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NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

ADMINISTRATIVE APPLICATION COVERSHEET	
THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND	REGIN ATIONS

[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location] [DD-Directional Drilling] [SD-Simultaneous Dedication]

Application Acronyms:

[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling] [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement] [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion] [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase] [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Programme TYPE OF APPLICATION - Check Those Which Apply for [A] [1] Location - Spacing Unit - Directional Drilling [A] W NSL ☐ NSP \Box SD 1011 CONSERVATION DIVISIO Check One Only for [B] or [C] Commingling - Storage - Measurement [B] ☐ DHC \Box CTB ☐ PLC ☐ PC OLS. □ OLM Injection - Disposal - Pressure Increase - Enhanced Oil Recovery [C] ☐ WFX □ SWD ☐ EOR NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply [2] ☐ Working, Royalty or Overriding Royalty Interest Owners [A] TOffset Operators, Leaseholders or Surface Owner (B) Application is One Which Requires Published Legal Notice [C] [D] Notification and/or Concurrent Approval by BLM or SLO U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office [E] For all of the above, Proof of Notification or Publication is Attached, and/or, [F] ☐ Waivers are Attached [3] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I further verify that all applicable API Numbers are included. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken. JAMES BRUCE ent must be completed by an individual with supervisory capacity P.O. BOX 1056 SANTA FE, NM 87504 Print or Type Name Signature