## OIL ONSERVATION DIVISION P. O. BOX 2083 SANTA FE, NEW MEXICO 37501

Form C-107 Revised 2-1-82

## APPLICATION FOR MULTIPLE COMPLETION

		Date			
Operator	County		0.5		
TEXACO Inc.	Lea	4-23-			
Address	Lease	Hell	No.		
P. O. Box 728, Hobbs, NM	88240 C.H.We				
Location Unit Second Vell	ction Iownsnip 2220	37			
All Applicants for multiple completion must complete Items 1 and 2 below.					
<ol> <li>The following facts are submitted:</li> </ol>	Upper Zone	Lower Zo	DHC ( nes <u>R-72</u> 9		
a. Name of Pool and Formation	Skaggs Glorieta	Weir Blinebry, E.;	Monument Tubb	; Skaggs Drink.	
b. Top and Bottom of					
Pay Section (Perforations)	5310'-5320'	5763'-5877'	6370'-6625'	6672'-6843	
c. Type of production (Oil or Gas)	Oil	Oil	Gas	Oil	
d. Method of Production		Artifical	Artifical	Artifical	
(Flowing or Artificial Lift)	Artifical Lift-Pump	Lift	Lift	Lift	
e. Daily Production	8 BOPD	4 BOPD	1 BOPD	6 BOPD	
Estimated	27 BWPD	31 BWPD	10 BWPD	47 BWPD	
Gas MCF Water Bbls.	Gas TSTM	73 MCFPD	382 MCFPD	107 MCFPD	

2. The following must be attached:

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.

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

c. Electrical log of the well or other acceptable log with tops and bottoms of producing zong 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.)

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I hereby certify that the information above is true and complete to	the best of my knowledge
and belief. Signed W.B. Cade Dist. Operations Manager Date Dist. Dist. Operations Manager Date Date Dist. Dist. Operations Manager Date Dist. Dist. Dist. Operations Manager Date Dist. D	April 23, 1985
(This space for State Use) Approved By	Date APR 2.6 1985

NOTE: If the proposed multiple completion will result in an unorthodox well location and/or a non-standard promation unit in one or more of the producing zones, then aspurate application for approval of the same should be filed simultaneously with this application.

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## OFFSET OPERATORS

TEXACO INC. C. H. WEIR "A" LEASE SECTION 12, T-20-S, R-37-E LEA COUNTY, NEW MEXICO

Conoco Inc. P. O. Box 460 Hobbs, New Mexico 88240

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Mr. M. R. Antweil P. O. box 2010 Hobbs, New Mexico 88240

