

Stogner, Michael, EMNRD

From: Stogner, Michael, EMNRD
To: Paula Hale
Cc: Bryan Surles
Subject: RE: Proposed Brunson Well No 8
Attachments:

Sent: Wed 8/30/2006 10:31 AM

There is nothing in your application or the subsequent e-mail about notice to affected offsetting interests in the NE/4 SE/4 (Unit I) of Sec. 4-T22S-R37E [see Division Rules 104.F (4) and 1210.A (2) below]. Please provide such notice as required or move this proposed well site to a standard location.

19.15.3.104 WELL SPACING AND LOCATION:**F. Unorthodox Locations:**

(3) Applications for administrative approval pursuant to Subsection F, Paragraph (2) above shall be submitted to the division's Santa Fe office accompanied by (a) a plat showing the spacing unit, the proposed unorthodox well location and the adjoining spacing units and wells; (b) a list of affected persons as defined in Rule 1207[now Rule 1210].A(2); and (c) information evidencing the need for the exception. Notice shall be given as required in Rule 1207[1210].A(2).

(4) The applicant shall submit a statement attesting that applicant, on or before the date that the application was submitted to the division, sent notification to the affected persons by submitting a copy of the application, including a copy of the plat described in Subsection F, Paragraph (3) above, by certified mail, return receipt requested, advising them that if they have an objection it must be filed in writing within 20 days from the date the division receives the application. The director may approve the unorthodox location upon receipt of waivers from all the affected persons or if no affected person has filed an objection within the 20-day period.

19.15.14.1210 NOTICE REQUIREMENTS FOR SPECIFIC ADJUDICATIONS:

A. Applicants for the following adjudicatory hearings before the division or commission shall give notice, in addition to that 19.15.14.1207 NMAC requires, as set forth below:

(2) Unorthodox well locations.

(a) "Affected persons" are the following persons owning interests in the adjoining spacing units:

- (i) the division-designated operator;
- (ii) in the absence of an operator, any lessee whose interest is evidenced by a written conveyance document either of record or known to the applicant as of the date he files the application; and
- (iii) in the absence of an operator or lessee, any mineral interest owner whose interest is evidenced by a written conveyance document either of record or known to the applicant as of the date he filed the application.

(b) In the event the proposed unorthodox well's operator is also the operator of an

existing, adjoining spacing unit, and ownership is not common between the adjoining spacing unit and the spacing unit containing the proposed unorthodox well, then "affected persons" include all working interest owners in that spacing unit.

(c) If the proposed location is unorthodox by being located closer to the spacing unit's outer boundary than 19.15.3.104 NMAC or applicable special pool rules permit, the applicant shall notify the affected persons in the adjoining spacing units towards which the unorthodox location encroaches.

(d) If the proposed location is unorthodox by being located in a different quarter-quarter section or quarter section than special pool orders provide, the applicant shall notify all affected persons.

From: Paula Hale [mailto:PHale@rangeresources.com]
Sent: Wed 8/30/2006 7:52 AM
To: Stogner, Michael, EMNRD
Subject: Proposed Brunson Well No 8

Dear Mr. Stogner:

I apologize. I thought we had attached the plat with the letter of application. I have attached the plat pkg to this e-mail. Please let me know if anything else is required.

Thank you,

Paula Hale

Range Operating New Mexico Inc.

227588

From: Stogner, Michael, EMNRD [mailto:michael.stogner@state.nm.us]
Sent: Tuesday, August 29, 2006 5:32 PM
To: Bryan Surles
Subject: RE: proposed Brunson Well No. 8

RE: pTDS0-623348486

The Division received your letter of application dated August 17, 2006 absent attachments. Please submit the referenced plats and any other information to support your application so that I might process your request in a timely fashion. Thank you.

Thank you.

Paula Hale

 Attachments can contain viruses that may harm your computer. Attachments may not display correctly.

Stogner, Michael, EMNRD

From: Paula Hale [PHale@rangeresources.com] **Sent:** Wed 8/30/2006 2:09 PM
To: Stogner, Michael, EMNRD
Cc:
Subject: RE: Proposed Brunson Well No 8
Attachments:  [Notification Stmt Notification List, Notification Ltrs, Certifications - Brunson 8.pdf\(414KB\)](#)  [Notification Stmt, Notification List, Notificatin Ltrs, - Brunson 8.tif\(5MB\)](#)

Please see attachments. I believe it should complete our application. Again, I apologize. I know the rules now,

Thank you.

Paula Hale

From: Stogner, Michael, EMNRD [mailto:michael.stogner@state.nm.us]
Sent: Wednesday, August 30, 2006 11:31 AM
To: Paula Hale
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Subject: RE: Proposed Brunson Well No 8

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Confidentiality Notice: This e-mail, including all attachments is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited unless specifically provided under the New Mexico Inspection of Public Records Act. If you are not the intended recipient, please contact the sender and destroy all copies of this message. -- This email has been scanned by the Sybari - Antigen Email System.



RANGE OPERATING NEW MEXICO, INC.

BRUNSON #8
UNORTHODOX LOCATION APPLICATION
STATEMENT OF NOTIFICATION TO OFFSETS

On August 30, 2006, Range Operating New Mexico, Inc. sent a copy of the Brunson #8 Unorthodox Location Application including a copy of the plat to the following persons:

Oxy USA WTP LP
P. O. Box 4294
Houston, TX 77210-4294

5 Greenway Plaza, Ste. C510
Houston, TX 77046

Chesapeake Operating, Inc.
P. O. Box 18496
OKC, OK 73154-0496

6100 N. Western Ave.
Oklahoma City, Oklahoma 73118

Paula Hale
Sr. Reg. Sp.
Range Operating New Mexico, Inc.

8-30-06
Date Signed

**BRUNSON #8
RANGE OPERATING NEW MEXICO, INC.
UNORTHODOX LOCATION APPPLICATION**

LIST OF AFFECTED PERSONS

Oxy USA WTP LP
P. O. Box 4294
Houston, TX 77210-4294

Chesapeake Operating, Inc.
P. O. Box 18496
OKC, OK 73154-0496



RANGE OPERATING NEW MEXICO, INC.

August 30, 2006

OXY USA WTP LP
5 Greenway Plaza, Ste. C510
Houston, Texas 77046

Re: Unorthodox Location Application
Brunson #8
Unit J, Sec. 4, T22S, R37E
Lea County, New Mexico

Gentlemen:

Enclosed is a copy of Range Operating New Mexico, Inc.'s application for an unorthodox location application to the OCD. Should you have an objection to this application you must file it with the OCD, in writing, within 20 days from the date the division received the application.

Sincerely,

Paula Hale
Sr. Reg. Sp.

phale@rangeresources.com

Enclosure(s)

7004 2530 0004 3633 9935

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD ALONG THIS LINE.

CERTIFIED MAIL

7004 2530 0004 3633 9935

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
OXY USA WTP LP
 Street, Apt. No.,
 or PO Box No. **5 greenway PLAZA Ste. C510**
 City, State, ZIP+4
HOUSTON TEXAS 77046

PS Form 3811, June 2002

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: OXY USA WTP LP 5 greenway PLAZA Ste C510 HOUSTON, TEXAS 77046		B. Received by (Printed Name) C. Date of Delivery	
2. Article Number <i>(Transfer from service label)</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



RANGE OPERATING NEW MEXICO, INC.

August 30, 2006

CHESAPEAKE OPERATING, INC.
6100 N. Western Ave.
Oklahoma City, Oklahoma 73118

Re: Unorthodox Location Application
Brunson #8
Unit J, Sec. 4, T22S, R37E
Lea County, New Mexico

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Sincerely,

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phale@rangeresources.com

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7004 2510 0004 3633 9959

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS OR AT DOTTED LINE

CERTIFIED MAIL

7004 2510 0004 3633 9959
7004 2510 0004 3633 9959

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Send To
Chesapeake Operating Inc.
 Street, Apt. No., or PO Box No. **6100 N. Western Ave.**
 City, State, ZIP+4 **Oklahoma City, OK 73118**

PS Form 3811, June 2002

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chesapeake Operating, Inc.
 6100 N. Western Ave.
 Oklahoma City, OK
 73118

2. Article Number
(Transfer from service label)

ADDRESSEE: COMPLETE THIS SECTION

- A. Signature Agent
 Addressed
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below. No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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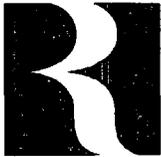
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