

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

4/4/97

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

GOVERNOR

IL CONSERVATION DIVISION . O. BOX 2088 ANTA FE, NEW MEXICO 87501
E: Proposed: MC DHC NSL NSP SWD WFX PMX
entlemen:
have examined the application for the: $\#3-F$ $24-22-37$
have examined the application for the: $\#3-F$ $24-22-37$ hilips Petroleum Co Sims $\#0-E$ $24-22-37$ perator Lease & Well No. Unit S-T-R
nd my recommendations are as follows:
ours very truly,
Langeland
erry Sexton upervisor, District 1

EXPLORATION AND PRODUCTION GROUP Permian Basin Region

March 25, 1997

Non-Standard Proration Unit Sims, Well No. 10 Tubb Oil and Gas Pool Lea County, New Mexico

State of New Mexico
Energy, Minerals, & Natural Resources Dept.
Oil Conservation Division
2040 S. Pacheco
Santa Fe, New Mexico 87504

Attention: Michael Stogner, P. E.

Gentlemen:

Phillips Petroleum Company respectfully requests administrative approval for a non-standard proration unit for the Phillips operated Sims, Well No. 10. This well is completed in the Tubb Oil and Gas Pool, Lea county, New Mexico. This request is due to the Phillips operated Sims, Well No. 3 being re-classified from a gas well to an oil well per a recent test. Both well No. 10 and Well No. 3 shared a common proration unit which was described as the NW/4, 160 acres, of Section 24, T-22-S, R-37-E, Lea County.

With the re-classification of the Sims, Well No. 3 to an oil well and having to dedicate 40 acres to said well, it became necessary to dedicate 120 acres to Sims, Well No. 10. The appropriate plats, Form C-102, are attached.

Copies of this request have been provided to the Hobbs District Office and all offset operators to non-standard proration unit (list attached). if you need any additional information, please contact me at the letterhead address or telephone (915) 368-1488.

Sincerely,

L. M. Sanders,

Senior Regulations Analyst

L.M. Sanles

LMS:jha

Offset Operators - List Attached

*Hobbs District Office

EXPLORATION AND PRODUCTION GROUP Permian Basin Region

March 25, 1997

OFFSET OPERATORS

Sims, Well No. 10 Non-Standard Proration Unit Lea County, New Mexico

Hendrix, John H., Corporation P. O. Box 3040 Midland, Texas 79702-3040

Cross Timbers Operating Company P. O. Box 50847 Midland, Texas 79705

Marathon Oil Company P. O. Box 552 Midland, Texas 79702

American Internal Energy Corporation 5701 Woodway, Suite 333 Houston, Texas 77057

The Allar Company
P. O. Box 1657
Graham, Texas 76450-1567

LMS:jha

attachment (1)

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV

PO Box 2088, Santa Fe, NM 87504-2088

API Number

State of New Mexico Energy, Minerals & Natural Resources Department

Revised February 10, 1994

Instructions on back
it to Appropriate District Office

Submit to Appropriate District Office
State Lease - 4 Copies

Fee Lease - 3 Copies

Form C-102

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT ' Pool Code ' Pool Name 60240 Tubb Oil and Gas Pool

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	24	22 - S	37-E		1980	North	1980	West	Lea

11 Bottom Hole Location If Different From Surface

1 1	1 1	1		
Dedicated Acres 13 Joint or Infill	¹⁴ Consolidation Code	15 Order No.		 <u> </u>

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

16 I	1980	В	A	17 OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief
1980'	#3	G	н	Signature L. M. Sanders Printed Name Sr. Regulations Analyst Title Date
I	K	J	I	18SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey
Ν	N	0	Р	Signature and Scal of Professional Surveyer: Certificate Number