



**Amoco Production Company**

Post Office Box 68  
Hobbs, New Mexico 88240

S. J. Okerson  
District Superintendent

May 21, 1980

File: SJ0-986.51 x WF-651

Re: Application for Multiple Completion  
McQuatters Well No. 4  
Lea County, New Mexico

The State of New Mexico  
Energy and Minerals Department  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Gentlemen:

Amoco Production Company requests administrative approval for a dual completion of our McQuatters Well No. 4. The subject well is located 860' FNL and 810' FEL, Section 11, T-21-S R-36-E, Lea County, New Mexico. The dual completion will be made in the Hardy Blinebry (Upper Zone) as an oil well and in the Hardy Drinkard (Lower Zone) as an oil well. This will be an oil-oil dual completion and will be produced through parrallel strings of tubing. Logs of the subject well will be submitted pursuant to rule 112-A.

Our State C Tract 11 Well No. 11 was dual completed in the Hardy Blinebry and Hardy Drinkard pools, and was approved by Order No. R-6223 effective May 1, 1980.

We have notified the offset operators, by certified mail, requesting their consent for this multiple completion. Enclosed is a diagramatic sketch of the multiple completion, a plat, and certified mail receipts showing that the offset operators have been notified.

Yours very truly,

Original Signed by:  
S. J. OKERSON

Attachments

cc: NMOCD-H  
E. D. Newman



NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO  
APPLICATION FOR MULTIPLE COMPLETION

Form C-107  
5-1-61

Operator <b>Amoco Production Company</b>		County <b>Lea</b>		Date <b>5/21/80</b>
Address <b>P. O. Box 68, Hobbs, NM 88240</b>		Lease <b>McQuatters</b>		Well No. <b>4</b>
Location of Well	Unit	Section <b>11</b>	Township <b>21-S</b>	Range <b>36-E</b>

1. Has the New Mexico Oil Conservation Commission heretofore authorized the multiple completion of a well in these same pools or in the same zones within one mile of the subject well? YES ☒ NO ☐
2. If answer is yes, identify one such instance: Order No. **R-6223**; Operator Lease, and Well No.: \_\_\_\_\_

**Amoco Production Company State C Tract 11 #11**

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	<b>Hardy Blinebry</b>		<b>Hardy Drinkard</b>
b. Top and Bottom of Pay Section (Perforations)	<b>5706' - 6308'</b>		<b>6494' - 6716'</b>
c. Type of production (Oil or Gas)	<b>oil</b>		<b>oil</b>
d. Method of Production (Flowing or Artificial Lift)	<b>Flowing</b>		<b>Flowing</b>

4. The following are attached. (Please check YES or NO)

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Waivers consenting to such multiple completion from each offset operator, or in lieu thereof, evidence that said offset operators have been furnished copies of the application.*
<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Electrical log of the well or other acceptable log with tops and bottoms of producing zones 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.)

5. List all offset operators to the lease on which this well is located together with their correct mailing address.

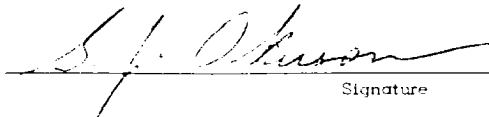
OFFSET OPERATOR

ADDRESSEE LIST ATTACHED

6. Were all operators listed in Item 5 above notified and furnished a copy of this application? YES ☒ NO ☐. If answer is yes, give date of such notification **5/21/80**.

CERTIFICATE: I, the undersigned, state that I am the **District Superintendent** of the **Amoco Production** (company), and that I am authorized by said company to make this report; and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct and complete to the best of my knowledge.

S. J. OKERSON

  
Signature

\*Should waivers from all offset operators not accompany an application for administrative approval, the New Mexico Oil Conservation Commission will hold the application for a period of twenty (20) days from date of receipt by the Commission's Santa Fe office. If, after said twenty-day period, no protest nor request for hearing is received by the Santa Fe office, the application will then be processed.

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