

EXXON COMPANY, U.S.A.

POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

HOUSTON PRODUCTION ORGANIZATION
PERMITTING

November 30, 1999

F. F. Hardison "B", Well No. 5
Downhole Commingling Request
Blinebry Oil and Gas Pool
Tubb Oil and Gas Pool

2555

Ms. Lori Wrotenberry, Director
New Mexico Oil Conservation Division
2040 Pacheco
Santa Fe, New Mexico 87505

Dear Ms. Wrotenberry,

Exxon requests approval to downhole commingle production from the F. F. Hardison "B", Well No. 5, located at Unit O, Section 27, T21S and R37E in Lea County, New Mexico. This is an exception to Rule 303A.

The pools to be downhole commingled are the Blinebry Oil and Gas Pool and the Tubb Oil and Gas Pool. Well No. 5 will be in a 40 acre Standard Oil Proration Unit in the Blinebry and in a 160-acre Non-Standard Gas Proration Unit in the Tubb.

The Offset Operators have been notified and return receipts are included in this package. There is a single Royalty Owner, the State of New Mexico, no Overriding Royalty Interest and no Working Interest Owners, other than Exxon.

We would appreciate your approval of this request. If there are questions, call Bob Ward at (713) 431-1024.

Sincerely,

Charlotte H. Harper

Charlotte H. Harper

JRW/ffs

Cc: Commissioner of Public Lands
New Mexico DHC. dot

G:/Permitting/Secrtry/Jrw/Req.comm Approval.DOC

**Offset Operator Listing
F. F. Hardison "B" Lease
Blinebry Oil and Gas Pool**

**Sections 27 and 34
T21S, R34E, Lea County
New Mexico**

**Amoco Production Company
P. O. Box 3092
Houston, Texas 77253**

**Apache Corporation
2000 Post Oak Blvd. Ste. 100
Houston, Texas 77056**

**Chevron USA Inc.
P. O. Box 1150
Midland, Texas 79702**

**Conoco Inc.
10 Desta Dr. Ste. 100W
Midland, Texas 79705**

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

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

**Texaco E & P Inc.
P. O. Box 3109
Midland, Texas 79702**

**Titan Resources Inc.
500 West Texas Ste. 500
Midland, Texas 79701**

mailed 11/18/99

Z 146 630 355



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International
(See Reverse)

Sent to	
Marathon Oil Comp.	
Street and No.	
P.O. Box 552	
P.O., State and ZIP Code	
Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Marathon Oil Comp.
P.O. Box 552
Midland, TX 79702

4a. Article Number

Z 146 630 355

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

NOV 22 1999

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, March 1993

Z 146 630 356



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International
(See Reverse)

Sent to	
John H. Hendrix	
Street and No.	
P.O. Box 3040	
P.O., State and ZIP Code	
Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John H. Hendrix
P.O. Box 3040
Midland, TX 79702

4a. Article Number

Z 146 630 356

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

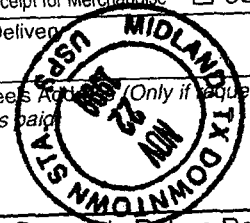
6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt



Thank you for using Return Receipt Service.

PS Form 3800, March 1993

Z 146 630 415



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to	
Chevron USA Inc.	
Street and No.	
P.O. Box 1150	
R.O. State and ZIP Code	
Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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3. Article Addressed to:

Chevron USA Inc.
P.O. Box 1150
Midland, TX 79702

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

4a. Article Number

Z 146 630 415

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

NOV 22 1993

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

102595-98-B-0229

Domestic Return Receipt

Z 146 630 372



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International
(See Reverse)

PS Form 3800, March 1993

Sent to	
Conoco Inc.	
Street and No.	
10 Desta Dr., Ste. 100W	
P.O. State and ZIP Code	
Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Conoco Inc.
10 Desta Dr. Ste. 100W
Midland, TX 79702

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

4a. Article Number

Z 146 630 372

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11/24

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

102595-98-B-0229

Domestic Return Receipt

Z 146 630 418



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Amoco Prod. Co.	
Street and No. P.O. Box 3092	
P.O., State and ZIP Code Houston, TX 77253	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered:	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date Rec'd. 11/22/99	

Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**Amoco Production Co.
P.O. Box 3092
Houston, TX 77253**

4a. Article Number

Z 146 630 418

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

NOV 22 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, March 1993

Z 146 630 417



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to Apache Corp.	
Street and No. 2000 Post Oak Blvd, Ste 1	
P.O., State and ZIP Code Houston, TX 77056	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered:	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

**Apache Corp.
2000 Post Oak Blvd.
Suite 100
Houston, TX 77056**

4a. Article Number

Z 146 630 417

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

11/22/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

PS Form 3800, March 1993

Z 146 630 354



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to	
Texaco E & P Inc.	
Street and No.	
P.O. Box 3109	
P.O., State and ZIP Code	
Midland, TX 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Texaco E & P Inc.
P.O. Box 3109
Midland, TX 79702

4a. Article Number

Z 146 630 354

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

NOV 22 1993

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 146 630 353



Receipt for Certified Mail

No Insurance Coverage
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to	
Titan Resources Inc.	
Street and No.	
500 West Texas, Ste	
P.O., State and ZIP Code	
Midland, TX 79701	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

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I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Titan Resources Inc.
500 West Texas, Ste. 500
Midland, TX 79701

4a. Article Number

Z 146 630 353

4b. Service Type

- | | |
|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

11/22

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

[Signature]

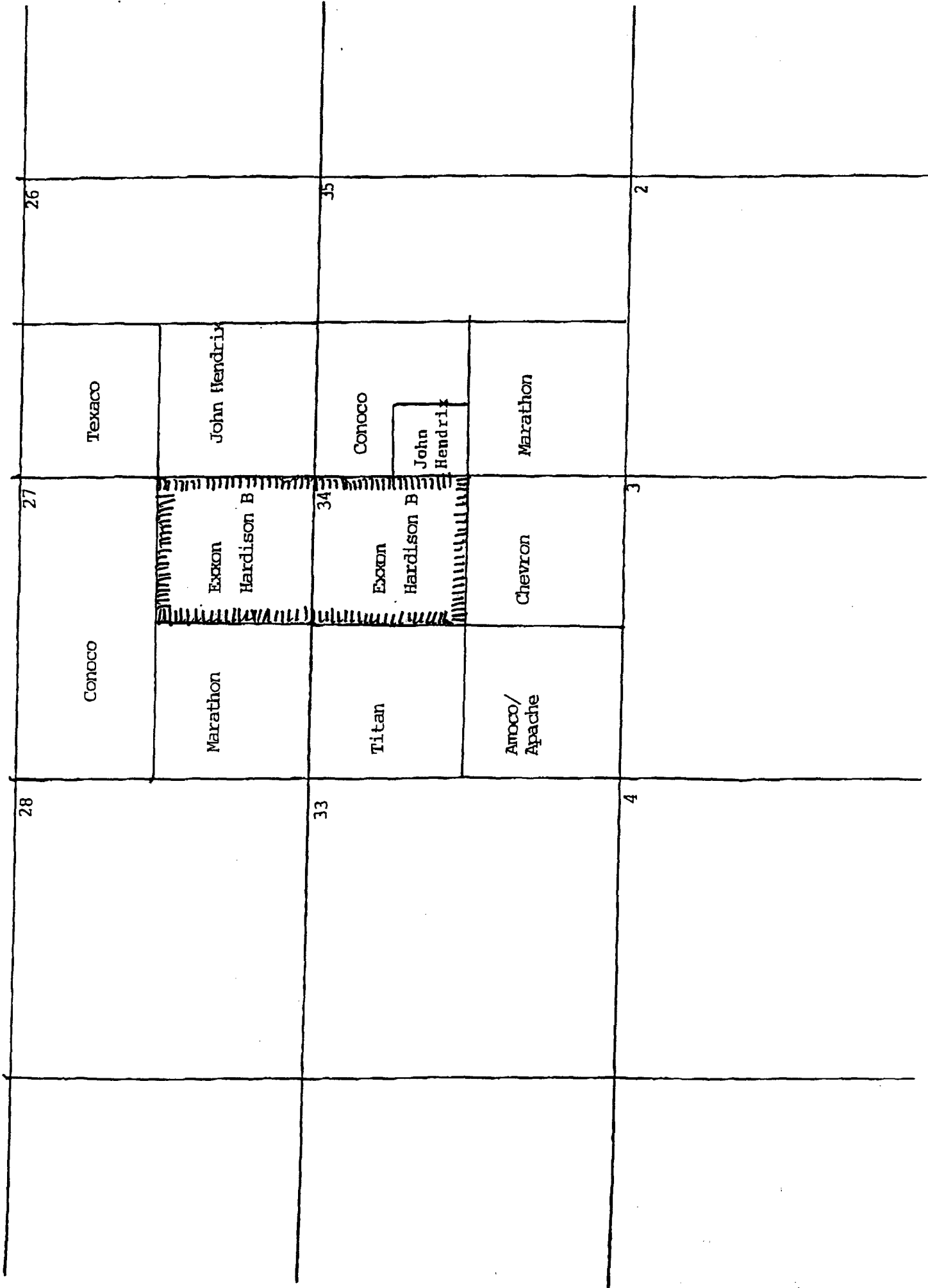
PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Offset operators for the Hardison Lease
Sections 27, 26, 35, 34, T-21-S, R-37-E
Lea County, New Mexico



F.F. Hardison #5 Allocation Formula

Current Tubb Gas

0	BOPD
179	Kcf/d
1	BWPD

Estimated Bliney Oil Rates

9	BOPD
139	Kcf/d
2	BWPD

Total Commingled

9	BOPD
318	Kcf/d
3	BWPD

Allocations

	<u>Tubb</u>	<u>Blinebry</u>
Oil	0%	100%
Gas	56%	44%
Water	33%	67%

RESERVE, FLOWSTREAM & ECONOMIC ASSUMPTIONS

All economics are Blinebry Only reserves and rates (No Commingle of Tubb Included)

Risked Reserves (Gross) 16 kbo 195 Mcf

Flowstream Construction (Gross):

Most Likely Case = Average current production of Exxon and Offset wells

3 bopd @ 17% decline and 141 kcf @ 21% decline to 25 kcf abandonment

Weighted at 40%

High Side Case = Average IP production of Exxon and Offset wells

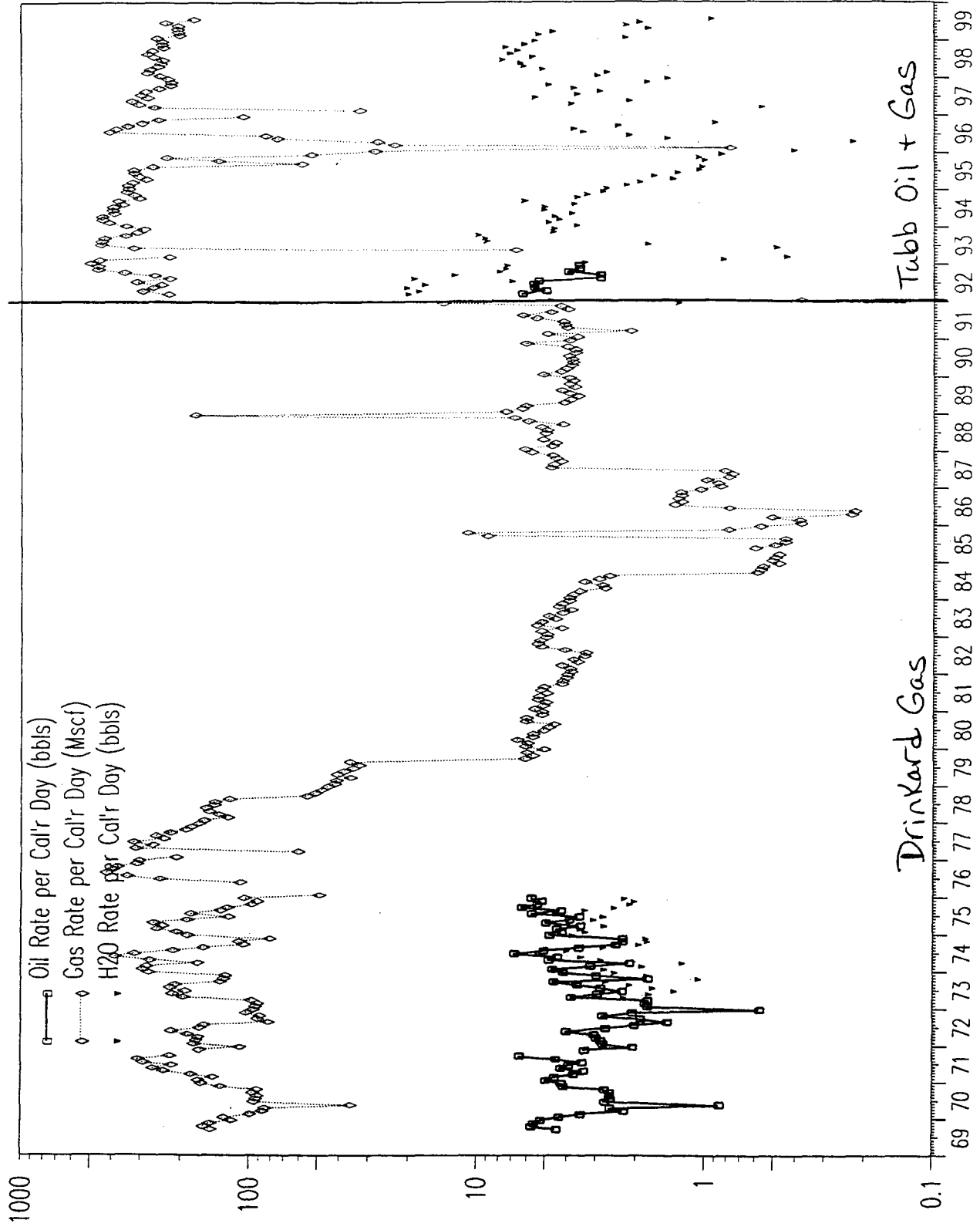
24 bopd @ 17% decline to 3 bopd abandonment & 259 kcf @ 21% decline

Weighted at 40%

Dry Hole - No production weighted at 20%

Declines were calculated from Exxon Blinebry Oil wells on the F F Hardison Lease.

F F HARDISON B 0005(3)



District I
PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-102
Revised February 10, 1994
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

District II
PO Drawer DD, Artesia, NM 88211-0719

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

District III
1000 Rio Brasos Rd. , Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-06808	Pool Code 06660	Pool Name BLINEBRY OIL & GAS (OIL)
Property Code 004180	Property Name F. F. HARDISON "B"	Well Number 5
OGRID No. 007673	Operator Name Exxon Corp.	Elevation 3393'

Surface Location

UL or lot no. P	Section 27	Township 21S	Range 37E	Lot Idn	Feet from the 660	North/South line SOUTH	Feet from the 660	East/West line EAST	County LEA
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Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
---------------	---------	----------	-------	---------	---------------	------------------	---------------	----------------	--------

Dedicated Acres 40	Joint or Infill	Consolidation Code	Order No.
-----------------------	-----------------	--------------------	-----------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNIT. ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>C.H. Harper</i> Signature C.H. Harper Printed Name Permits Supervisor Title 12-1-99 Date</p> <p>SURVEYOR CERTIFICATION</p> <p>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.</p> <p>Date of Survey Signature and Seal of Professional Surveyor.</p> <p>Certificate Number</p>
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Distance to nearest Town 0.12 Miles E of EUNICE, New Mexico.	Drawn By DA	Date 10/29/99	Drawing File Name File No.: A10294-5
-----------------------------------------------------------------	----------------	------------------	-----------------------------------------

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1880, Hobbs, NM 88240

DISTRICT II

P.O. Drawer 90, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section.

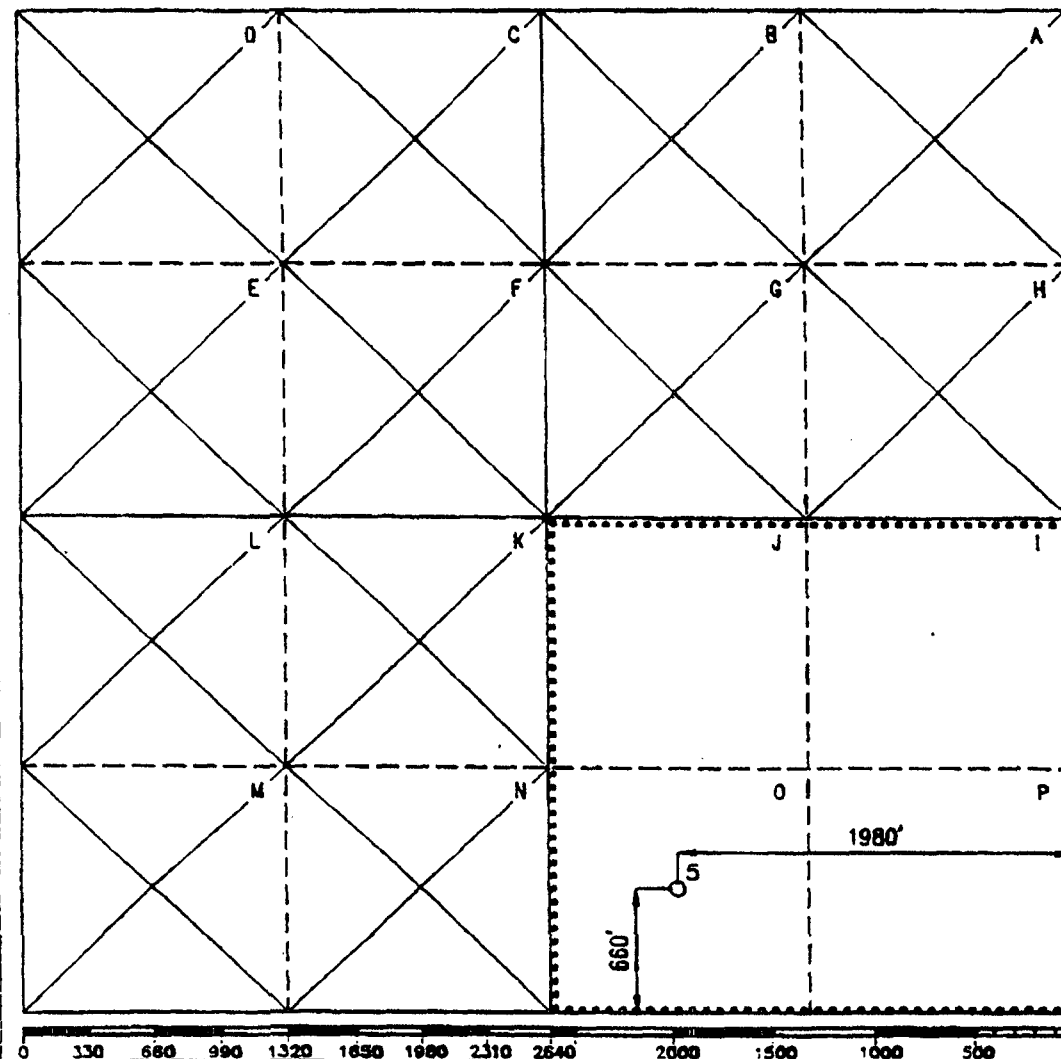
Operator Exxon Corporation			Lease F.F. HARDISON "B"		Well No. 5
Unit Letter 0	Section 27	Township 21S	Range 37E	County NMPM	LEA
Actual Footage Location of Well: 660' feet from the SOUTH line and 1980' feet from the EAST line.					
Ground level Elev. DF 3395'	Producing Formation TUBB		Pool TUBB		Dedicated Acreage: 160 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☐ Yes ☐ No If answer is "yes", type of consolidation _____

If answer is "no", list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
C. H. Harper

Printed Name
C. H. Harper

Position
PERMITS SUPERVISOR

Company
Exxon Corporation

P.O. Box 1600—Midland, Tx.—797

Date
12-17-92

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from the notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
8/21/46

Signature & Seal of
Professional Surveyor

Certificate No.

0.25 Miles NE of EUNICE, New Mexico.

C.E. File No. A00436G

DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II

811 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 87505-6429Form C-107-A
New 3-12-96

APPROVAL PROCESS:

Administrative Hearing

EXISTING WELLBORE

YES NO

APPLICATION FOR DOWNHOLE COMMINGLING

Exxon Corp., P.O.Box 4358, Houston, TX 77120-4358

Operator Address
F.F. Hardison "B" 5 0, 27, T21S, R37E

Lease Well No. Unit Ltr. - Sec - Twp - Rge County
OGRID NO. 007673 Property Code 04180 API NO. 3002507008 Spacing Unit Lease Types: (check 1 or more)
Federal State (and/or) Fee X

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	Blinebry Oil and Gas (Oil)		Tubb Oil and Gas (PRO Gas)
2. Top and Bottom of Pay Section (Perforations)	5656-5902		5971-6200
3. Type of production (Oil or Gas)	Oil		Gas
4. Method of Production (Flowing or Artificial Lift)	AL		AL
5. Bottomhole Pressure Oil Zones - Artificial Lift: Gas & Oil - Flowing: All Gas Zones: Estimated Current Measured Current Estimated Or Measured Original	a. (Current) ~ 500 est. b. (Original)	a. b.	a. ~ 500 est. b.
6. Oil Gravity (°API) or Gas BTU Content	35.4		BTN/CuFt 1193
7. Producing or Shut-In?			Producing
Production Marginal? (yes or no)			
• 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:	Date: Rates:	Date: 8/99 Rates: 0 BOPB 179 Kcf/d 1 bwpd
8. Fixed Percentage Allocation Formula - % for each zone	Oil: 100 % Gas: 44 %	Oil: % Gas: %	Oil: 0 % Gas: 56 %

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. NMOC Reference Cases for Rule 303(D) Exceptions: ORDER NO(S). D.H.C. 2368

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 of all offset operators.
- 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 J.R. Ward TITLE Sr. Regulatory Sp. DATE 11-30-99

TYPE OR PRINT NAME J. R. Ward TELEPHONE NO. (713) 431-1024