

NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON
Governor
Jennifer A. Salisbury
Cabinet Secretary

September 25, 2000

Lori Wrotenbery
Director
Oil Conservation Division

OXY USA Inc. ATT: David Stewart P. O. Box 50250

Midland, TX 79710-0250

RE: Gas Wells Shut-In Pressure Exemption

Gentlemen:

In accordance with your request to have the wells listed below be exempted from their annual Gas Well Shut-In Pressure Test

| | State P | 1-F | 32-22-38 | Tubb Oil & Gas (Pro Gas) |
|----|-----------|--------------|----------|---|
| | Brunson B | 2-K | 3-22-37 | Blinebry Oil & Gas (Pro Gas) |
| | Closson C | 1-A | 18-22-36 | Jalmat Tansill Yates Seven Rivers (Pro Gas) |
| | State N | 5-M | 2-22-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| 1- | Owen | 2 - O | 35-21-37 | Blinebry Oil & Gas (Pro Gas) |
| | State D | 6-F | 32-21-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | State D | 3-A | 32-21-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | State D | 1-B | 32-21-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | Felton A | 4-G | 28-21-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | Felton | 1-C | 28-21-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | State C | 5-M | 16-21-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | State C | 3-K | 16-21-36 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | State E | 5-N | 30-19-37 | Eumont Yates Seven Rivers Queen (Pro Gas) |
| | | | | |

The previous tests do not show sufficient reduction in production to be exempted from the annual required Gas Well Shut-In Pressure Test on each of the above wells. This notification for the request for exemption on these tests is denied.

Very truly yours,

OIL CONSERVATION DIVISION

Gary W. Wink

Field Representative II

GWW:nm

| Subreit 3 Copies To Appropriate District Office | State | of New N | Mexico | | Γ. | G |
|---|-------------------------------------|------------------|-----------------------|---------------------|------------------------|----------|
| District 1 1625 N. French Dr., Hobbs, NM 87240 | Energy, Miner | als and Na | itural Resources | | Revised Man | m C-103 |
| District II 811 South First, Artesia, NM 87210 | OIL CONGE | DIATE | | WELL API NO | | |
| District III | N DIVISION | 5. Indicate Type | 80-025-07C | <u> </u> | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | | South Pa | | STATE | _ | 73 |
| 2040 South Pacheco. Santa Fe. NM 87505 | Santa | Fe, NM | 8/303 | | Gas Lease No. | <u> </u> |
| SUNDRY NOT | ICES AND REPORTS | ON WELL | \$ | | | |
| DIFFERENT RESERVOIR LISE "APPLI | PAIC TO DOIL OR SO - | · | | /. Lease Name | or Unit Agreeme | nt Name: |
| PROPOSALS.) 1. Type of Well: | o.montoktekviii (r | ORM C-101) | FOR SUCH | Owen | | |
| Oil W-11 | Other | | | Juen | , | |
| 2. Name of Operator | | | | 9 37-1131 | | |
| 3. Address of Operator | SA Inc. | | 16696 | 8. Well No. | Z | |
| or operator | X 50250 MIDLAND |) TV 2021 | | 9. Pool name or | Wildcat | |
| 4. Well Location | X 50250 MIDLAND |), 1X /9/1 | 10-0250 | Blinebry C | Dil & Gas | |
| Unit Letter O | 11 ~ | | _ | | | |
| Unit Letter 6 | feet from the | ne Soul | L line and | <u>පට</u> feet fro | om the East | line |
| Section 35 | Township | 215 R | ange 37E | NMPM | | |
| | 10. Elevation (Show | v whether D | PR. RKB, RT, GR, etc. | / INIVIPIO | ea | County |
| 11. Check A | nnronriate Poy to I | - di | | | | |
| | ppropriate Box to I | | ature of Notice, R | Report or Other | Data | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDO | N [| REMEDIAL WORK | SEQUENT RE | PORT OF: | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRIL | | ALTERING CA | SING 🗀 |
| PULL OR ALTER CASING | MULTIPLE | | | _ | PLUG AND ABANDONMEN | NT 🗆 |
| | COMPLETION | | CASING TEST AND | | - TO OTTIVIE | *1 |
| OTHER: GAS WELL SHUT-IN F | RESSURE EXEMPTE | ראז ריי | OTUED | | | |
| 12. Describe proposed or complete | d operations (Classic | | OTHER: | | | |
| of starting any proposed work). or recompilation. | SEE RULE 1103. Fo | r Multiple C | Completions: Attach | we pertinent dates. | including estimat | ed date |
| or recompliation. | | | • | one one diagram | or brobosed comp | bletion |
| | | | | | | |
| OXY USA INC. RES ANNUAL SHUT-IN P | SPECTFULLY REOUE | STS AN F | FYFMDTTAN TA E | TT D 400 /= 1 | | |
| | | | FOR THIS EXCE | DLE 402(A) FO | R THE | |
| | | | | | | |
| TEST WOULD BE CO | HIS WELL BE SHUT ONDUCTED AT THE | | ANY REASON, A | SHUT-IN PRES | SURE | |
| TEST DATE 9/22/9 | . • | | | | | |
| | | 205 | | | | |
| CURRENT PRODUCTI | | | | | | |
| FTP 50 | GAS MCFD | OIL | BPD BPD | WATER O | BPD | |
| | | | | | | |
| I hereby certify that the information | | | | | | |
| I hereby certify that the information a | bove is true and compl | ete to the be | est of my knowledge | and belief. | | |
| SIGNATURE for Staff | <u>-</u> | TITLE | REGULATORY AN | IAIVCT | | , |
| Type or print name DAVI | D CTPUART | _ | -wood/Hok! Al | ALISI | DATE a(15 | 00 |
| (This space for State use) | D STEWART | | Te | elephone No. 915-6 | 585- <u>57</u> 17 | |
| | | | | | | |
| APPPROVED BY Conditions of approval, if any: | | TITLE | | | DATE | |
| approval, if any: | | | | | DATE. | |

| Office Office 10 Appropriate District | State | of New N | Mexico | | r | a |
|---|---|-------------------|---------------------------|---------------------|-------------------------|----------|
| District 1 | | | itural Resources | | Form (| |
| 1625 N. French Dr., Hobbs, NM 87240 District II | | | N DIVISION | WELL API NO. | Revised March 2 | 3. 1999 |
| 811 South First. Artesia, NM 87210 District III | 3 | 0-025-0702 | 3 | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | 5. Indicate Type | e of Lease | | | | |
| <u>District IV</u> 2040 South Pacheco, Santa Fe. NM 87505 | Sant | a Fe, NM | 87505 | STATE | FEE 🔀 | |
| | | | | 6. State Oil & | Gas Lease No. | |
| DIFFERENT RESERVOIR. USE "APPL PROPOSALS.) | TICES AND REPORTS OSALS TO DRILL OR TO ICATION FOR PERMIT" (| | | | or Unit Agreement N | Vame: |
| 1. Type of Well: Oil Well Gas Well | Other | | | Owen | / | |
| 2. Name of Operator | | | | 8. Well No. | | |
| 3. Address of Operator | SA Inc. | | 16696 | o. Well No. | Z | |
| or operator | OX 50250 MIDLANI | D 771/ 50- | | 9. Pool name or | Wildcat | |
| 4. Well Location | 7A 30230 MIDLANI | D, TX 797 | 10-0250 | Blinebry C | | |
| | | | | | | |
| Unit Letter O | 660 feet from t | the Soul | Land 19 | SO feet fro | om the East | |
| Section 35 | | _ | | ieet iro | m the Casi | _line |
| Section 35 | Township | 215 R | ange 37E | NMPM L | ea Coi | unty |
| | 10. Elevation (Sho | w whether [| PR. RKB. RT. GR. etc. | .) | | inty |
| 11. Check A | Appropriate Box to | Indicate N | ature of Motion I | | | |
| NO HOL OF IN | 1 1 1 - 101 1 10 101 1 1 1 1 1 1 1 1 1 1 1 1 1 | | LIDE | ceport or Other | Data | |
| PERFORM REMEDIAL WORK | PLUG AND ABAND | ON 🗀 | REMEDIAL WORK | SEQUENT RE | PORT OF: | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRIL | | ALTERING CASIN | IG 🔲 |
| PULL OR ALTER CASING | MULTIPLE | | | | PLUG AND ABANDONMENT | |
| | COMPLETION | | CASING TEST AN CEMENT JOB | | - WID ON WILLIAM | |
| OTHER GAS WELL SHITT IN | | | OCIVICIATION | | | |
| OTHER: GAS WELL SHUT-IN | PRESSURE EXEMPT | CON X | OTHER: | | | |
| 12. Describe proposed or complet of starting any proposed work) | ed operations. (Clearly | state all per | tinent details, and gi | ve pertinent dates. | including estimated | date |
| of starting any proposed work) or recompilation. | . SEE ROLE 1103. FO | or Multiple (| Completions: Attach | wellbore diagram (| of proposed complet | ion |
| | | | | | • | |
| A POSSIBLE LOST YEAR. SHOULD T | SPECTFULLY REQUIPRESSURE TEST. OF PRODUCTION. HIS WELL BE SHUTON AT THE | THIS WELL THIS WE | FOR THIS EXC | EPTION IS TO | AVOID | |
| TEST DATE 9/22 | 39 SIP | 205 | _ | | | |
| CURRENT PRODUCT | TON RATE. | | | | | |
| FTP 50 | GAS_3 MCFI |) (T) | BPD | | | |
| | | 011 | BFD | WATER_ O | BPD | |
| | | | | | | |
| I hereby certify that the information | above is an a | | | | | |
| | above is true and comp | olete to the b | est of my knowledge | and belief. | | |
| SIGNATURE Sur Sty | <u>-</u> | TITLE | REGULATORY AN | IAIVOT | 1 · / | |
| Type or print name | | | TEGELITORY A | MALISI . | DATE alisto | <u>ජ</u> |
| Type or print name DAV (This space for State use) | ID STEWART | | T: | elephone No. 915-6 | 585-5717 | |
| (This space for State use) | | | | | | |
| APPPROVED BY | | TITLE | | | | |
| Conditions of approval, if any: | | _TITLE | | | DATE | |