| (See Reverse) | | | | | | | |
|------------------|--------------------|-------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|---|--|
| SE | RENTTO NO PASSICIO | | | | | | |
| STI | REE! | ding | | | | | |
| P.C |) , Si | ATE | and zip code | 1990i | | | |
| PO | STA | 3E | | \$ | | | |
| ES | CE | RTIF | TED FEE | ¢ | | | |
| FE | | SF | PECIAL DELIVERY | ¢ | | | |
| OR | OPTIONAL SERVICES | RE | STRICTED DELIVERY | ¢ | | | |
| STER | | OPTIONAL SERVICES | OPTIONAL SERVICES | TURN RECEIPT SERVICE | SHOW TO WHOM AND DATE DELIVERED | ¢ | |
| OSTMA | | | | EIPTSE | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢ | |
| SULTP | | | IN REC | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY | ¢ | | |
| CON | | RETUR | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ | | | |
| TOT | TAL I | POST | \$ | | | | |
| POSTMARK OR DATE | | | | | | | |
| POSTMARK OR DATE | | | | | | | |

No. 253767

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See Reverse)

| , | SENT TO SKYCOPER SIZE OIL CO. STREET AND NO. P. D. BOY 4067 | | | | | | | | | | | | | | |
|------------------------|----------------------------------------------------------------------|-------------------------|---------------------|---------------------------------------------------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------------------------------------------------|
| | | | | | | | | | | | | | | | |
| | Р.О /) | P.O. STATE AND ZIP CODE | | | | | | | | | | | | | |
| | POS | STAC | \$ | | | | | | | | | | | | |
| | S | CE | RTIF | ¢ | | | | | | | | | | | |
| | FEE | | SF | ECIAL DELIVERY | ¢ | | | | | | | | | | |
| | OR | ,A | RE | STRICTED DELIVERY | ¢ | | | | | | | | | | |
| | CONSULT POSTMASTER FOR FEES | OPTIONAL SERVICES | RVICE | SHOW TO WHOM AND DATE DELIVERED | ¢ | | | | | | | | | | |
| | | | URN RECEIPT SERVICE | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢ | | | | | | | | | | |
| | | | OPTIO | OPTIO | OPTIO | OPTIO | OPTIO | OPTIO | OPTIO | OPTIO | OPTIO | OPTIO | OPTIO | N REC | SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY |
| | | | RETUF | SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY | ¢ | | | | | | | | | | |
| و | тот | TAL I | \$ | | | | | | | | | | | | |
| . 19 | POSTMARK OR DATE | | | | | | | | | | | | | | |
| S Form 3800, Apr. 1976 | | | | | | | | | | | | | | | |

orm 3800, Apr. 197