DATE IN	SUSPENSE	ENGINEER	LOGGED	TYPE

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

		- Engineering Bureau -					
		ADMINISTRATIVE APPLICATION COVERSHEET					
	THIS COVERS	SHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGU	LATIONS				
Applic	[PC-	[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location] [DD-Directional Drilling] [SD-Simultaneous Dedication] ownhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Comming- 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] ualified Enhanced Oil Recovery Certification] [PPR-Positive Production Respo	t]				
[1]	TYPE OF A [A]	PPLICATION - Check Those Which Apply for [A] Location - Spacing Unit - Directional Drilling NSL NSP DD DSD	99 007 27	ON CONTR			
	Checl [B]	NSL NSP DD SD k One Only for [B] and [C] Commingling - Storage - Measurement DHC CTB PC OLS OLM	7 ANI2: 13	MOLEWIESNOO			
	[C]	Injection - Disposal - Pressure Increase - Enhanced Oil Recovery WFX PMX SWD IPI EOR PPR					
[2]	NOTIFICAT	FION REQUIRED TO: - Check Those Which Apply, or \(\bigsim\) Does Not	Annly				
[~]	[A]	☐ Working, Royalty or Overriding Royalty Interest Owners	rippiy				
	[B]	☐ Offset Operators, Leaseholders or Surface Owner					
	[C]	Application is One Which Requires Published Legal Notice					
	[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 Attache	ed, and/or,				
	[F]	☐ Waivers are Attached					
[3]	INFORMAT	TION / DATA SUBMITTED IS COMPLETE - Statement of Understa	ınding				
and R admir that a	Regulations of the strative approul interest (WI,	I, or personnel under my supervision, have read and complied with all a he Oil Conservation Division. Further, I assert that the attached applicated value is accurate and complete to the best of my knowledge and where application of the common. I understand that any omission of data, informated to have the application package returned with no action taken.	ntion for plicable, ver				

	Note: Statement must be comple	eted by an individual wi	th supervisory capacity.	
		1//		
Paul R Owen	-tall!	1	Attornev	10/2
rint or Type Name	Signature		Title	D

Signature

26/99

Date