

Texaco Exploration and Production Inc Midland Producing Division OIL CONSERVATION DIVISION

500 N Loraine RECE VED P O Box 3109 Midland TX 79702

195 FEB 6 AM 8 52

February 2, 1995

GOV - STATE AND LOCAL GOVERNMENTS
Unorthodox Locations
Cooper Jal Unit Well No. 413
Jalmat and Langlie Mattix Fields
Lea County, New Mexico

State of New Mexico Energy and Minerals Department Oil Conservation Division 2040 South Pacheco Santa Fe, New Mexico 87505

Attention: Mr. Michael E. Stogner

Gentlemen:

An exception, by administrative approval, to Rule 104 F.I. is requested for the captioned well. This well is on Federal minerals.

This well must be drilled in this location to ensure proper development on 20-acre spacing to recover additional reserves in an established waterflood. These reserves could not be recovered with the current 80-acre, 5-spot pattern.

The "affected" offset operators to this well are Meridian Oil, Inc., Oxy USA Inc., and Conoco Inc. They have been notified of this request (see attached certified mail receipts).

Attached is Form C-102, showing the location for this well and a lease plat showing the existing wells.

Yours very truly,

Growald. W. 2

C. W. Howard
Engineer's Assistant

CWH:

CC: BLM, P. O. Box 1778, Carlsbad, NM 88220

DISTRICT 1
P. O. Box 1980, Hobbs, NM 88240

DISTRICT II

P. O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV P. O. Box 2088, Santa Fe, NM 87504-2088

API Number

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Form C-102 Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

³ Pool Name

State Lease-4 copies Fee Lease-3 copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

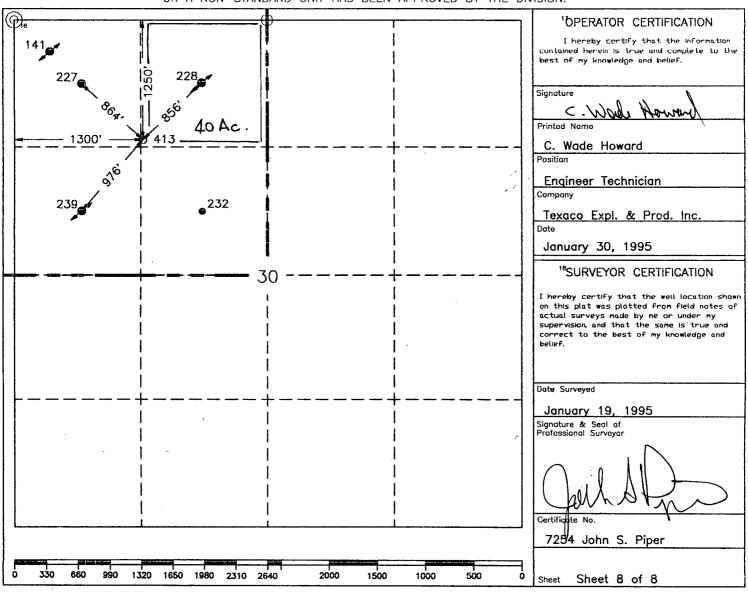
Jalmat; Langlie Mattix

²Pool Code

37240; 33820

Property Cod	de			J	⁵ Property N	ame			⁶ Well Number
10917		COOPER JAL UNIT						413	
OCRID No.		BOperator Name					9 Elevation		
3332	1			TEXACO	EXPLORATION	& PRODUCTION,	INC.	İ	3267
¹⁰ Surface Location									
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	7County
С	30	24-S	37-E		1250'	North	1300'	West	Lea
			'' В	ottom Hol	e Location If	Different From	Surface		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	⁷ County
12Dedicated Acres	13.00	pint or Infill	¹*Consolid	ation Code	¹⁵ Order No.		L		

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION.



O = Staked Location • = Producing Well • = Injection Well • = Water Supply Well • = Plugged & Abandon Well

 \bigcirc = Found Section Corner, 2 or 3" Iron Pipe & GLO B.C. \bigcirc = Found /4 Section Corner, 1" Iron Pipe & GLO B.C.

Texaco Exploration and Production Inc.

COOPER JAL UNIT
LEA COUNTY, NEW MEXICO
WELL LOCATIONS

1/44

LEGEND

O SINGLE OIL PRODUCER

DHC OIL PRODUCER

WATER INJECTOR

GAS PRODUCER

SI DHC PRODUCER

SI DHC PRODUCER

SI WATER INJECTOR

SI GAS PRODUCER

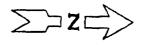
SI GAS PRODUCER

SI GAS PRODUCER

DIAL INJECTOR

DUAL INJECTOR

LOCATION





Rexade Exploration and Medical Inc. Medical Producting Director

500 (Loranic Relatant 7 1 7970)

in file. Nuolar

February 1, 1995

GOV - STATE AND LOCAL GOVERNMENTS
Unorthodox Locations
Copper Jal Unit
Well No. 413
Jalmat and Langlie Mattix Fields
Lea County, New Mexico

Conoco Inc. 10 Desta Dr. West Midland, Texas 79705

Gentlemen:

As an "affected offset operator" to the captioned well, you are being furnished with a copy of our Application for an Exception to Rule 104, F.I. If you have no objection, please sign the waiver at the bottom of this letter and return in the enclosed envelope.

Any questions concerning this request should be directed to me at (915) 688-4606.

Yours very truly,

Cover. W. >

C. W. Howard Engineer's Assistant

CWH: cwh

File

WAIVER APPROVED:		
COMPANY:	 	
BY:	 	
DATE:		



Texaco Exploration and Production incl Midland Production Civisian 500 N Loraine Midiand TM 79705

Fill Bol 310: Moinne TX TTCL

February 1, 1995

GOV - STATE AND LOCAL GOVERNMENTS
Unorthodox Locations
Copper Jal Unit
Well No. 413
Jalmat and Langlie Mattix Fields
Lea County, New Mexico

Meridian Oil, Inc. P. O. Box 51810 Midland, Texas 79710-1810

Gentlemen:

As an "affected offset operator" to the captioned well, you are being furnished with a copy of our Application for an Exception to Rule 104, F.I. If you have no objection, please sign the waiver at the bottom of this letter and return in the enclosed envelope.

Any questions concerning this request should be directed to me at (915) 688-4606.

Yours very truly,

C. W. Howard Engineer's Assistant

CWH: cwh

File

WAIVER APPROVED:			
COMPANY:			
BY:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
በልጣዊ •			



Texado Exploration and Production incliniosano Producing Division

500 N Loraine Milorand TN 79701 4 (Bolid 6 Midiano TX 7970)

February 1, 1995

GOV - STATE AND LOCAL GOVERNMENTS
Unorthodox Locations
Copper Jal Unit
Well No. 413
Jalmat and Langlie Mattix Fields
Lea County, New Mexico

Oxy USA, Inc. P. O. Box 50250 Midland, Texas 79710

Gentlemen:

As an "affected offset operator" to the captioned well, you are being furnished with a copy of our Application for an Exception to Rule 104, F.I. If you have no objection, please sign the waiver at the bottom of this letter and return in the enclosed envelope.

Any questions concerning this request should be directed to me at (915) 688-4606.

Yours very truly,

bround . W.)

C. W. Howard Engineer's Assistant

CWH: cwh

File

MAIVEK	APPROVED:		
COMPANY	:		 _
BY:			
DATE:			

Complete items 1 and/or 2 for additional services. Complete items 3 and 4e & b Print your name and address on the reverse of this form so the	following services (for twe can fee):	THE THE PARTY OF THE PARTY.
eturn this card to you. Attach this form to the front of the mailpiece, or on the back loes not permit.	& 5, 1 & 1 & 5 & 65 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 & 1 &	Address
 Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt will show to whom the article was delivered a lelivered. 		
3. Article Addressed to:	4a. Article Number	
Oxy USA, Inc.	P 337/053 90 4b. Service Type	<u>2</u>
50 3-1 50 7-50	☐ Registered ☐ Insured	
P.O. Box 50250	Certified COD	
MIDLAND, TX 79710	Merchan	leceipt for idise
	7. Date of Delivery	
5. Signature (Addressee)	Addressee's Address (Only and fee is paid)	if requeste
S. Signature (Agent)	· · ·	
PS Form 3811 , December 1991 *U.S. GPO: 1992-323	402 DOMESTIC RETURN	RECEIP
SENDER: • Complete items 1 and/or 2 for additional services.	I also wish to	
Complete items 3, and 4a & b.Print your name and address on the reverse of this form so	following services fee):	(for an ext
return this card to you. • Attach this form to the front of the mailpiece, or on the bac	100%	's Address
does not permit. • Write "Return Receipt Requested" on the mailpiece below the		Delivery
 The Return Receipt will show to whom the article was delivered delivered. 	Consult postmaster	
3. Article Addressed to:	4a. Article Number	901
T	P 337 053 4b. Service Type	101
Conoco Inc.	Registered Insure	d
10 DESTA DR. WEST	Contified COD	Receipt fo
Cowoco INC. COWOCO INC. 10 DESTA DR. WEST MIDLAND, TX 79705	Merch	andise
// · H_ //		95
Estiladessee) Hargania	8. Addressee's Address (On and fee is paid)	ly if reques
6. Signature (Agent)	-	
PS Form 3811 , December 1991	123-402 DOMESTIC RETUR	N RECE
	50,112770 112701	iii neoe
SENDER: • Complete items 1 and/or 2 for additional services.	I also wish to	receive th
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the second secon	following services (
return this card to you.	1661.	's Address
Attach this form to the front of the mailpiece, or on the back	if space 1. 🗀 Addressee	
 Attach this form to the front of the mailpiece, or on the bac does not permit. Write "Return Receipt Requested" on the mailpiece below the a 	rticle number. 2 Restricted	Dalivor
 Attach this form to the front of the mailpiece, or on the bac does not permit. 	rticle number. 2 Restricted	
 Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requested" on the mailpiece below the astrona The Return Receipt will show to whom the article was delivered. 	2. Restricted Consult postmaster 4a. Article Number	for fee.
Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requested" on the mailpiece below the attack the second secon	2. Restricted Consult postmaster 4a. Article Number 7 237 05 3	
Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requested" on the mailpiece below the attack the second seco	2. Restricted Consult postmaster 4a. Article Number	for fee.
Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requested" on the mailpiece below the atom the television of the mailpiece below the atom to the second secon	4a. Article Number P 237 053 4b. Service Type Registered Registered Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 4 Insured Consult postmaster 4 Consult postmaster	900
• Attach this form to the front of the mailpiece, or on the backdoes not permit. • Write "Return Receipt Requested" on the mailpiece below the atom the terricle was delivered delivered. 3. Article Addressed to: MERIDIAN OILTING. P.O. BOX 51810	4a. Article Number P 237 053 4b. Service Type Registered Registered Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 4 Insured Consult postmaster 4 Consult postmaster	900 Receipt for
Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requested" on the mailpiece below the attack the second seco	4a. Article Number P 237 053 4b. Service Type Registered Registered Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 4 Insured Consult postmaster 4 Consult postmaster	900 Receipt for
• Attach this form to the front of the mailpiece, or on the backdoes not permit. • Write "Return Receipt Requested" on the mailpiece below the atom the terricle was delivered delivered. 3. Article Addressed to: MERIDIAN OILTING. P.O. BOX 51810	4a. Article Number 4a. Article Number 4b. Service Type Registered Consult postmaster 4a. Article Number Consult postmaster 4a. Article Number Consult postmaster 4a. Article Number Consult postmaster 4b. Service Type Registered Insured Consult postmaster Ab. Service Type Registered Registered Consult postmaster Ab. Service Type Registered Registered Consult postmaster Ab. Service Type Registered Registered Consult postmaster	900 Receipt fo
Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requested" on the mailpiece below the attack the second seco	4a. Article Number P 237 053 4b. Service Type Registered Registered Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 1 Restricted Consult postmaster 2 Restricted Consult postmaster 4 Insured Consult postmaster 4 Consult postmaster	900 Receipt fo
Attach this form to the front of the mailpiece, or on the backdoes not permit. Write "Return Receipt Requested" on the mailpiece below the attack the second seco	4a. Article Number 4a. Article Number 4b. Service Type Registered Consult postmaster 4a. Article Number Consult postmaster 4a. Article Number Registered Registered Consult postmaster 4a. Article Number Registered Registered Consult postmaster Ab. Service Type Registered Registered Consult postmaster Insured Return Mercha 7. Date of Delivery 8. Addressee's Address (Onl	900 Receipt fo

ONGARD INQUIRE LAND BY SECTION

02/07/95 11:00:05 OGOMES -EME4

PAGE NO: 1

Sec : 30 Twp : 24S Rng : 37E Section Type : NORMAL

1 38.08	C 40.00	B 40.00	A 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A A	A	A	
2 38.08	F 40.00	G 40.00	H 40.00
Federal owned	Federal owned	 Federal owned	Federal owned
A	A		A
PF01 HELP PF02 PF07 BKWD PF08 FWI		F04 GoTo PF05 F10 SDIV PF11	PF06 PF12