

LARGE FORMAT
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AND IS LOCATED
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SHIPP 20-1
Drainage Area Calculations

First 30 day production = 2,593 Bbls
 Estimated decline rate = 30% exponential
 Economic limit (final rate) = 180 Bbls per month

Estimated Ultimate Recovery (EUR) = $\frac{2,593 \text{ Bbls} - 180 \text{ Bbls}}{0.0293}$

EUR = 82,355 Bbls

Strawn Sand Reservoir Parameters:

Porosity (ϕ) = 5.8% (Log Analysis)
 Water Saturation (S_w) = 9.0% (Log Analysis)
 Formation Volume Factor (B_{oi}) = 2.3 (Analogy to West Lovington)
 Average Net Pay Thickness (H) = 24 ft. (Log Analysis - 4% ϕ Cutoff)
 Recovery of Original Stock Tank Oil-In-Place (RF) = 20% (Analogy)

Original Stock Tank Oil-In-Place (OSTOIP) = $\frac{7,758 (\phi)(1-S_w)}{B_{oi}}$

OSTOIP = $\frac{7,758 (0.058)(1-0.09)}{2.3}$

OSTOIP = 178.0 STB/Acre-Ft.

OSTOIP for 24 ft Average H = 178.0 STB/Acre-Ft. (24 ft.)

= 4,272 STB/Acre

EUR for 20% recovery = 854.4 STB/Acre

Drainage Area = $\frac{\text{EUR in STBs}}{\text{EUR in STBs/Acre}}$

Drainage Area = $\frac{82,355 \text{ STB's}}{854.4 \text{ STB/Acre}}$

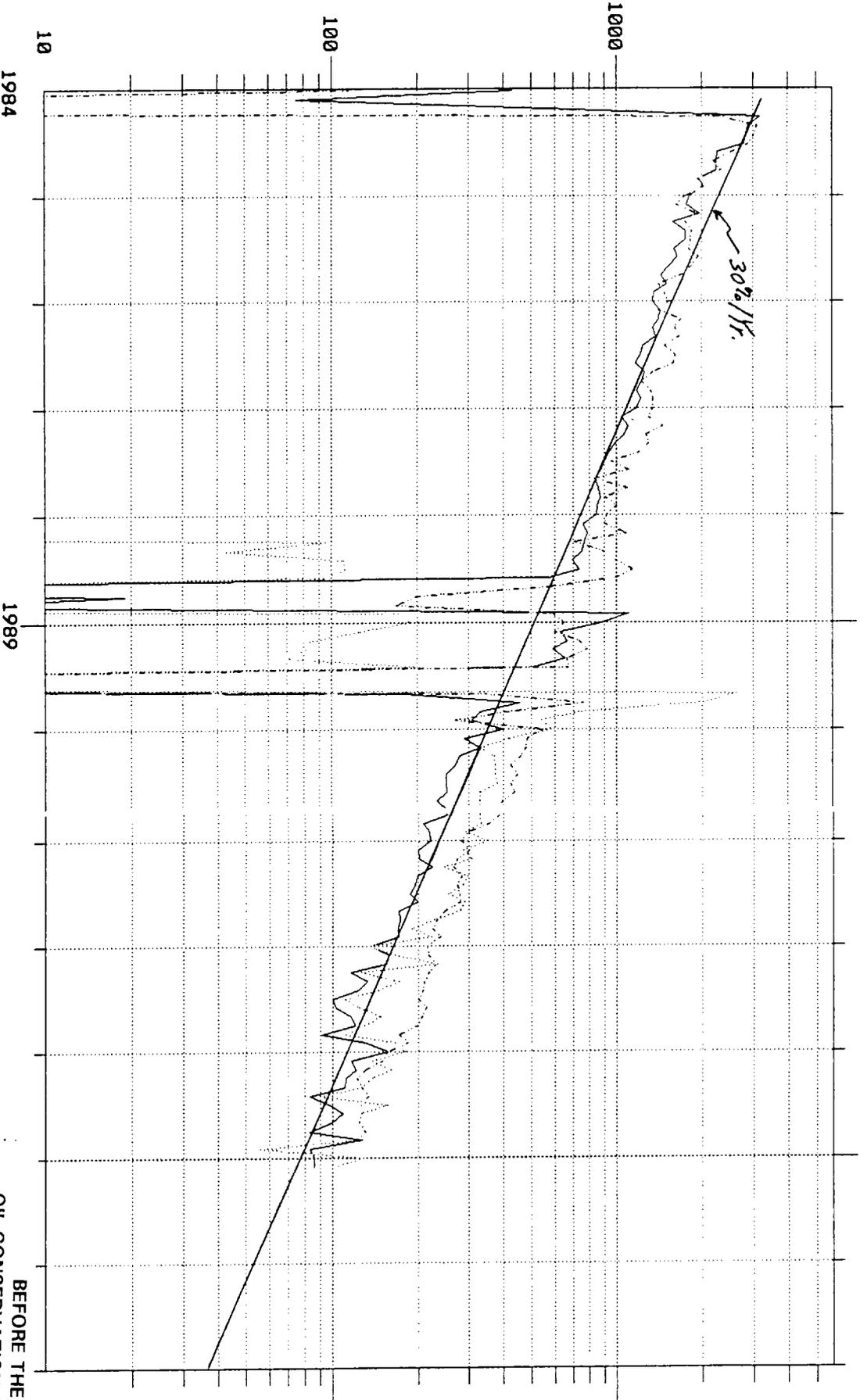
Drainage Area = 96.4 Acres

Calculated
 Oil
 Gas
 Water

TEMP
 Production Rate vs Time
 Bbl/Mo or Mcf/Mo vs Months
 STATE 21:21AMERIND OIL COMPANY L P
 For the Period 01/1984 to 02/1994

Production
 Oil
 Gas
 Water

21 - 16S- 37E has had leakage from well



Reported Oil Production = 906833 Bbls
 Reported Gas Production = 1015337 Mcf
 Reported Water Production = 184510 Bbls

BEFORE THE
 OIL CONSERVATION DIVISION
 Case No. 11201 Exhibit No. 5
 Submitted By:
 Dalen Resources Oil & Gas Company
 Hearing Date: February 2, 1995

**STATE OF NEW MEXICO
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT
OIL CONSERVATION DIVISION**

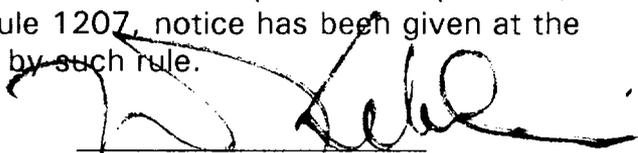
IN THE MATTER OF THE HEARING CALLED
BY THE OIL CONSERVATION DIVISION
FOR THE PURPOSE OF CONSIDERING:

CASE NO. 11201

Application of DALEN Resources
Oil and Gas Company
for Pool Creation and Special
Pool Rules, Lea County, New Mexico.

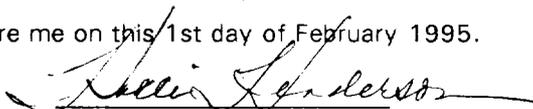
**CERTIFICATE OF MAILING
AND
COMPLIANCE WITH ORDER R-8054**

W. THOMAS KELLAHIN, attorney in fact and authorized representative of DALEN Resources Oil and Gas Company states that the notice provisions of Division Rule 1207 (Order R-8054) have been complied with, that Applicant has caused to be conducted a good faith diligent effort to find the correct addresses of all interested parties entitled to receive notice, that on the 10th day of January, 1995 I caused to be sent, by certified mail return receipt requested, notice of this hearing and a copy of the application for the referenced case along with the cover letter, at least twenty days prior to the hearing set for February 2, 1995, to the parties shown in the application as evidenced by the attached copies of receipt cards, and that pursuant to Division Rule 1207, notice has been given at the correct addresses provided by such rule.



W. Thomas Kellahin

SUBSCRIBED AND SWORN to before me on this 1st day of February 1995.



Notary Public

My Commission Expires: June 15th, 1998

**BEFORE THE
OIL CONSERVATION DIVISION**
Case No. 11201 Exhibit No. 6
Submitted By:
Dalen Resources Oil & Gas Company
Hearing Date: February 2, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse side.
- Attach this receipt to the reverse side of the mailpiece.
- Write the 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.

DALEN/Strawn 02/02
January 10, 1995

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
POB 3092
Houston, TX 77253
Attn: Andy Gallo, Esq.

4a. Article Number
321 036 707

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JAN 13 1995

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 708



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Amoco Production
POB 3092
Houston, TX 77253
Attn: Andy Gallo, Esq.

Postage and Fees	
Restricted Delivery Fee	
Return Receipt Fee	
Insurance (if requested)	
Other (if requested)	
Total	\$

00, June 1991

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse side of this form so that we can return it to you if space permits.
- 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.

DALEN/Strawn 02/02
January 10, 1995

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:

Devon Energy Corp.
20 North Broadway
Ste. 1500
Oklahoma City, OK 73102

4a. Article Number
321 036 705

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
1/13/95

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 705



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Devon Energy Corp.
20 North Broadway
Ste. 1500
Oklahoma City, OK 73102

00, June 1991

P 321 036 704



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

BTA
104 S. Pecos
Midland, Texas 79701

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- Complete items 3, and 4a & b.
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DALEN/Strawn 02/02
January 10, 1995

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:

BTA
104 S. Pecos
Midland, Texas 79701

4a. Article Number
321 036 704

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JAN 14 1995

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

00, June 1991

DALEN/Strawn 02/02
January 10, 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

DALEN/Strawn 02/02
January 10, 1995

- 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Pennzoil
POB 2967
Houston, TX 77252-2967

4a. Article Number
321 036 706

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JAN 12 1995

5. Signature (Addressee)

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 706



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Pennzoil
POB 2967
Houston, TX 77252-2967

2, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Delivered	
Return Receipt Showing to Whom Delivered and Addressee's Address	
POSTAGE	\$

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.

DALEN/Strawn 02/02
January 10, 1995

- 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Maralo, Inc.
POB 832
Midland, TX 79702-0832
Attn: John Thoma

4a. Article Number
321 036 707

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
JAN 13 1994

5. Signature (Addressee)
D. Guzman

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

6. Signature (Agent)

PS Form 3811, December 1991 ☆U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 321 036 707



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Maralo, Inc.
POB 832
Midland, TX 79702-0832
Attn: John Thoma

3800, June 1991

Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom Delivered	
Return Receipt Showing to Whom Delivered and Addressee's Address	
POSTAGE	\$

DALEN/Strawn 02/02
January 10, 1995