

DISTRICT I  
P.O. Box 1360 Hobbs, NM 88241-1360

DISTRICT II  
211 South First St. Artesia, NM 88210-2835

DISTRICT III  
1000 Rio Brazos Rd. Aztec, NM 87410-1693

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87505-6429

APPLICATION FOR DOWNHOLE COMMINGLING

Form C-107-A  
New 3-12-96

APPROVAL PROCESS:

Administrative ☐ Hearing ☐

EXISTING WELLBORE

YES ☐ NO ☒

CONOCO, INC.

P.O. BOX 2197 HOUSTON, TX 77252

Operator

Address

STATE COM 0

12

I 16 29N 8W

SAN JUAN

Lease

Well No

Unit Ltr - Sec - Twp - Rge

County

Spacing Unit Lease Types: Check 1 or more:

OGRID NO. 005073

Property Code 003275

API NO. 30-045-29748

Federal ☐ State ☒ (and/or) Fee ☐

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	BLANCO MESAVERDE 72319		BASIN DAKOTA 71599
2. Top and Bottom of Pay Section (Perforations)	4665' - 5432' (MD) ASSUME KB=6425'		7323' - 7563' (MD) ASSUME KB=6425'
3. Type of production (Oil or Gas)	GAS EXPECTED		GAS EXPECTED
4. Method of Production (Flowing or Artificial Lift)	FLOWING INITIALLY		FLOWING INITIALLY
5. Bottomhole Pressure	a. (Current) EST. 500 PSI		a. EST. 900-1000 PSI*
Oil Zones - Artificial Lift: Estimated Current Gas & Oil - Flowing: Measured Current	b. (Original) EST. 1,230 PSI		b. EST. 2,800 PSI
All Gas Zones: Estimated Or Measured Original			
6. Oil Gravity (° API) or Gas BTU Content	1,280		1,128
7. Producing or Shut-In?	TO BE COMPLETED		TO BE COMPLETED
Production Marginal? (yes or no)	YES		YES
* If Shut-In, give date and oil/gas/water rates of last production. Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.	Date Rates:	Date Rates:	Date Rates:
* If Producing, give date and oil/gas/water rates of recent test (within 60 days)	Date Rates: EST. IP 600-800MCFD	Date Rates:	Date Rates: EST. IP 450-650MCFD
8. Fixed Percentage Allocation Formula - % for each zone	Allocate by test Oil % Gas %	Allocate by test Oil % Gas %	Allocate by test Oil % Gas %

9. If allocation formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.
10. Are all working, overriding, and royalty interests identical in all commingled zones? ☒ Yes ☐ No  
If not, have all working, overriding, and royalty interests been notified by certified mail? ☒ Yes ☐ No  
Have all offset operators been given written notice of the proposed downhole commingling? ☒ Yes ☐ No
11. Will cross-flow occur? ☒ Yes ☐ No If yes, are fluids compatible, will the formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. ☒ Yes ☐ No (If No, attach explanation)
12. Are all produced fluids from all commingled zones compatible with each other? ☒ Yes ☐ No
13. Will the value of production be decreased by commingling? ☐ Yes ☒ No (If Yes, attach explanation)
14. If this well is on, or communitized with, state, or federal lands, either the Commissioner of Public Lands or the United States Bureau of Land Management has been notified in writing of this application. ☒ Yes ☐ No
15. NMOCD Reference Cases for Rule 303(D) Exceptions: ORDER NO(S):
16. ATTACHMENTS:
- \* C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
  - \* Production curve for each zone for at least one year. (If not available, attach explanation.)
  - \* For zones with no production history, estimated production rates and supporting data.
  - \* Data to support allocation method or formula.
  - \* Notification list all offset operators.
  - \* Notification list of all working, overriding, and royalty interests for uncommon interest cases.
  - \* Any additional statements, data, or documents required to support commingling

\*Average BHP for the area

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Deborah Marberry*

TITLE REGULATORY ANALYST DATE 04/06/2000

TYPE OR PRINT NAME DEBORAH MARBERRY

TELEPHONE NO ( ) (281) 293-1005