



Hobbs Operating Unit

Texaco Exploration and Production Inc. PO Box 3109 Midland, TX 79702 915 688-4100 tel 915 688-4751 fax

August 8, 2001

State of New Mexico Energy and Minerals Department Oil Conservation Commission 1220 S. St. Francis Drive Santa Fe, NM 87504

RE: Application for Simultaneous Dedication of the C. H. Weir A #7 to the existing 160 Skaggs Abo proration unit that includes the C. H. Weir A #14 located in Section 12, T20S, I:37E.

Ms. Lori Wrotenbery:

Texaco Exploration and Production Inc. respectfully requests approval to Simultaneous Dedicate the C. H. Weir A #7 and the C. H. Weir A #14 to the existing 160 Skaggs Abo proration unit. The C. H. Weir A #7 will be drilled, after approval is granted, at 1985 FSL and 660 FWL of Section 12, T20S, R37E with a bottom hole location at 1650 FNL and 660 FWL of Section 12, T20S, R37E.

If you have any questions concerning this matter please contact Joe Villalobos at (915) 688-4876 or Denise Wann at (915) 688-2982. Thank you in advance for your attention to this matter.

Sincerely,

Denise Wann Senior Engineer

Hobbs Operating Unit

cc: NBMOCD (Hobbs), Offset Operators

File

Attachments

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980
DISTRICT II
P.O. Box Drawer DD, Artesia, NM 88211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT III

DISTRICT IV

State of New Mexico
Energy, Minerals and Natural Resources Department

### OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-102
Revised February 10,199
Instructions on back
Submit to Appropriate District Offic
State Lease - 4 Copie
Fee Lease - 3 Copie

AMENDED REPORT

# P.O. Box 2088, Santa Fe, NM 87504-2088 WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	Pool Code	<sup>3</sup> Pool Name
3002527829	85410	SKAGGS ABO (GAS)
Property Code	5 Property Name	<sup>6</sup> Well No.
<b>‡</b> 1130	WEIR, C. HA-	. 14
7 OGRID Number 022351	<sup>8</sup> Operator Name TEXACO EXPLORATION & PRODUCTION INC.	<sup>9</sup> Elevation 3575' KB

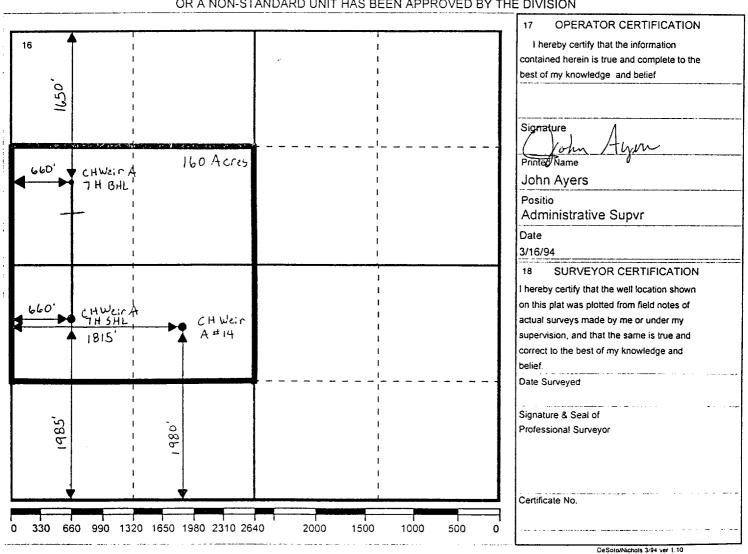
## <sup>10</sup> Surface Location

UI or lot no	Section	Township	Range	Lot.ldn	Feet From The	North/South Line	Feet From The	East/West Line	County
к	12	208	37E	1	1980	SOUTH	1815	WEST	LEA

#### Bottom Hole Location If Different From Surface

UI or lot no.	Section	Township	Range	- Lot.ldn	Feet From	The	North/South Line	Feet From The	East/West Line	County
				i						
12 Dedicated	Acre	13 Joint or Infill	14	Consolidatio	n Code	15 Ord	der No.			
160	:	No								

# 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



<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719 DISTRICT III

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

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

### OIL CONSERVATION DIVISION

State of New Mexico

Energy, Minerals and Natural Resources Department

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-102 Revised February 10,199 Instructions on back Submit to Appropriate District Offic State Lease - 4 Copie

Fee Lease - 3 Copie
AMENDED REPORT

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30 025 06073	<sup>2</sup> Pool Code 85410	3 Pool Nam SKaggs Abu Cl	=
Property Code	'	R, C. HA-	<sup>5</sup> Well No.
7 OGRID Number S Operator Nar 022351 TEXACO EXPLORATION & F			<sup>9</sup> Elevation 3578' DF

#### <sup>10</sup> Surface Location

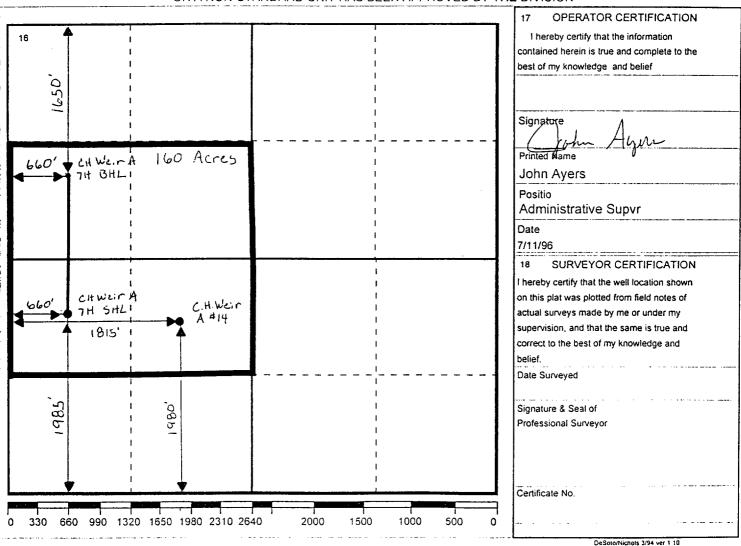
UI or lot no	Section	Township	Range	Lot.ldn	Feet From The	North/South Line	Feet From The	East/West Line	County
L	12	20S	37E		1985	SOUTH	660	WEST	LEA

#### Bottom Hole Location If Different From Surface

UI or lot no. Section E 12	Township 20S	Range 37E	Lot.ldn	Feet From 1650	The North/Sou NOR	Feet From The 660	East/West Line WEST	County LEA
Dedicated Acre	Joint or Infill	14	Consolidation	n Code	15 Order No.			

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





561 North Loraine Midland TX 79701 P O Box 3109 Midland TX 79702

*:* 

August 21, 2001

Rust Oil Corporation 6300 Ridglea Place, Suite 904 Fort Worth, TX 76116

RE:

Simultaneous Dedication Notification

Dear Sirs,

As an offset operator in the Abo Formation of the C.W. Weir A #7 and #14, you are hereby notified by the attached letter of Texaco's request for simultaneous dedication.

G. Denise Krake

J. Denise Leake Engineering Assistant

Hobbs Operating Unit



520 North Estaine Midland TX 79701

P O Box 3109 Midland TX 79702

August 21, 2001

Chevron USA Inc. P.O. Box 1150 Midland, TX 79702

RE:

Simultaneous Dedication Notification

Dear Sirs,

As an offset operator in the Abo Formation of the C.W. Weir A #7 and #14, you are hereby notified by the attached letter of Texaco's request for simultaneous dedication.

Sincerely,

J. Denise Leake Engineering Assistant Hobbs Operating Unit



500 North Lorning Midland TX 79701 P O Box 3109 Midfand TX 79702

August 21, 2001

Conoco Inc. 10 Desta Dr., Suite 100W Midland, TX 79705

RE:

Simultaneous Dedication Notification

Dear Sirs,

As an offset operator in the Abo Formation of the C.W. Weir A #7 and #14, you are hereby notified by the attached letter of Texaco's request for simultaneous dedication.

Sincerely,

J. Denise Leake Engineering Assistant

Hobbs Operating Unit



500 North Lorning Midland TX 73701 P O Box 3109 Midland TX 79702

August 21, 2001

OXY USA WTP LP P.O. Box 50250 Midland, TX 79710

RE:

Simultaneous Dedication Notification

Dear Sirs,

As an offset operator in the Abo Formation of the C.W. Weir A #7 and #14, you are hereby notified by the attached letter of Texaco's request for simultaneous dedication.

Sincerely,

J. Denise Leake Engineering Assistant

Hobbs Operating Unit



501 Morth Loraine Micland TX 79701 PIO Box 3109 Midland TX 79702

August 21, 2001

Atlantic Richfield Company % BP Amoco P.O. Box 4587 Houston, TX 77210-4587

RE: Simultaneous Dedication Notification

Dear Sirs.

As an offset operator in the Abo Formation of the C.W. Weir A #7 and #14, you are hereby notified by the attached letter of Texaco's request for simultaneous dedication.

Sincerely,

J. Denise Leake Engineering Assistant Hobbs Operating Unit



360 Morth Lor line Midland TX 79701 PIO Box 3109 Midland TX 79702

:

August 21, 2001

Sapient Energy Corp. 8801 S. Yale, Suite 150 Tulsa, OK 74137

RE: S

Simultaneous Dedication Notification

Vensi Peake

Dear Sirs,

As an offset operator in the Abo Formation of the C.W. Weir A #7 and #14, you are hereby notified by the attached letter of Texaco's request for simultaneous dedication.

Sincerely,

J. Denise Leake

Engineering Assistant

Hobbs Operating Unit

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 "Return Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered at delivered.	e does not de number.	I also wish to receive the following services (for an extra fee):  1.  Addressee's Address 2.  Restricted Delivery
RN ADDRESS completed	3. Article Addressed to: Ottlaptic Rich Gield P.O. Doy 4587 Mouston, 2X 77210-4587	4a. Article Nut  4b. Service Ty  Registered  Express M  Actum Rece  7. Date of Del	(a) 099 208 (ppe Exertified
Is your RETU	5. Received By: (Print Name)  6. Signature (Addressee by Agent)  PS Form 3811, December 1994	8. Addressee' fee is paid)	1

Ī

lde?	SENDER:	I also wish to receive the follow-
RESS completed on the reverse s	<ul> <li>□ Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> <li>□ Print your name and address on the reverse of this form so that we card to you.</li> <li>□ Attach this form to the front of the mailpiece, or on the back if spacemit.</li> <li>□ Write "Return Receipt Requested" on the mailpiece below the article.</li> <li>□ The Return Receipt will show to whom the article was delivered at delivered.</li> </ul>	1. Addressee's Address 2. Restricted Delivery
	3. Article Addressed to: Chewron USA Guc P. D. Boy 1150 Midland, 2x 79702	4a. Article Number  Z 260 099 202  4b. Service Type  Registered Express Mail Return Receipt for Merchandise
RN AD		7. Date of Delivery AUG 2 2 2001
RETUI	5. Received By: Print Name BC (/	8. Addressee's Address (Only if requested and fee is paid)
s your	6. Signature (Addressee or Agent)	
2	PS Form 3811, December 1994	1 102595-99-B-0223 Domestic Return Receipt

de?	SENDER:	الأخوصورون وو	also wish to r	eceive the follow-
8	☐ Complete items 1 and/or 2 for additional services.  — Complete items 3, 4a, and 4b.	ak i erikira yaitha	Ing services (fo	or an extra fee):
on the reverse	□ 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 it span permit. □ Write "Return Receipt Requested" on the mailpiece below the article was definered a delivered.	ce does not	1. ☐ Addresse 2. ☐ Restricte	
completed	3. Acticle Addressed to:	4a. Article Nu	mber 096	
. 6	Convo Inco.	130	0011	2/0
00	10 Westa Dr. Suite 1004	Registered	ype I	Certified
555		☐ Express M	lail	☐ Insured .
	Midland, 2X 79705.	Return Rece	eipt for Merchandise	COD
BN AD		7. Date of De	livery -22-0	
RETU	5. Received By: (Print Name)	8. Addressee fee is paid)	, ,	if requested and
s your	6. Signature (Addressee or Agent)			
	PS Form <b>3811</b> , December 1994	102595-99	-B-0223 Domes	tic Return Receipt

.

SENDER:	also wish to receive the follow-
Complete items 1 and/or 2 for additional services.	ing services (for an extra fee):
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 sparpermit.  Write *Return Receipt Requested* on the mailpiece below the article was delivered at the card of the receipt will show to whom the article was delivered at the card of the receipt will show to whom the article was delivered at the card of the receipt will show to whom the article was delivered at the card of the reverse of this form so that we card to you.	to a does not contact the first of the contact that the
, o delivered.	4a. Article Number
# OV. 1 115 A	7260 099 209
3. Article Addressed to:  OXY USA  P. D. DON 50250  Midland, 2X. 79710	4b. Service Type
of F.U. DOX	☐ Registered ☐ Certified
Midland St. 1911	☐ Express Mail ☐ Insured
ADOB	☐ Return Receipt for Merchandise ☐ COD
	7. Date of Delivery
Jan	8-23-01
5. Received By: (Print Name)	Addressee's Address (Only if requested and fee is paid)
# A ARVIR HERVERN	ree is paid/
6. Fignature (Addressee or Agent)	
PS Form <b>3811</b> , December 1994	102595-99-B-0223 Domestic Return Receipt

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 "Return Receipt Requested" on the mailpiece below the article of the Receipt will show to whom the article was delivered a delivered.	는 does not 가, de number.	ing service  1. □ Add	th to receive the follow- ces (for an extra fee): dressee's Address stricted Delivery	celpt Service.
IN ADDRESS completed	3. Article Addressed to:  Lust Oil Corresponding St. 194  John Worth, JX. 76 6	4b. Service Ty ☐ Registered ☐ Express Ma	pe ail pt for Merc	5 5 4 7  Certified  Insured  handise COD	you for using Return Rec
; your RETUR	5. Received By: (Pent Name)  6. Signature (Addressee or Agent)	8. Addressee's fee is paid)	Address	(Only if requested and	Thank
<u></u>	PS Form <b>3811</b> , December 1994	102595-99-	B-0223	Domestic Return Receipt	•

	Service.
	Receipt
_	Return
	r using
	c you fo
-	Thank yo

Complete ite  Co	Cent energy	of this form so that we can or on the back if space dilipiece below the article ricide was delivered and to the company of the	Ing sometiment this loss not 2. Consumber.	o wish to receive the follow- services (for an extra fee):  Addressee's Address Restricted Delivery
SS 8 8 0 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OK. 7413  BY: (Print Name)  PETHMA	7 7.	Express Mail Return Receipt for Date of Delivery	☐ Insured  Merchandise ☐ COD     1 - 2 - 3 - 0     1 - 3 - 3 - 0
o	(Addressee or Agent)  11, December 1994		102595-99-B-0223	Domestic Return Receipt
or residences. Since you			1	

also wish to receive the following services (for an extra fee):		
The Certified Insured		Carriera
Certified  Insured  Tor Merchandise COD  Address (Only if requested and	(SPS) 23 20 (SPS)	Borotat
Insured  for Merchandise COD  Address (Only if requested and		20tiirn
Reddress (Only if requested and	☐ Insured	a rulan
Address (Only if requested and		von for
	Address (Only if requested and	Thank

 □ 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 can return this □ rim your hame and address on the reverse of this form to that we can return card to you.

□ Attach this form to the front of the mailpiece, or on the back if space does not permit.

□ 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. 4a. Article Numb 3. Article Addressed to: 4b. Service Type ☐ Registered Is your RETURN ADDRESS ☐ Express Mail Aetum Receipt 7. Date of Delive 8. Addressee's 5. Received By: (Print Name) fee is paid) Domestic Return Receipt PS Form 3811, December 1994 102595-99-B-0223

SENDER:

#### Z 260 099 202

# US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) S Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom, Date, & Addressee's Address PS Form **3800**, \$ TOTAL Postage & Fees Postmark or Date

### Z 260 099 208

	national Mail (See reverse)
Mantic	Kichfield
Street/& Number	1587 <sup>0</sup>
Post Office, State, & ZIF	P Code X 77210
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	•
Return Receipt Showing Whom & Date Delivered	
Return Receipt Showing Whom & Date Delivered Return Receipt Showing to V Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date	
TOTAL Postage & Fees	s <b>\$</b>
Postmark or Date	

P 442 355 547

**US Postal Service** 

**Receipt for Certified Mail** 

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) Postage **Certified Fee** Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address PS Form 3800, TOTAL Postage & Fees Postmark or Date

## Z 260 099 207

## US Postal Service Receipt for Certified Mail No Insurance Coverage Provided. Do not use for International Mail (See reverse) Sent to Postage Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom Date, & Addressee's Address TOTAL Postage & Fees Postmark or Date

Z 5PO 044 50P

**US Postal Service** 

**Receipt for Certified Mail** 

	Do not use for International Mail (See reverse)  Sent to Street & Number  17 20 S. 4. Francis & A.			
	Post Office, State, & ZIP Cod Santa FL,	rancia dr. rm 81504		
	Postage	\$		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
199	Return Receipt Showing to Whom & Date Delivered			
, Apri	Return Receipt Showing to Whom, Date, & Addressee's Address			
PS Form <b>3800</b> , April 1995	TOTAL Postage & Fees	\$		
E 3	Postmark or Date			
Ē		1		
2				

Z 260 099 209

us.	Postal	Sanrica		

**Receipt for Certified Mail** No Insurance Coverage Provided.

	Do not use for Internation	nal Mail <i>(See reverse)</i>			
	Sent to				
	Street & Rumber 50250				
	Post Office, State A-P Cod 2X 797/1				
	Postage	<b>\$</b>			
	Certified Fee				
	Special Delivery Fee				
PS Form <b>3800</b> , April 1995	Restricted Delivery Fee				
	Return Receipt Showing to Whom & Date Delivered				
	Return Receipt Showing to Whom, Date, & Addressee's Address				
800	TOTAL Postage & Fees	\$			
in 3	Postmark or Date				
S Fo					
ď,					

Z 260 099 210

**US Postal Service** 

**Receipt for Certified Mail** 

No Insurance Coverage Provided.

Do not use for International Mail (See reverse) Certified Fee Special Delivery Fee Restricted Delivery Fee Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whor Date, & Addressee's Address Form 3800 TOTAL Postage & Fees Postmark or Date