

THE APPLICATION OF W. B. HAMILTON ESTATE  
FOR A DUAL COMPLETION.

ORDER NO. MC-2981

ADMINISTRATIVE ORDER  
OF THE OIL CONSERVATION DIVISION

Under the provisions of Rule 112-A W. B. Hamilton Estate made application to the New Mexico Oil Conservation Division on January 5, 1982, for permission to dually complete its State Well No. 1 located in Unit B of Section 16, Township 26 North, Range 7 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to permit production of gas from the Chacra Formation and the Basin-Dakota Gas Pool.

Now, on this 28th day of January, 1982, the Division Director finds:

- (1) That application has been filed under the provisions of Rule 112-A of the Division's Rules and Regulations;
- (2) That satisfactory information has been provided that all operators of offset acreage have been duly notified;
- (3) That no objections have been received within the waiting period as prescribed by said rule;
- (4) That the proposed dual completion will not cause waste nor impair correlative rights; and
- (5) That the mechanics of the proposed dual completion are feasible and consonant with good conservation practices.

IT IS THEREFORE ORDERED:

That the applicant herein, W. B. Hamilton Estate, be and the same is hereby authorized to dually complete its State Well No. 1 located in Unit B of Section 16, Township 26 North, Range 7 West, NMPM, Rio Arriba County, New Mexico, in such a manner as to permit production of gas from the Chacra Formation and the Basin-Dakota Pool through parallel strings of tubing.

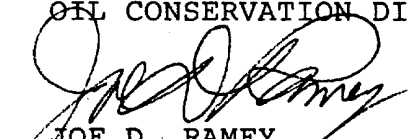
PROVIDED HOWEVER, that applicant shall complete, operate, and produce said well in accordance with the provisions of Rule 112-A.

PROVIDED FURTHER, that applicant shall take packer-leakage tests upon completion and annually thereafter.

IT IS FURTHER ORDERED: That jurisdiction of this cause is hereby retained for the entry of such further orders as the Division may deem necessary.

DONE at Santa Fe, New Mexico, on the day and year hereinabove designated.

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION

  
JOE D. RAMEY,  
Director



STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE

1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6178

OIL CONSERVATION DIVISION  
BOX 2088  
SANTA FE, NEW MEXICO 87501

DATE 1-11-82

RE: Proposed MC X  
Proposed DHC \_\_\_\_\_  
Proposed NSL \_\_\_\_\_  
Proposed SWD \_\_\_\_\_  
Proposed WFX \_\_\_\_\_  
Proposed PMX \_\_\_\_\_

Gentlemen:

I have examined the application dated 1-4-82  
for the 20 B S. Hamilton & Co. Ltd. Site #1 13-16-26N-7W  
Operator Lease and Well No. Unit, S-T-R

and my recommendations are as follows:

Approved  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yours truly,

Frank T. Chappell

2-UCD, SANTA FE, N.M.

2-UCD, AZTEC, N.M.

2-H

1-F

1-OFFSET OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
APPLICATION FOR MULTIPLE COMPLETION

Form C-107  
5-1-61

Operator <b>W. B. HAMILTON ESTATE</b>		County <b>RIO ARriba</b>		Date <b>12-31-81</b>
Address <b>P. O. BOX 400, AZTEC, N.M.</b>		Lease <b>STATE</b>		Well No. <b>1</b>
Location of Well <b>B</b>	Unit <b>16</b>	Section <b>26 N</b>	Range <b>7 W</b>	

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES \_\_\_\_\_ NO \_\_\_\_\_
2. If answer is yes, identify one such instance: Order No. \_\_\_\_\_; Operator Lease, and Well No.: \_\_\_\_\_

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	<b>OTERO CHACRA</b>		<b>BASIN DAKOTA</b>
b. Top and Bottom of Pay Section (Perforations)	<b>3582' - 3682'</b>		<b>7106' - 7252'</b>
c. Type of production (Oil or Gas)	<b>GAS</b>		<b>GAS</b>
d. Method of Production (Flowing or Artificial Lift)	<b>FLOW</b>		<b>FLOW</b>

4. The following are attached. (Please check YES or NO)

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Diagrammatic Sketch of the Multiple Completion, showing all casing strings, including diameters and setting depths, centralizers and/or turbolizers and location thereof, quantities used and top of cement, perforated intervals, tubing strings, including diameters and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Plat showing the location of all wells on applicant's lease, all offset wells on offset leases, and the names and addresses of operators of all leases offsetting applicant's lease.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.*
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones and intervals of perforation indicated thereon. (If such log is not available at the time application is filed it shall be submitted as provided by Rule 112-A.)

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

McConnell Estate, 1224 Laguna Cove, Farmington, New Mexico 87401

Bolin Oil Company, 1120 Oil and Gas Building, Wichita Falls, Texas 76301

Ladd Petroleum Corporation, 830 Denver Club Building, Denver, Colorado 80202

Consolidated Oil and Gas, Suite 1300-Lincoln Tower Bldg., 1860 Lincoln St., Denver, Colo. 80203

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES ☒ NO \_\_\_\_\_. If answer is yes, give date of such notification Jan. 4, 1982.

CERTIFICATE: I, the undersigned, state that I am the agent of W. B. HAMILTON ESTATE (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

*Dr. P. Crum Jr.*  
Signature

\*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard perforation unit in one or more of

2-OCC, SANTA FE, N.M.

2-OCC, AZTEC, N.M.

2-H

1-F

STATE #1

EXHIBIT 4. a

W. B. HAMILTON ESTATE

CHACRA/DAKOTA DUAL

UNIT B SEC. 16 T26N R7W

RIO ARriba COUNTY, N.M.

5 1/2" 15.50# CASING SET

@ 7316' KB w/1275' sxs.

3 STAGE JOB: PETAL BASKET

6 CENTRALIZERS UTILIZED.

PERFS:

3582' - 3682'

7106' - 7252'

1 1/2" DAKOTA TUBING SET

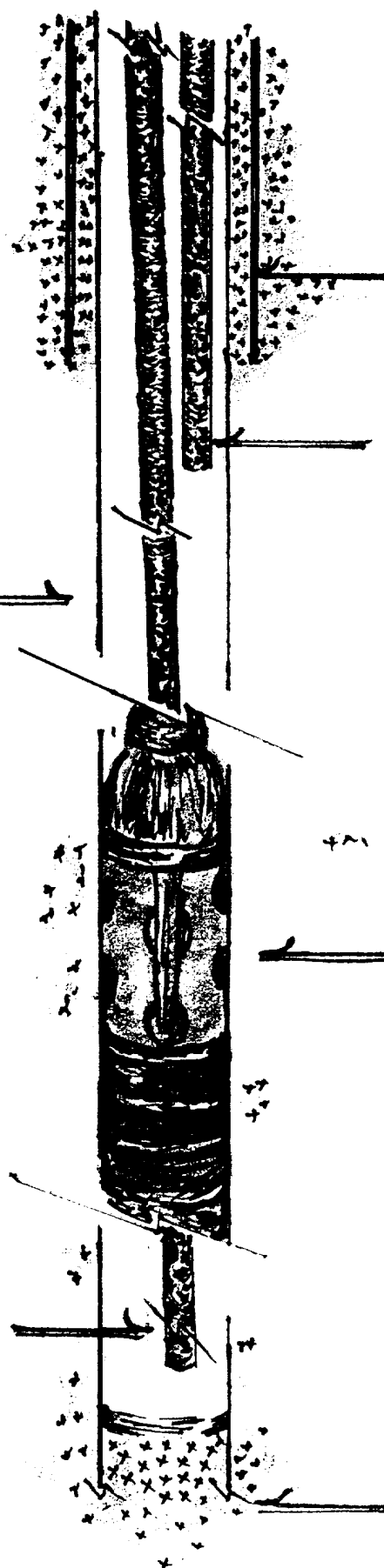
@ 7175' KB.

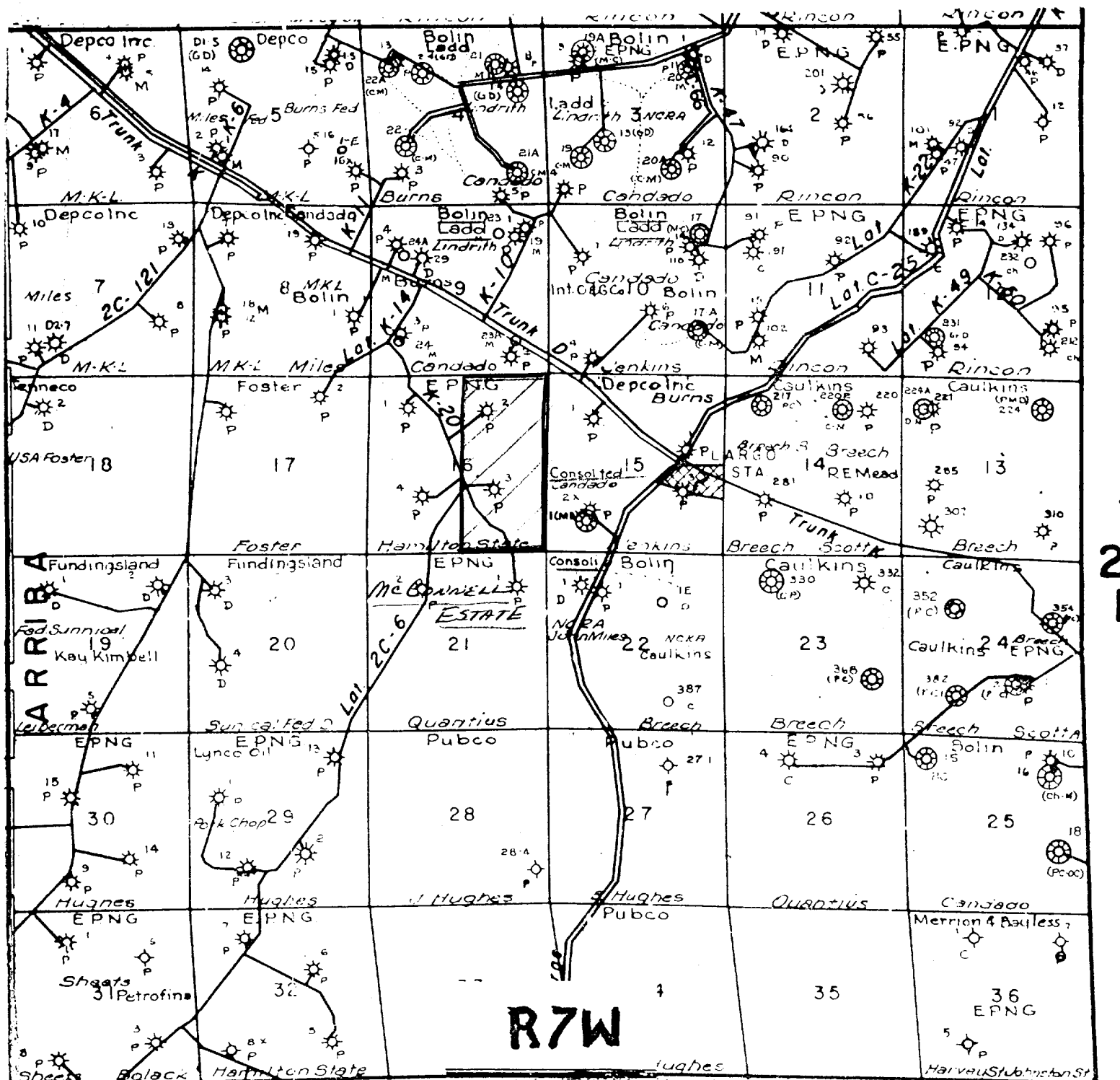
8 5/8" SURFACE CASING SET  
@ 323' KB w/ 235' sxs. CIRC-  
ULATED TO SURFACE.

1 1/4" CHACRA TUBING SET  
@ 3627' KB.

BAKER PACKER SET @ 5245' KB.

TD @ 7325' KB.





THE PURPOSE OF THIS PLAT IS SOLELY TO IDENTIFY OFF-SET OPERATORS OF DAKOTA AND CHACRA PRODUCTION TO THE BEST OF OUR KNOWLEDGE, AS PER NM C-107 AND IN NO WAY IMPLIES NOR REPRESENTS TOTAL ACRES, INTERESTS/RIGHTS THAT MAY BE HELD BY SAID OPERATORS.

W. B. HAMILTON STATE #1 PROPOSAL

2-DCC, SANTA FE, N.M.  
2-DCC, AZTEC, N.M.  
2-H  
1-F

STATE #1

EXHIBIT 4. c NM C-107  
W. B. HAMILTON ESTATE  
CHACRA/DAKOTA DUAL  
UNIT B SEC. 16 T26N R7W  
RIO ARriba COUNTY, N.M.

EVIDENCE OF NOTIFICATION TO OFFSET OPERATORS

**P 324 526 907**

**RECEIPT FOR CERTIFIED MAIL**

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

SENT TO		Ladd Petroleum	
STREET AND NO.		830 Deer Club Blvd	
P.O. STATE AND ZIP CODE		Deer 80202	
POSTAGE		\$20	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	75
		SPECIAL DELIVERY	
		RESTRICTED DELIVERY	
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	60
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	
TOTAL POSTAGE AND FEES		\$155	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

**P 324 526 906**

**RECEIPT FOR CERTIFIED MAIL**

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

SENT TO		Consolidated Oil	
STREET AND NO.		1300-18600 Lincoln	
P.O. STATE AND ZIP CODE		Deer 80203	
POSTAGE		\$20	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	75
		SPECIAL DELIVERY	
		RESTRICTED DELIVERY	
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	60
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	
TOTAL POSTAGE AND FEES		\$155	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

**P 324 526 765**

**RECEIPT FOR CERTIFIED MAIL**

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

SENT TO		McConnell Estate	
STREET AND NO.		1234 Laguna Ave	
P.O. STATE AND ZIP CODE		Tucson 85740	
POSTAGE		\$20	
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	75
		SPECIAL DELIVERY	
		RESTRICTED DELIVERY	
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	60
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	
TOTAL POSTAGE AND FEES		\$155	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

PS Form 3800, Apr. 1976

CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	75
		SPECIAL DELIVERY	
		RESTRICTED DELIVERY	
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	60
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	
TOTAL POSTAGE AND FEES		\$155	
POSTMARK OR DATE			

(See Reverse)

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

**RECEIPT FOR CERTIFIED MAIL**

**P 324 526 764**

OIL CONSERVATION DIVISION

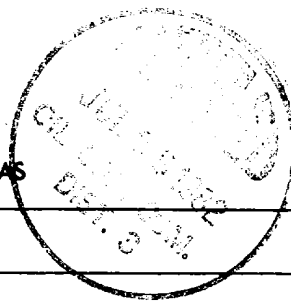
P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



I. Operator W. B. Hamilton Estate

Address 1220 Hamilton Building, Wichita Falls, Texas 76301

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain) Change of name from "State #1" to "State COM #1".

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State COM</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>E-4425/ and B-11183</u>
Location Unit Letter <u>B</u> ; <u>1150</u> Feet From The <u>North</u> Line and <u>2170</u> Feet From The <u>East</u> Line of Section <u>16</u> Township <u>26-North</u> Range <u>7-West</u> , NMPM, <u>Rio Arriba</u> County _____				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas 77001</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas 79978</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>B</u>	Sec. <u>16</u>	Twp. <u>26N</u>	Rge. <u>7W</u>	Is gas actually connected? <u>No</u>	When <u>As soon as line laid.</u>

If this production is commingled with that from any other lease or pool, give commingling order number: Not commingled

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded <u>10/25/81</u>	Date Compl. Ready to Prod. <u>12/28/81</u>		Total Depth <u>7325' KB</u>		P.B.T.D. <u>7270' KB</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6618' GL</u>	Name of Producing Formation <u>Dakota</u>		Top Oil/Gas Pay <u>7106'</u>		Tubing Depth <u>7175' KB</u>			
Perforations <u>7106' - 7252'</u>					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12-1/4"</u>	<u>8-5/8" Casing</u>	<u>323' KB</u>	<u>235 sx.circulated to surface</u>
<u>7-7/8"</u>	<u>5-1/2" Casing</u>	<u>7316' KB</u>	<u>1275 sx.3-stage job</u>
	<u>1-1/2" Tubing</u>	<u>7175' KB</u>	<u>Packer set 5245' RF</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1,720 AOF</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>2312 #</u>	Casing Pressure (Shut-in) <u>-</u>	Choke Size <u>3/4"</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

John B. Hamilton  
(Signature)  
Co-Owner

July 23, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 28 1982, 19\_\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

PHONE 324-6191  
P. O. BOX "B"

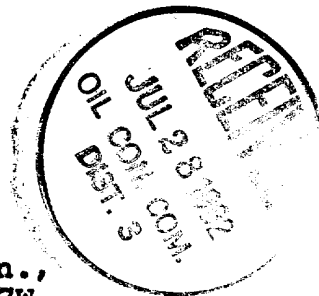


JERRY WAYNE SANDEL  
PRESIDENT

AZTEC, NEW MEXICO 87401

### HOLE DEVIATION AFFIDAVIT

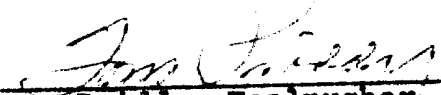
OPERATOR: W.B. Hamilton Estate  
WELL NAME: State, Well No. 1  
DESCRIPTION OF LEASE: 1150' Fr N In and 2170' Fr E In.,  
Section 16-Township 26N-Range 7W  
Rio Arriba County, New Mexico



FROM	TO	DEVIATION
0'	330'	1 •
330'	830'	1 •
830'	1330'	1 •
1330'	1830'	3/4 •
1830'	2318'	3 1/4 •
2318'	2813'	2 3/4 •
2813'	3321'	2 1/4 •
3321'	3832'	2 •
3832'	4512'	2 •
4512'	5173'	3/4 •
5173'	5612'	3/4 •
5612'	6255'	3/4 •
6255'	6755'	3/4 •
6755'	7120'	1 •
7120'	7325'	1 •

I hereby swear or (affirm) that the statements made or a full and correct report.

AZTEC WELL SERVICING CO.

  
Tom Priddy, Toolpusher

SWORN TO AND SUBSCRIBED BEFORE ME by Tom Priddy, Toolpusher for  
AZTEC WELL SERVICING CO., this 12th day of November, 1981. To certify  
which witness my hand and seal of office.

  
Notary Public in and for  
San Juan County  
State of New Mexico

My commission expires January 3, 1983.