

NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

5-1-61

APPLICATION FOR MULTIPLE COMPLETION

Operator Conoco Inc.			County Lea	Date March 25, 1981
Address P.O. Box 460, Hobbs, NM 88240			Lease State F-1	Well No. 10
Location or Well	Unit V	Section 1	Township 21-S	Range 36-E

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 ☐ Conoco Inc.
2. If answer is yes, identify one such instance: Order No. MC-2678 ; Operator, Lease, and Well No.: State F-1 No. 9

3. The following facts are submitted:	Upper Zone	Intermediate Zone	Lower Zone
a. Name of Pool and Formation	Blinebry		Drinkard
b. Top and Bottom of Pay Section (Perforations)	*5806'		*6650'
c. Type of production (Oil or Gas)	Oil		Oil
d. Method of Production (Flowing or Artificial Lift)	Artificial Lift		Artificial Lift

4. The following are attached. (Please mark YES or NO)
- Yes 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 diameter and setting depth, location and type of packers and side door chokes, and such other information as may be pertinent.
- Yes 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.
- Yes 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.*
- ** 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.

Lewis B. Burleson Inc., P.O. Box 2479, Midland, TX 79702

Jack Huff, P.O. Box 471, Midland, TX 79702

Cities Service Company, P.O. Box 1919, Midland, TX 79702

*These depths represent zone markers.

**Electric logs will be submitted when available.

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 March 25, 1981 .

CERTIFICATE: I, the undersigned, state that I am the Hobbs Division Manager of the Conoco Inc. (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.

NMOCD - (2) Santa Fe, (2) Hobbs, File


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 applicant is not a resident of New Mexico, the application must be filed with the Commission's Santa Fe office.



L. P. Thompson
Division Manager

John R. Kemp
Assistant Division Manager

Production Department
Hobbs Division
North American Production

Conoco Inc.
P. O. Box 460
1001 North Turner
Hobbs, NM 88240
(505) 393-4141

March 24, 1981

Cities Service Company
P.O. Box 1919
Midland, TX 79702

Gentlemen:

Dual Completion of State F-1 No. 10

Attached is a copy of a New Mexico Oil Conservation Division Application for Multiple Completion for the Conoco operated State F-1 No. 10. We are currently drilling this well and are making application to the NMOCD to dually complete. In order to expedite NMOCD approval we request from you, as operator, a waiver to dually complete this well.

Enclosed are three copies of this letter. Please execute the waiver below within ten days and send one copy to the NMOCD and return one copy to us. Addressed and stamped envelopes are enclosed.

Yours very truly,

A handwritten signature in cursive script, appearing to read "L. P. Thompson", written in dark ink.

MJJ/bep

Approved

By: _____

Date: _____



L. P. Thompson
Division Manager

John R. Kemp
Assistant Division Manager

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Hobbs Division
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Date: _____

State F1, Well No. 10
PROPOSED COMPLETION EQUIPMENT



