DISTRICT |
1625 N. French Dr., Hobbs, NM 88240
DISTRICT ||
811 South First St., Artesia, NM 88210
DISTRICT ||
1000 Rio Brazos Rd, Azlec, NM 87410
DISTRICT |V
2040 S. Pacheco, Santa Fe, NM 87505

Mallon Oil Company

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Forpa C-107-A Revised August 1999 APPROVAL PROCESS: Administrative ___Hearing

APPLICATION FOR DOWNHOLE COMMINGLING

Durango, Colorado 81302

P. O. Box 2797

EXISTING WELLBORE __ YES ___ NO

Operator	Addre	SS	
Jicarilla 458-5	5 н	5 - 30N - 03W	Rio Arriba
Lease	Well No. Unit Ltr	Sec - Twp - Rge	County Spacing Unit Lease Types: (check 1 or more)
OGRID NO. <u>13925</u> Prope	rty Code_00022858_ API NO	30-039-25947 Federal	
The following facts are submitted in support of downhole commingling: 1. Pool Name and Pool Code	Upper Zone Cabresto Canyon San Jose Ext 96822	Intermediate Zone Cabresto Canyon Nacimiento Ext 96821	Lower Zone East Blanco Pictured Cliffs Ext 72400
		Cabresto Canyon Ojo Alamo Ext 96538	
Top and Bottom of Pay Section (Perforations)	See Exhibit A	See Exhibit A	See Exhibit A
Type of production (Oil or Gas)	Gas	Gas Gas	Gas
Method of Production (Flowing or Artificial Lift)	Flowing	Flowing Flowing	Flowing
5. Bottomhole Pressure	a. (Current)	a.	a.
Oil Zones - Artificial Lift: Estimated Current Gas & Oil - Flowing: Measured Current All Gas Zones: Estimated Or Measured Original	b. (Original) 305 psi	b. 640 psi 1100 psi	b. 1250 psi
6. Oil Gravity (EAPI) or Gas BTU Content	Each zone will be isolated and	tested for gas analysis and rate	for allocation percentages.
7. Producing or Shut-In?	Intent	Intent	Intent
	Yes	Yes No	No
Production Marginal? (yes or no)	Date:	Date:	Date:
* If Shut-In, give date and oil/gas/ water rates of last production	Rates:	Rates	Rates:
Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data	Date:	Date: Date:	Dete:
If Producing, give date andoil/gas/ water rates of recent test (within 60 days)	Rates:	Rates:	Rates:
Fixed Percentage Allocation Formula -% for each zone (total of %'s to equal 100%)	Oil: Gas: %	Oil: Gas: %	Oil: Gas: %
 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? If not, have all working, overriding, and royalty interests been notified by certified mail? X Yes No			
11. Will cross-flow occur? X 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. X Yes No (If No, attach explanation)			
12. Are all produced fluids from all commingled zones compatible with each other? X Yes No. (If Yes, attach explanation)			
13. Will the value of production be decreased by commingling? Yes X 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			
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. X Yes NO.			
15. NMOCD Reference Cases for Rule 303(D) Exceptions: ORDER NO(S). * 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 of working, overriding, and royalty interests for uncommon interest cases. * Any additional statements, data, or documents required to support commingling.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE 1.9		_TITLEOperation Superintende	ent_DATE4/20/00
TYPE OR PRINT NAMET	Ferry G. Lindeman	TELEPHONE N	0.(<u>970-382-9100</u>)