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		ADMINISTRAT	IVE APPLIC	CATION C	OVERSHEET	•
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[1]	TYPE OF A [A]	PPLICATION - Chec Location - Spacing U NSL NSP	Init - Directional			1 V E 7 1997
	Check [B]	One Only for [B] or [ Commingling - Stora DHC CTB	age - Measureme	ent PC 0	LS DOLM	
	[C]	Injection - Disposal		use - Enhanced IPI IE	-	
[2]	NOTIFICAT [A]	TION REQUIRED TO			-	t Apply
	[B]	Diffset Operators,	Leaseholders or	Surface Own	er	
	[C]	Application is On	e Which Require	es Published I	Legal Notice	
	[D]	U.S. Bureau of Land	Dr Concurrent Aj Manayement - Commissi	pproval by BL ioner of Public Lands	M or SLO , State Land Office	
	[E]	For all of the above	ve, Proof of Not	ification or Pu	blication is Attac	hed, and/or,
	[F]	U Waivers are Attac				

# [3] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I further verify that all applicable API Numbers are included. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

Britton MiQuien Print or Type Name

Button The Jun

Engineer

2/24/97



Texaco E & P

205 E. Bender Blvd. Hobbs NM 88240 505 393 7191

February 24, 1997

NMOCD 2040 South Pacheco Santa Fe, New Mexico 87505

Attn: Mr. Ben Stone

## Subject: DHC C. H. Weir "A" #18 in the Monument Tubb (47090) and Skaggs Drinkard (57000) Pools.

Dear Mr. Stone:

Texaco Exploration and Production, Inc. respectfully requests administrative approval to downhole commingle the C. H. Weir "A" #18 in the Monument Tubb and Skaggs Drinkard Pools. Notification of this application has been sent to the offset operators and a statement of notification is included in this package. Currently, the Tubb is being rod-pumped and the Drinkard is plugged back.

In order to DHC, the plug above the Drinkard formation will be drilled out and both formations will be rod-pumped simultaneously. This will provide the most economical means of producing both zones.

This well meets all of the requirements set forth by Rule 303(C). The allocation factors were calculated in the following manner:

%TUBB = <u>TUBB STABILIZED PRODUCTION</u> DRINKARD + TUBB STABILIZED PRODUCTION

%DRINKARD = 100% - %TUBB.

The allocation factors were determined using the Drinkard test from March 1995. Although there are more recent tests, this test appears to represent the true potential of the reservoir better than any other (please see attached Drinkard decline curve). The test from March 1995 was 22 BOPD, 119 MCFPD, and 7 BWPD.

If you have any questions, please contact Britton M. McQuien @ (505) 397-0427.

-19<u>-</u>



Texaco E & P

205 E. Bender Blvd. Hobbs NM 88240 505 393 7191

Sincerely,

and the second

Button Madium

Britton M. McQuien Production Engineer Texaco E&P, Inc.

cc: Mr. J. T. Sexton

### EXHIBIT "B" - CASE NO. 11353, ORDER NO. R-10470-A

DISTRICT I

P.O. Box 1980, Hobbs, MM. 88240 DISTRICT II 811 South First'SL, Artabia, NM. 88210 DISTRICT III 1000 Nia Brazos Rd, Aztec, NM. 87410

#### State of New Mexico Energy, Minerals and Natural-Resources Department OIL CONSERVATION DIVISION 2040 S. Pacheco Santa Fe, New Mexico 87505-8429

APPROVAL PROCESS: APPROVAL PROCESS: Administrative \_\_\_\_Hearing EXISTING WELLBORE

# APPLICATION FOR DOWNHOLE COMMINGLING

ISTING WELLBORE

Texaco Exploration & Producing In	nç	205 East Bender	Hobbs, New Mexico 88240	_
Operator		Address		
C. H. Weir "A"	.18	I-12-20S-37E	Lea	_
Lease	Well No.	Unit Ltr Sec - Tws - Rge	County	
			Spacing Unit Lease Types: ( check 1 or more)	
OGRID NO. 022351 Property Code	011130 API NO.	30-025-29646 Federal	, State <u>X</u> , (and/or) Fee	_

The following facts are submitted in	Lower	Intermediate	Upper
support of downhole commingling:	Zone	Zone	Zone
1. Pool Name and	Skaggs Drinkard		Monument Tubb
Pool Code	57000		47090
2. Top And Bottom of	663-6978	۶.	6333-6521
Pay Section (Perforations)	L		
3. Type of production	oi	4	oil
(Oil or Gas)			aumaina
4. Method of Production	pumping	4	pumping
(Flowing or Artificial Lift)	(Current)		·
	, ,		1005
5. Bottomhole Pressure	a.700 psi	a.	a.1025 psi
Oil Zones - Artificial Lift:	1		1
Estimated Current	(Original)		
d I			l
Gas & Oil - Flowing:	b.	b.	b.
Measured Current	1		1
All Gas Zones:	1		
Estimated Or Measured	1		
Original 6. Oil Gravity (* API) or	38	<u></u>	35
Gas BTU Content	30	2	
7. Producing or Shut-In?	shut-in		Producing
Production Marginal? (yes or no)	Ves		Yes
Production marginals (just of its)	, <u>, , , , , , , , , , , , , , , , , , </u>	<u></u>	······································
* If Shut-In, give date and oil/gas/	Date: 9/1/95		
water rates of last production	Rates: 1/19/3		1
Note: For new zones with no production	Rales. Intero		1
history, applicant shall be required to attach	1		
production estimates and supporting data			
* If Producing, give date and oil/gas/			2/18/97
water rates of recent test	Rates:		14/159/1
(within 60 days)	L		
8. Fixed Percentage Allocation	Oil: Gas:	Oil: Gas:	Oil: Gas:
Formula -% for each zone	61% 43%	% %	39% 57%
4	1		

9. If allocation Formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.

 10. Are all working, overriding, and royalty interests identical in all commingled zones?
 \_\_\_\_\_X Yes \_\_\_\_ No

 If not, have all working, overriding, and royalty interests been notified by certified mail?
 \_\_\_\_\_Yes \_\_\_\_ No

 Have all offset operators been given written notice of the proposed downhole commingling?
 \_\_\_\_\_Yes \_\_\_\_ No

Will cross-flow occur? \_\_\_\_ Yes \_X\_ No If yes, are fluids compatible, will the Formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. \_\_\_ Yes \_\_\_ No (If No, attach explanation)

12. Are all produced fluids from all commingled zones compatible with other? <u>X</u> Yes No

13. Will the value of production be decreased by commingling? \_\_\_\_Yes \_X\_No (If Yes, attach explanation)

14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Land or the United States Bureau of Land Management has been notified in writing of this application. <u>X</u> Yes <u>No</u>

15. NMOCD Reference Cases for Rule 303(C) Exceptions: ORDER NO(S).

16. ATTACHMENTS:

\* C-102 for each zone to be commingled showing its spacing unit and acreage deication.

\* Production curve for each zone for at lease one year. (If not available, attach explanation.)

\* For zones with no production history, estimated production rates and supporting data.

\* Notification list of all offset operators.

\* Notification list of working, overriding, and royalty interests for uncommon interest cases.

\* Any additional statements, data or documents required to support commingling.

		2				
I hereby cortify	that the inform	ation above i	a truc and	annaniata ta th		y knowledge and belief
		allou aboye	is true and	complete to th	he dest of m	v knowledge and helief
		NIA - NA			10 0000 01 111	y knowledge and belief
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SIGNATIOE	I CALLAN		A	·····	<u> </u>	

SIGNATURE Briting M. My Singer	TITLEEngineer	DATE _2-24-97
TYPE OR PRINT NAMEBritton M, McQuien	TELEPHONE NO	0. ( <u>505</u> ) <u>397-0427</u>

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TEXACO	INC.		C.	H. Weir "	A''		Well No	. 18		
Unit Letter I	Section 12	Township 20-S	Hange	37-Е	County	Lea		ŝ		
Actual Footage Loca	tion of Well:	······································								
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	GRID Num 022351	ber			TEXAC		perator ATION	Name & PRODUCTION	INC.				evation 68' KB
						<sup>10</sup> Surfac	e Loc	ation				_	
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		•	1	<sup>1</sup> Bo	ttom Hole	e Location	If Dif	ferent From S	urfac	e	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
UI or lot no.	Section	Townsh	ip Rang	<u> </u>	Lot.ldn	Feet From		North/South Line		et From The	East	West Line	County
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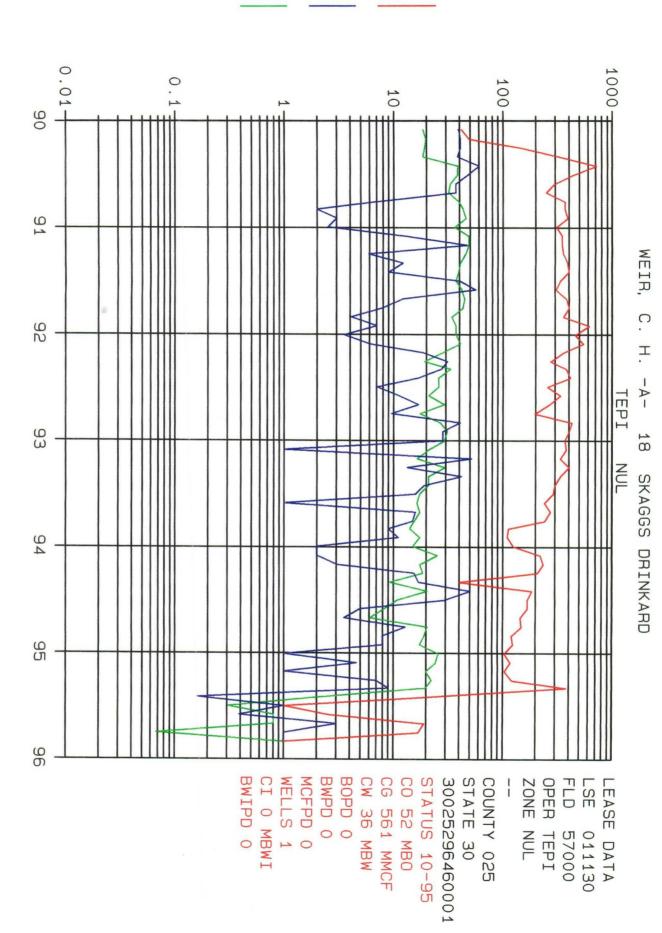
State of New Mexico

DISTRICT I

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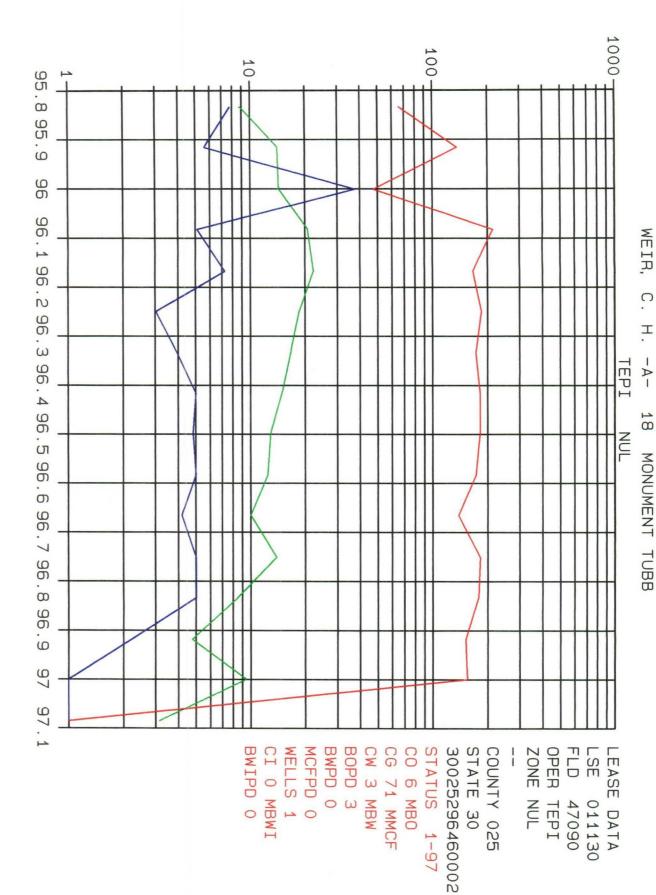


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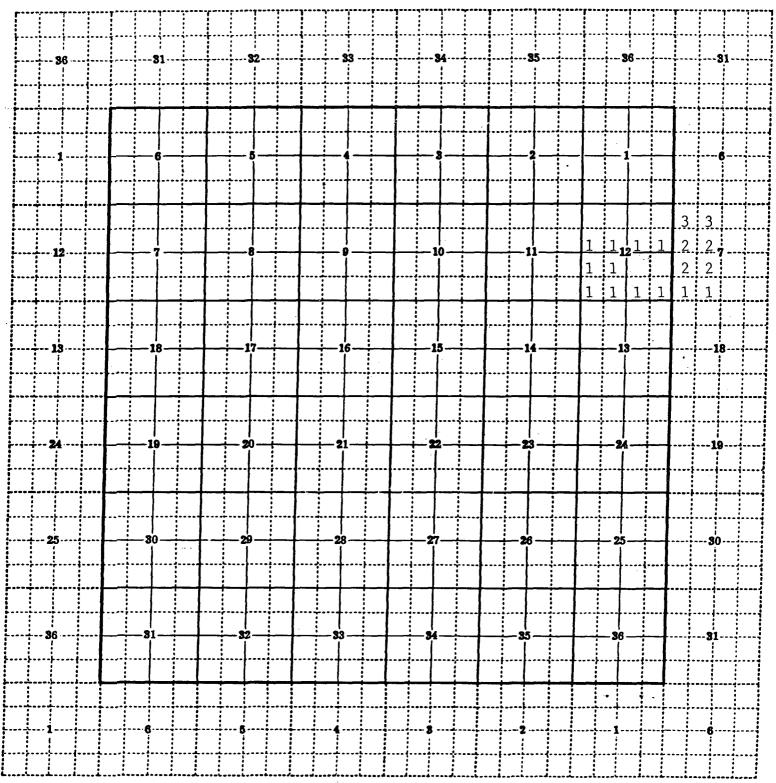
#### Offset Operators and all Lessees of Record C. H. Weir "A" No. 18 Well N/2 SE/4 of Section 12, T-20-S, R-37-E Monument Tubb/Skaggs Drinkard Formations Lea County, New Mexico February 13, 1997

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#### Offset Operators and all Lessees of Record C. H. Weir "A" No. 18 Well N/2 SE/4 of Section 12, T-20-S, R-37-E Monument Tubb/Skaggs Drinkard Formations Lea County, New Mexico February 13, 1997



FORM 202 Printed and for sale by Hall-Poorbaugh Press, Roswell, N. M.

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Offset Operators and all Lessees of Record C. H. Weir "A" No. 18 Well N/2 SE/4 of Section 12, T-20-S, R-37-E Monument Tubb/Skaggs Drinkard Formations Lea County, New Mexico February 13, 1997

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Number 1

Texaco Exploration and Production Inc. P. O. Box 3109 Midland, Texas 79702

Number 2\_

OXY USA Inc. P. O. Box 50250 Midland, Texas 79702

Number 3

Cross Timbers Operating Company 3000 N. Garfield, Suite 175 Midland, Texas 79705

the reverse slue	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this lorm to the front of the mailpiece, or on the back if space permit. Write 'Return Receipt Requested' on the mailpiece below the article The Return Receipt will show to whom the article was defivered and delivered.	1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.		
ADDRESS completed on	3. Article Addressed to: OXY USA Inc. P. O. Box 50250 Midland, Texas 79702	4b. Service Register Express	2 723 Type ed Mail cceipt for Merchar	Certified Building
your RETURN	<ul> <li>5. Received By: (Print Name)</li> <li>6. Signature: (Addressee or Agent)</li> <li>X</li> </ul>	8. Addressee's Address (Only if requested and fee is paid)		
ŝ	PS Form 3811, December 1994		Domestic	Return Receipt

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completed on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if space permit. Write " <i>Return Receipt Requested</i> " on the mailpiece below the article a The Return Receipt will show to whom the article was delivered and delivered.	e does not e number. d the date	I also wish to receive the following services (for an extra fee): 1.	Receipt Service.	
ADDRESS	3. Article Addressed to: Cross Timbers Operating Comp. 3000 N. Garfield, Suite 175 Midland, Texas 79705	4b. Service	L     7 L     7 20       Type     A     Certified       ad     A     Certified       Mail     Insured       ceipt for Merchandise     COD       elivery	Thank you for using Return Rec	
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