1625 N. French Drive, Hobbs, NM 88240

1000 Rio Brazos Road, Aztec, NM 87410

811 S. First St., Artesia, NM 88210

1220 S. St Francis Dr, Santa Fe, NM

District I

District II

District III

District IV

87505

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|------|-----|-----|---|---|
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State of New Mexico Energy, Minerals and Natural Resources Department Form C-107-B Revised August 1, 2011

OIL CONSERVATION DIVISION 1220 S. St Francis Drive Santa Fe, New Mexico 87505

Submit the original application to the Santa Fe office with one copy to the appropriate District Office.

## APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

| OPERATOR NAME: OXY US   | A INC.   |   |                         |   |               |  |  |  |  |  |  |
|---|--|---|-------------------------|---|---------------|--|--|--|--|--|--|
| OPERATOR ADDRESS: PO BOX 4294, HOUSTON, TX, 77210   |  |   |                         |   |               |  |  |  |  |  |  |
| APPLICATION TYPE:   |  |   |                         |   |               |  |  |  |  |  |  |
| Pool Commingling Lease Comminglin   | g Pool and Lease Cor                               | nmingling Dff-Lease                                       | Storage and Measur      | rement (Only if not Surface                     | e Commingled) |  |  |  |  |  |  |
| LEASE TYPE: Fee   | State 🛛 Feder                                      | ral   |                         |   |               |  |  |  |  |  |  |
| Is this an Amendment to existing Order  |  |   |                         |   |               |  |  |  |  |  |  |
| Have the Bureau of Land Management  | (BLM) and State Land                               | office (SLO) been not                                     | tified in writing o     | of the proposed comm                            | ingling       |  |  |  |  |  |  |
| (A) POOL COMMINGLING<br>Please attach sheets with the following information   |  |   |                         |   |               |  |  |  |  |  |  |
| (1) Pool Names and Codes  | Gravities / BTU of<br>Non-Commingled<br>Production | Calculated Gravities /<br>BTU of Commingled<br>Production |                         | Calculated Value of<br>Commingled<br>Production | Volumes       |  |  |  |  |  |  |
| SEE ATTACHED  |  |   |                         |   |               |  |  |  |  |  |  |
|   |  | -   |                         |   |               |  |  |  |  |  |  |
|   |  | -   |                         |   |               |  |  |  |  |  |  |
|   |  | -   |                         |   |               |  |  |  |  |  |  |
| (2) Are any wells producing at top allowal  | oles? 🛛 Yes 🖾 No                                   |   |                         | I   |               |  |  |  |  |  |  |
| <ul> <li>(3) Has all interest owners been notified b.</li> <li>(4) Measurement type: Metering 5</li> <li>(5) Will commingling decrease the value of the value of</li></ul> | Other (Specify) ALLO                               | CATION BY WELL TE   | ST                      | SLO IS ONLY OWNER                               | ٤             |  |  |  |  |  |  |
|   | (D) I F A (  | SE COMMINGLIN   |                         |   |               |  |  |  |  |  |  |
|   |  | s with the following in                                   |                         |   |               |  |  |  |  |  |  |
| (1) Pool Name and Code.   |  |   |                         |   |               |  |  |  |  |  |  |
| (2) Is all production from same source of s   | · · · · · ·  |   | <b>—</b> •• <b>—</b> •• |   |               |  |  |  |  |  |  |
| <ul> <li>(3) Has all interest owners been notified by</li> <li>(4) Measurement type: Metering </li> </ul>   |  | oosed commingling?  | ∐Yes □N                 | 0   |               |  |  |  |  |  |  |
|   |  |   |                         |   |               |  |  |  |  |  |  |
|   | (C) POOL and                                       | LEASE COMMIN  | GLING                   |   |               |  |  |  |  |  |  |
|   | Please attach sheet                                | s with the following in                                   | nformation              |   |               |  |  |  |  |  |  |
| (1) Complete Sections A and E.  |  |   |                         |   |               |  |  |  |  |  |  |
| (Ľ  | ) OFF-LEASE ST                                     | ORAGE and MEA   | SUREMENT                |   |               |  |  |  |  |  |  |
| ``````````````````````````````````````  |  | ets with the following                                    | information             |   |               |  |  |  |  |  |  |
| (1) Is all production from same source of s   | supply?  Yes  N                                    | 0   |                         |   |               |  |  |  |  |  |  |

(2) Include proof of notice to all interest owners.

| (E) ADDITIONAL INFORMATION (for all application types)<br>Please attach sheets with the following information |   |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
| (1) A schematic diagram of facility, including legal location.  |   |  |  |  |  |  |  |  |  |  |
| (2) A plat with lease boundaries showing all well and facility l  | (2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved. |  |  |  |  |  |  |  |  |  |
| (3) Lease Names, Lease and Well Numbers, and API Numbers  | (3) Lease Names, Lease and Well Numbers, and API Numbers.   |  |  |  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |  |  |
| I hereby certify that the information above is true and complete to   | o the best of my knowledge and belief.  |  |  |  |  |  |  |  |  |  |
| signature:  | SIGNATURE:  |  |  |  |  |  |  |  |  |  |
| TYPE OR PRINT NAME_SANDRA MUSALLAM       TELEPHONE NO.: (713) 366-5106  |   |  |  |  |  |  |  |  |  |  |
| E-MAIL ADDRESS: SANDRA MUSALLAM@OXY.COM   |   |  |  |  |  |  |  |  |  |  |

| RECEIVED:   | REVIEWER:   | TYPE:  | APP NO:                                  |                                       |
|---|---|--|--|---------------------------------------|
| RECEIVED.   | KEVILVEK.   |  | //// //O.                                |                                       |
|   |   | ABOVE THIS TABLE FOR OCD I   | DIVISION USE ONLY                        |                                       |
|   | - Geolog  | CO OIL CONSERV<br>ical & Engineering<br>rancis Drive, Sant                               | g Bureau –                               | · · · · · · · · · · · · · · · · · · · |
|   |   | RATIVE APPLICATI   |  |                                       |
| THIS  | CHECKLIST IS MANDATORY FOR A<br>REGULATIONS WHICH R   | ALL ADMINISTRATIVE APPLIC<br>REQUIRE PROCESSING AT THE                                   |  |                                       |
| Applicant: <u>OXY U</u>   | SA INC  |  | OGR                                      | ID Number: 16696                      |
| Well Name: <u>MULI</u>  | E DEER 36 STATE #003 & MULT   | FIPLE  |  | 30-025-33093 & MULTIPLE               |
| Pool: <u>RED TANK; BO</u>   | NE SPRING & RED TANK; DEL   | AWARE, WEST  | Pool                                     | Code: <u>51683 &amp; 51689</u>        |
| A. Location   | ·   | Itaneous Dedicatio   | on                                       | SD                                    |
| [   ] Com<br>[<br>[    ] Inje   | one only for [1] or [1]<br>nmingling – Storage – N<br>DHC CTB F<br>ction – Disposal – Press<br>WFX PMX S  | PLC PC C   | anced Oil Recove                         |                                       |
| A. Offse<br>B. Roya<br>C. Appli<br>D. Notifi<br>E. Notifi<br>F. Surfa<br>G. For a | N REQUIRED TO: Check<br>t operators or lease ho<br>lty, overriding royalty of<br>cation requires publish<br>cation and/or concurr<br>cation and/or concurr<br>ce owner<br>Il of the above, proof o<br>ptice required SLO IS | olders<br>owners, revenue ov<br>ned notice<br>rent approval by SI<br>rent approval by BI | vners<br>_O<br>_M<br>ublication is attac | FOR OCD ONLY<br>Notice Complete       |
| -   | <b>N:</b> I hereby certify that   |  |  |                                       |

administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

SANDRA MUSALLAM

Print or Type Name

02/07/2022 Date

713-366-5106

Phone Number

SANDRA\_MUSALLAM@OXY.COM e-mail Address

SMUSL

Signature

Released to Imaging: 12/29/2022 3:46:39 PM

# APPLICATION FOR POOL COMMINGLE Commingling proposal for Mule Deer 36 State Battery

OXY USA INC recently acquired the Mule Deer 36 State Battery. Approval is requested for a pool commingle for oil and gas production at the Mule Deer 36 State Battery (B-36-22S-32E).

This amendment also requests approval for future wells within the same pools and lease of existing wells listed below.

| WELL NAME  | API # | SURFACE<br>LOCATION | DATE ONLINE | OIL<br>(BOPD) | OIL<br>GRAVITY<br>API | GAS<br>(MSCFD) | BTU/CF | WATER<br>(BWPD) |  |  |  |
|--|-------|---------------------|-------------|---------------|-----------------------|----------------|--------|-----------------|--|--|--|
| STATE LEASE V038121  |       |                     |             |               |                       |                |        |                 |  |  |  |
| POOLS: RED TANK; BONE SPRING (51683) & RED TANK;DELAWARE, WEST (51689) |       |                     |             |               |                       |                |        |                 |  |  |  |
|  |       |                     |             | _             |                       |                |        |                 |  |  |  |

| MULE DEER 36 STATE #002 - DHC 1361 | 30-025-33014 | G-36-22S-32E | Aug-1995 | 2 | 42 | 15 | 1294 | 4 |
|------------------------------------|--------------|--------------|----------|---|----|----|------|---|
| MULE DEER 36 STATE #004 - DHC 1363 | 30-025-33107 | A-36-22S-32E | Nov-1995 | 2 | 42 | 8  | 1294 | 5 |

| WELL NAME | API # | SURFACE<br>LOCATION | DATE ONLINE | OIL<br>(BOPD) | OIL<br>GRAVITY<br>API | GAS<br>(MSCFD) | BTU/CF | WATER<br>(BWPD) |  |
|-----------|-------|---------------------|-------------|---------------|-----------------------|----------------|--------|-----------------|--|
|-----------|-------|---------------------|-------------|---------------|-----------------------|----------------|--------|-----------------|--|

#### STATE LEASE V038121

#### POOL: RED TANK; BONE SPRING (51683)

| MULE DEER 36 STATE #003 | 30-025-33093 | J-36-22S-32E | Nov-1995 | 1 | 40 | 22 | 1273 | 1 |
|-------------------------|--------------|--------------|----------|---|----|----|------|---|
| MULE DEER 36 STATE #006 | 30-025-33498 | O-36-22S-32E | Sep-1996 | 1 | 40 | 42 | 1273 | 0 |
| MULE DEER 36 STATE #007 | 30-025-33688 | P-36-22S-32E | Feb-1997 | 2 | 40 | 51 | 1273 | 0 |

#### PROCESS DESCRIPTION

Production from all wells at the Mule Deer 36 State Battery is sent to a 6' X 20' heater treater. After separation, oil production is sent to three oil storage tanks. From the tanks, the oil is trucked to sales. Oil production is allocated back to each well based on well test.

For testing purposes, Mule Deer 36 State Battery is equipped with a 6' X 20' heater treater. The heater treater is equipped with turbine meters for oil and water measurement, and a gas orifice meter for gas measurement. All Mule Deer 36 State wells have been online over 25 years and are in a stable rate of decline. These wells are tested at least once per productive month.

Gas production from the Mule Deer 36 State wells flows to a gas scrubber after separation. It then flows to the sales meter located at the edge of the battery. Gas production is allocated back to each well based on well test.

All water from the Mule Deer 36 State Battery is sent to the Salt Water Disposal Distribution system.

## ADDITIONAL APPLICATION COMPONENTS

The flow of production is shown in detail on the enclosed facility diagram. Also enclosed is a map detailing the lease boundaries, well and battery locations.

The oil and gas meters are calibrated on a regular basis per API and NMOCD specifications.

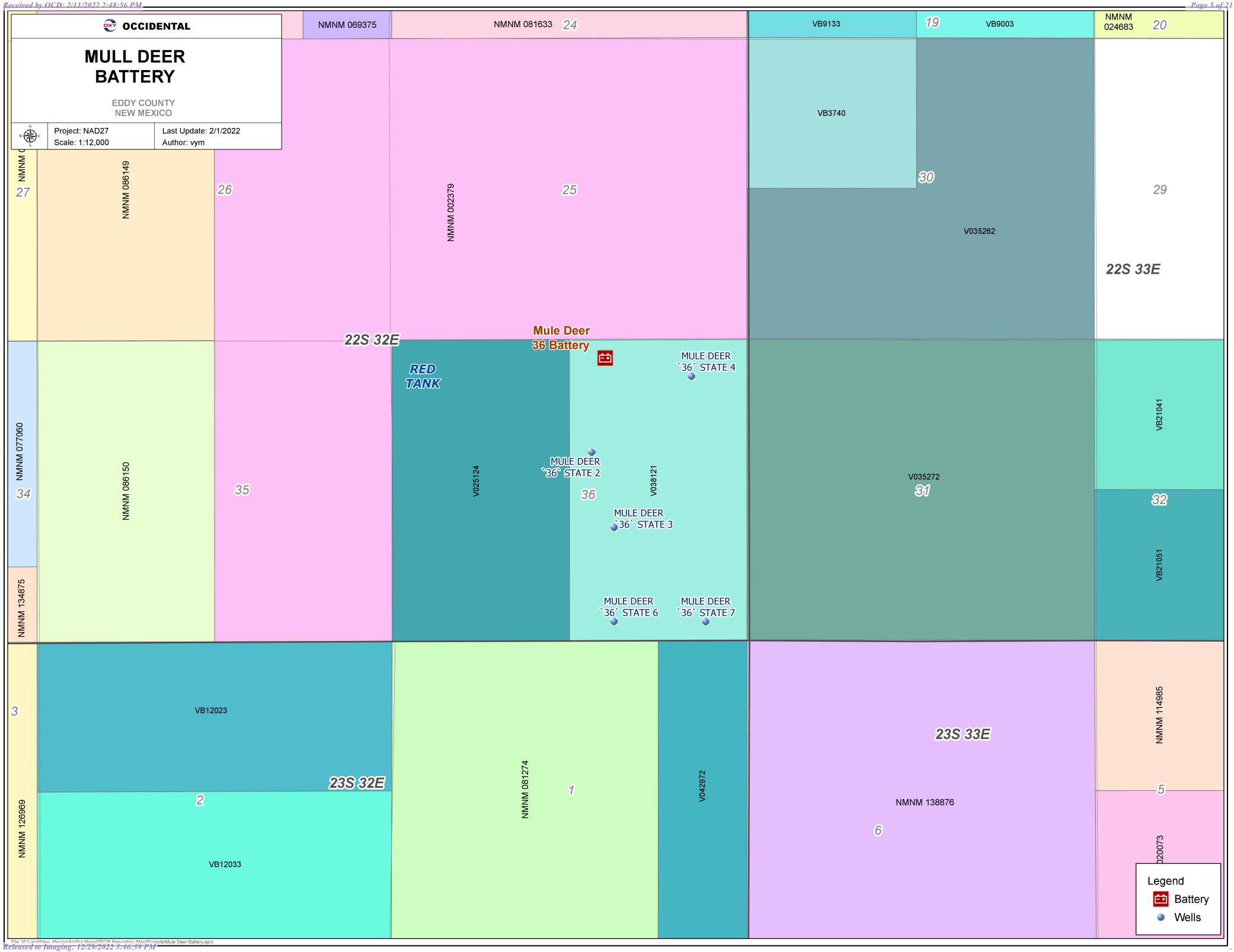
Pursuant to Statewide rule 19.15.12.10(C)(4)(g) OXY USA INC requests the option to include additional pools or leases within the defined parameters set forth in the Order for future additions.

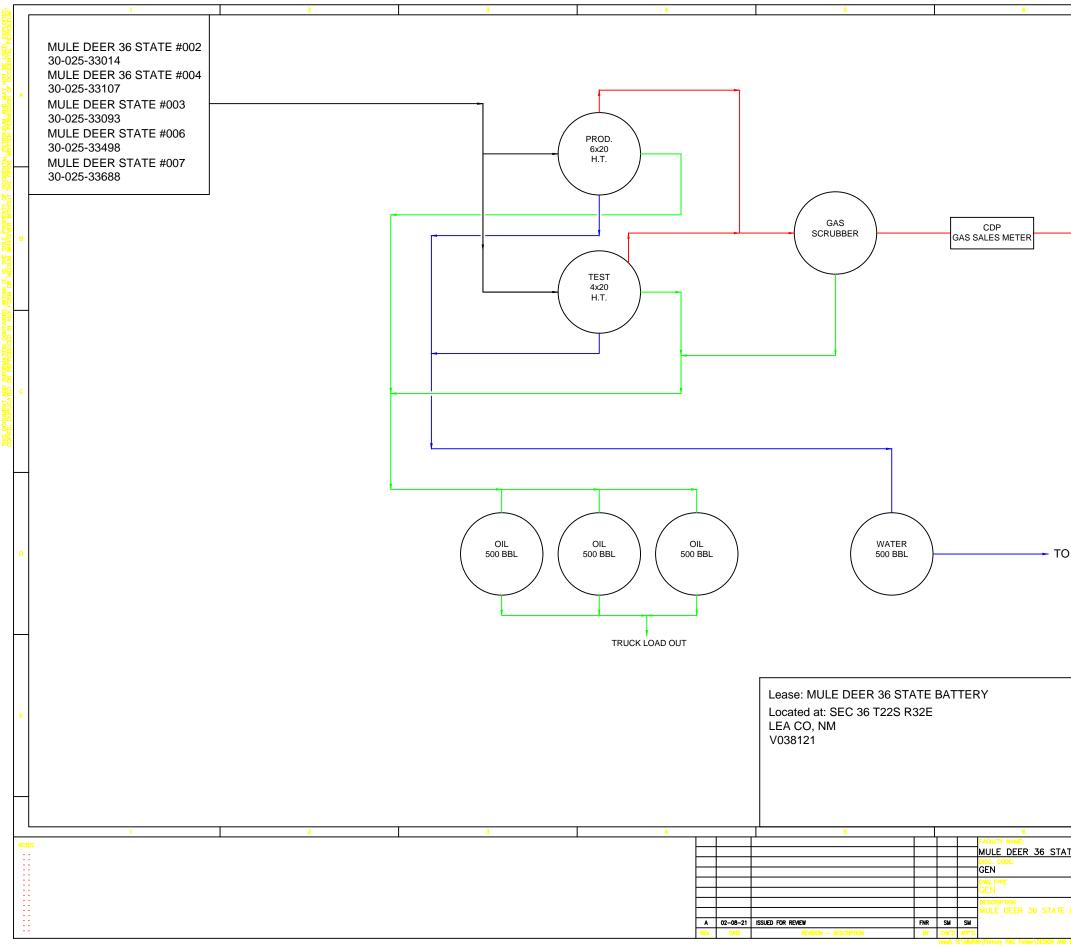
Page 1 of 2

Commingling will not reduce the individual wells' production value or otherwise adversely affect the interest owners. It is the most effective means of producing the reserves. The surface commingle application will be submitted separately for approval per NMOCD and SLO regulations.

OXY USA INC understands the requested approval will not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.







|      |                                   | 7   |                                   |        |                                   |   |                                       | 8                   |
|------|-----------------------------------|-----|-----------------------------------|--------|-----------------------------------|---|---------------------------------------|---------------------|
|      |                                   |     |                                   |        |                                   |   |                                       | ^                   |
|      |                                   |     |                                   |        |                                   |   |                                       | в                   |
|      |                                   |     |                                   |        |                                   |   |                                       | с                   |
| ) DI | SPOSAL                            |     |                                   |        |                                   |   |                                       | D                   |
|      |                                   |     |                                   |        |                                   |   |                                       | E                   |
| TE E | SATTERY<br>FACILITY TYPE:<br>NA   | 7   | Oxy U                             | SA Inc | • Perm                            | ian Resou                                   | irces                                 | 8                   |
|      | TERY<br>NG\STD ENGINEERING INFORM | NTS | BER: NA<br>FACILITY (<br>XXXXXXX) | XXXXX  | disc.<br>code<br>MISC<br>eryymule | SERIAL<br>NUMBER<br>00001<br>DEER36.dwg, 2) | SHEET<br>NUMBER<br>001<br>(8/2022 1:2 | REV<br>A<br>9:47 PM |



OXY USA WTP Limited Partnership / OXY USA INC / OCCIDENTAL PERMIAN LTD A subsidiary of Occidental Petroleum Corporation Page 7 of 21

January 31, 2022

# Re: <u>Pool Commingle Application for Deer Mule 26 Battery</u>

Section 36, T22S R32E, Lea County

Mule Deer 36 State #002 – DHC 1361 -Red Tank;Bone Spring (51683) & Red Tank;Delaware, West (51689) Mule Deer 36 State #004 – DHC 1363 -Red Tank;Bone Spring (51683) & Red Tank;Delaware, West (51689) Mule Deer 36 State #003 - Red Tank;Bone Spring (51683) Mule Deer 36 State #006 - Red Tank;Bone Spring (51683) Mule Deer 36 State #007 - Red Tank;Bone Spring (51683)

To Whom It May Concern:

OXY USA INC., as Operator, will be filing an application with the New Mexico Oil Conservation Division for approval of the above mentioned commingle project. This letter serves to notice you that the operator and interest owners are identical for the wells listed above.

Best Regards,

OXY USA INC.

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Amber Delach Land Negotiator

- Dularel

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District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Sauta Fe, NM 87504-2088

# OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

## AMENDED REPORT

# WELL LOCATION AND ACREAGE DEDICATION PLAT

| <sup>1</sup> API Number <sup>2</sup> Pool Code <sup>3</sup> Pool Name  |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|--|--|-----------|-----------------------------|-----------|-----------------------|-----------|------------------|---|----------------------|---------------------------|--|--|--|
| 30-025-33014     51683     Red Tank Bone Spring <sup>4</sup> Property Code <sup>5</sup> Property Name <sup>6</sup> Well Numb                           |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
| <sup>4</sup> Property  | Code   |           |                             |           | <sup>5</sup> Pro      | perty Nan | ne               |   |                      | 6 \                       | Well Number                                      |  |  |
| 1646   |  | Mule [    | Deer '36' S                 | tate      |                       |           |                  |   |                      |                           | # 2  |  |  |
| 7 OGRID  | No.  |           |                             |           | 8 Ope                 | rator Nar | ne               |   |                      | 9                         | Elevation  |  |  |
| 2648   | 85   | Merid     | ian Oil Inc.                |           |                       |           | <u>-a</u>        |   |                      | 3742'                     |  |  |  |
|  |  |           |                             |           | <sup>10</sup> Surface | Locatio   |                  |   |                      |                           |  |  |  |
| UL or lot no.  | Section  | Township  | Range                       | Lot. Idn  | Feet from             | m the     | North/South Line | Feet from the                           | East/W               | est line                  | County   |  |  |
|  | 36   | 225       | 32E                         |           | 19                    | 80'       | North            | 2310'                                   | Ea                   | ist                       | Lea  |  |  |
|  |  |           | <sup>11</sup> Botto         | om Hole I | Location If           | Differe   | nt From Surface  |   |                      |                           |  |  |  |
| UL or lot no.  | UL or lot no. Section Township Range Lot. Idn Feet from the North/South Line |           |                             |           |                       |           |                  |   |                      |                           | County   |  |  |
| 12 Dedicated Acre  | s 13 Joint   | or Infill | <sup>14</sup> Consolidation | n Code 15 | Order No.             |           | L                | 1                                       | ·                    |                           |  |  |  |
| 40   |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  | WARIE V  |           | ASSIGNED                    | то тни    | S COMPLE              | TION      | UNTIL ALL IN     | FERESTS HAV                             | 'E BEE               | EN CON                    | NSOLIDATED                                       |  |  |
| NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED<br>OR A NONSTANDARD UNIT HAS BEEN APPROVED BY THE DIVISION |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
| <sup>17</sup> OPERATOR CERTIFICATION   |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  | I hereby certify<br>true and complet    | that the<br>e to the | information<br>best of my | on contained herein is<br>knowledge and belief.  |  |  |
|  |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  |   | _                    |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           | <u></u>          |   | in                   | 、<br>大                    |  |  |  |
|  |  |           |                             |           |                       |           |                  | Signature                               |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  | Donna Willi Printed Name                | ams                  |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  | Regulatory                              | Assis                | stant                     |  |  |  |
|  |  |           |                             |           |                       |           |                  | Title                                   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  | 7/12/96                                 |                      |                           |  |  |  |
|  |  |           |                             |           | <u></u>               |           |                  | Date                                    |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  | <sup>18</sup> SURVE                     |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  | was plotted from                        | field n              | otes of a                 | ion shown on this plat<br>actual surveys made by |  |  |
|  |  |           |                             |           |                       |           |                  | me or under my<br>and correct to the be | supervis             | ion, and                  | that the same is true                            |  |  |
|  |  |           |                             |           |                       |           |                  |   |                      | -                         |  |  |  |
|  |  |           |                             |           |                       |           |                  | 11                                      |                      |                           |  |  |  |
|  |  |           |                             |           | Date of Survey        |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  |   | f Deaf-an'           |                           | -  |  |  |
|  |  |           |                             |           |                       |           |                  | Signature and Seal of                   | 1 PTOICSS10          | aa surveyer               | •  |  |  |
|  |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  | l         |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  |   |                      |                           |  |  |  |
|  |  |           |                             |           |                       |           |                  | Certificate Number                      |                      |                           |  |  |  |

#### Page 8 of 21 Form C-102

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District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088

# OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

## AMENDED REPORT

# WELL LOCATION AND ACREAGE DEDICATION PLAT

| 1   | API Number | r <sup>2</sup> Pool Code <sup>3</sup> Pool Name |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
|---|------------|---|---------------------|-----------|-------------------------|--|------------------|--|-------------|--------------------------------------|--|--|--|--|
| 30-   | -025-330   | 14  |                     | 5168      |                         | West Red Tank Delaware <sup>5</sup> Property Name <sup>6</sup> Well Number |                  |  |             |                                      |  |  |  |  |
| <sup>4</sup> Property   | Code       |   |                     |           | <sup>5</sup> Pro        | perty Nar  | ne               |  |             | 6 1                                  | Well Number                                      |  |  |  |
| 1646  |            | Mule De   | er '36' S           | tate      |                         |  |                  |  |             |                                      | # 2  |  |  |  |
| 7 OGRID   | No.        |   |                     |           | 8 Ope                   | rator Nai  | me               |  |             | 9                                    | Elevation  |  |  |  |
| 264   | 85         | Meridia   | n Oil Inc.          |           |                         |  |                  | <u></u> ··                               |             |                                      | 3742'  |  |  |  |
|   |            |   |                     |           | <sup>10</sup> Surface   | Locatio  |                  |  |             | <b>r</b>                             |  |  |  |  |
| UL or lot no.   | Section    | Township  | Range               | Lot. Idn  | Feet from               | m the  | North/South Line | Feet from the                            | East/W      | est line                             | County   |  |  |  |
|   | 36         | 225   | 32E                 |           | 19                      | 80'  | North            | 2310'                                    | Ea          | ist                                  | Lea  |  |  |  |
|   |            |   | <sup>11</sup> Botto | om Hole   | Location If             | Differe  | nt From Surface  |  |             |                                      |  |  |  |  |
| UL or lot no.   | Section    | Feet from the                                   | East/V              | Vest line | County                  |  |                  |  |             |                                      |  |  |  |  |
| 12 Dedicated Acre   | s 13 Joint | or Infill 140                                   | Consolidation       | n Code    | <sup>15</sup> Order No. |  |                  | · · · · · · · · · · · · · · · · · · ·    | <b>L</b>    |                                      |  |  |  |  |
| 40  |            |   |                     | ĺ         |                         |  |                  |  |             |                                      |  |  |  |  |
| NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
| OR A NONSTANDARD UNIT HAS BEEN APPROVED BY THE DIVISION                                     |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
| 17 OPERATOR CERTIFICATION   |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
| I hereby certify that the information contained herei                                       |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  | true and complet                         | e lo ine    | the best of my knowledge and belief. |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  | $\frown$    |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  | }           |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  | λ.          | $, \overline{1}$                     |  |  |  |  |
|   |            |   |                     |           |                         | ,  |                  | Signature                                | <u> </u>    |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  | Donna Willi                              | ams         |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  | Printed Name                             |             |                                      |  |  |  |  |
|   |            |   |                     |           | •                       |  |                  | Regulatory                               | ASSIS       | stant                                |  |  |  |  |
|   |            |   |                     |           |                         |  |                  | 7/12/96                                  |             |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  | Date                                     |             |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  | <sup>18</sup> SURVE                      | YOR C       | ERTIF                                | ICATION  |  |  |  |
|   |            |   |                     |           |                         |  |                  | was plotted from                         | field n     | otes of a                            | ion shown on this plat<br>sctual surveys made by |  |  |  |
|   |            |   |                     |           |                         |  |                  | me or under my<br>and correct to the bes | supervis    | ion, and                             | that the same is true                            |  |  |  |
|   |            |   |                     |           |                         |  |                  |  |             | -                                    |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
|   |            | Date of Survey                                  |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
| l   |            |   |                     |           |                         |  |                  |  | 6 D'        | al 6                                 | -  |  |  |  |
|   | -          |   |                     |           |                         |  |                  | Signature and Seal of                    | N PTOICSSIO | aa ourveyer                          |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
|   |            |   |                     | -         |                         |  |                  |  |             |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  |  |             |                                      |  |  |  |  |
|   |            |   |                     |           |                         |  |                  | Certificate Number                       |             |                                      |  |  |  |  |

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District 1 PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

PO Box 2088

Form C-102 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

Santa Fe, NM 87504-2088 AMENDED REPORT PO Box 2088, Santa Fc, NM 87504-2088 WELL LOCATION AND ACREAGE DEDICATION PLAT <sup>3</sup> Pool Name <sup>2</sup> Pool Code API Number 30-025-3309 51083 Red Tank Bone Spring • Well Number <sup>5</sup> Property Name Property Code 3 MULE DEER "36" STATE 16462 • Elevation <sup>6</sup> Operator Name 'OGRID No. 3739 MERIDIAN DIL INC. 26485 <sup>10</sup> Surface Location East/West line County Feet from the Feet from the North/South line Lot Idn Township Range Section UL or lot no. LEA EAST 1980 SOUTH 1980 ~32 E 22 S 36 <sup>11</sup> Bottom Hole Location If Different From Surface County East/West line North/South line Feet from the Feet from the Lot Idn Range Township UL or lot no. Section Surface Same as <sup>14</sup> Consolidation Code 15 Order No. 13 Joint or Infill 12 Dedicated Acres 40 NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION 80.02 ch. <sup>17</sup> OPERATOR CERTIFICATION S 89°47' W fnd. fnd. I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief 8 Signature Donna Williams Printed Nume MULEDEER "36" STATE No. 2 **Regulatory Compliance** Tille September 5, 1995 Date **ISURVEYOR CERTIFICATION** fnd. fnd. 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 1980' and correct to the best of my belief. MULEDEER 36 STATE No. 3 AUGUST 23, 1995 Date of Survey Signature and Scal of Dro 88

80.00 ch.

Certificate Numb

fnd

N 89°47' E

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8.8

#### Received by OCD: 2/11/2022 2:48:56 PM

District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 S. 1st Street, Artesia, NM 88210-2834 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505 State of New Mexico

## OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

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## AMENDED REPORT

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# WELL LOCATION AND ACREAGE DEDICATION PLAT

| 1                            | API Numbe            | r           |                | <sup>2</sup> Pool   | Code                | <sup>3</sup> Pool Name                              |                      |                  |                       |                                       |                        |   |  |  |  |  |
|------------------------------|----------------------|-------------|----------------|---|---------------------|---|----------------------|------------------|-----------------------|---------------------------------------|------------------------|---|--|--|--|--|
|                              |                      |             |                | 51  | 683                 |   | Red Tank Bone Spring |                  |                       |                                       |                        |   |  |  |  |  |
| <sup>4</sup> Property        | Code                 |             |                |   |                     | <sup>6</sup> Property Name <sup>6</sup> Well Number |                      |                  |                       |                                       |                        |   |  |  |  |  |
| 1646                         | 52                   |             |                |   | Mul                 | e Deer 🏹  | e Deer '36' State    |                  |                       |                                       |                        |   |  |  |  |  |
| 7 OGRID                      |                      |             |                |   |                     | 8 Operator  | Name                 | 3                |                       |                                       | 9                      | Elevation                                   |  |  |  |  |
| 264                          | 85                   |             |                | Bur   | lington             | Resource  | es 0                 | )il & Gas Co.    |                       |                                       |                        | 3747'                                       |  |  |  |  |
| L20 //                       | 00                   |             |                |   | 4.4                 | urface Loc  |                      |                  |                       | I                                     |                        |   |  |  |  |  |
| UL or lot no.                | Section              | Township    | Range          | Lot. Id   |                     | eet from the  |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              | 36                   | 225         | 32E            |   |                     | 660'  |                      | North            | 860'                  | Ea                                    | st                     | Lea   |  |  |  |  |
|                              | 50                   | 223         |                |   |                     |   | :66                  |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             | B              |   | ·                   | ation if Di   |                      | ent From Surfac  |                       |                                       |                        |   |  |  |  |  |
| UL or lot no.                | Section              | Township    | Range          | Lot. Id   | dn F                | eet from the  |                      | North/South Line | Feet from the         | East/W                                | est line               | County                                      |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
| <sup>12</sup> Dedicated Acre | s <sup>13</sup> Join | t or Infill | 14Consolidatio | on Code   | <sup>15</sup> Order | No.   |                      |                  |                       |                                       |                        |   |  |  |  |  |
| 40                           |                      |             |                |   |                     |   |                      | I                | DHC-1363              |                                       | _                      |   |  |  |  |  |
| NO ALLO                      | WABLE V              | VILL BE     | ASSIGNED       | TO TH   | HIS COM             | IPLETION  | N UN                 | NTIL ALL INT     | ERESTS HAV            | E BEEN                                | N CON                  | ISOLIDATED                                  |  |  |  |  |
|                              |                      |             |                | TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATE<br>ANDARD UNIT HAS BEEN APPROVED BY THE DIVISION |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      | <u> </u>    |                | <sup>17</sup> OPERATOR CERTIFICATION  |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                | 1   |                     |   |                      |                  |                       |                                       |                        | n contained herein is                       |  |  |  |  |
| 2                            |                      |             |                |   |                     |   |                      |                  | true and complete     | to the be                             | est of my              | knowledge and belief.                       |  |  |  |  |
|                              |                      |             |                |   |                     | X   | /                    | •                |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     | 1   | •                    |                  |                       | $\overline{}$                         |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      | -                |                       |                                       | ,•                     |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       | }                                     |                        |   |  |  |  |  |
|                              |                      |             |                | <b> </b>  |                     |   |                      |                  |                       | <u>lu</u>                             | $\underline{\bigcirc}$ |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | Signature             |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | Donna Williams        |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | 11                    | Printed Name<br>Regulatory Compliance |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | Regulatory Compliance |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | 3/12/97               |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | Date                  | _                                     |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       | EVOR (                                | FRTI                   | FICATION                                    |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       |                                       |                        | on shown on this plat                       |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | was plotted from      | i field noi                           | tes of a               | ctual surveys made by that the same is true |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | and correct to the    | best of my b                          | elief.                 |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | Date of Survey        |                                       |                        | <u></u>                                     |  |  |  |  |
|                              | ·,                   |             |                |   |                     |   |                      |                  | Signature and Se      | al of Profe                           | ssional S              | HTVEVET'                                    |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  | Gignature and Se      |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                |   |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                | 1   |                     |   |                      |                  |                       |                                       |                        |   |  |  |  |  |
|                              |                      |             |                | 1   |                     |   |                      |                  | Certificate Numb      | er                                    |                        |   |  |  |  |  |
|                              |                      | 1           |                | 1   |                     | <b>i</b> .  |                      |                  |                       |                                       |                        |   |  |  |  |  |

District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 S. 1st Street, Artesia, NM 88210-2834 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505 State of New Mexico سergy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 Form C-102 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

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# WELL LOCATION AND ACREAGE DEDICATION PLAT

| <sup>1</sup> API Number      |                       |  |                            | <sup>2</sup> Pool | Code   | <sup>3</sup> Pool Name |                   |   |                       |                                       |  |
|------------------------------|-----------------------|--|----------------------------|-------------------|--|------------------------|-------------------|---|-----------------------|---------------------------------------|--|
|                              |                       | 51689 West Red Tank Delaware             |                            |                   |  |                        |                   |   |                       |                                       |  |
| <sup>4</sup> Property        | Code                  |  |                            |                   | <sup>5</sup> Property Name <sup>6</sup> Well Numbe |                        |                   |   |                       |                                       |  |
| 1646                         |                       |  | Mule Deer '36' State       |                   |  |                        |                   |   | T                     |                                       |  |
| 7 ÖGRID                      | No.                   |  |                            |                   |  |                        |                   | 2.0                                     |                       |                                       |  |
| 2648                         | 35                    | Burlington Resources Oil & Gas Co. 3747' |                            |                   |  |                        | 3747'             |   |                       |                                       |  |
|                              |                       |  |                            |                   | Surfac   | e Locati               |                   |   |                       | · · · · · · · · · · · · · · · · · · · |  |
| UL or lot no.                | Section               | Township                                 | Range                      | Lot. Id           |  |                        | North/South Line  | Feet from the                           |                       | est line                              | County   |
| H                            | 36                    | 22S                                      | 32E                        |                   |  | 50' <u> </u>           | North             | 860'                                    | Ea                    | ist                                   | Lea  |
|                              |                       |  | <sup>11</sup> Bo           | ttom H            | lole Location                                      | If Diffe               | erent From Surfac | e                                       |                       | _                                     |  |
| UL or lot no.                | Section               | Township                                 | Range                      | Lot. Id           | in Feet fro  | om the                 | North/South Line  | Feet from the                           | East/W                | Vest line                             | County   |
| <sup>12</sup> Dedicated Acre | s <sup>13</sup> Joint | or Infill                                | <sup>4</sup> Consolidation | Code              | 15 Order No.                                       |                        | <u>.</u>          |   | l                     |                                       |  |
| 40                           |                       |  |                            |                   |  |                        |                   | DHC-1363                                |                       |                                       |  |
| NO ALLOW                     | VABLE W               |  |                            |                   |  |                        | JNTIL ALL INT     |   |                       | N CON                                 | ISOLIDATED                                     |
|                              | _                     | OR A                                     | NONSTA                     | NDAR              | D UNIT HA  | S BEEN                 | APPROVED B        | Y THE DIVISIO                           | DN                    |                                       |  |
| [                            |                       |  |                            |                   |  |                        |                   |   |                       |                                       | ICATION  |
|                              |                       |  |                            |                   |  |                        |                   | I hereby certify t<br>true and complete | hat the i<br>to the b | nformatio<br>est of my                | n contained herein is<br>knowledge and belief  |
|                              |                       |  |                            |                   |  | X                      | -                 | H ·                                     |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        | •                 |   |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   |   |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | IL.                                     | /<br>. (              |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | Signature                               | $\sim$                | ~                                     |  |
|                              |                       |  |                            |                   |  |                        |                   | Donna Will                              | iams                  |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | Printed Name                            |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | Regulatory                              | Comp                  | liance                                |  |
|                              |                       |  |                            |                   |  |                        |                   | Title<br>3/12/97                        |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | Date                                    |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   |   | VOD 4                 | CEDTI                                 | FICATION                                       |
|                              | ]                     |  |                            |                   |  |                        |                   | I hereby certify t                      | hat the w             | vell locati                           | FICATION<br>on shown on this plat              |
|                              | :                     |  |                            |                   |  |                        |                   | I was plotted from                      | field no<br>supervisi | ion, and                              | ctual surveys made by<br>that the same is true |
|                              |                       |  |                            |                   |  |                        |                   |   | ~ ~                   |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | Date of Survey                          |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | Signature and Sea                       | al of Prof            | essional S                            | urveyer:                                       |
|                              |                       |  |                            |                   |  |                        |                   |   |                       |                                       | <b>,</b>                                       |
|                              |                       |  |                            |                   |  |                        |                   |   |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   |   |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   |   |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   |   |                       |                                       |  |
|                              |                       |  |                            |                   |  |                        |                   | Certificate Numb                        | er                    |                                       |  |

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88211-0719

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

DISTRICT IV P.O. Box 2088, Santa Fe, NM 87504-2088 State of New Mex. J

Energy, Minerals and Natural Resources Department

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# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

□ AMENDED REPORT

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## WELL LOCATION AND ACREAGE DEDICATION PLAT

| Property Code       Property Name       Well Number         16462       MULE DEER 36 STATE       6         OGRID No.       Operator Name       6         26485       MERIDIAN OIL INC.       3753         Surface Location         UL or lot No.       Section         0       36       22 S       32 E       330       SOUTH       1980       EAST       Li         Bottom Hole Location If Different From Surface   | арі Num<br>30-025-3: |   | 51683        | Pool Code<br>51689 | R          | ed Tank Bone Spr | Pool Name<br>ng/West Red Tank Delaware   |   |         |
|---|----------------------|---|--------------|--------------------|------------|------------------|--|---|---------|
| OCERD No.<br>26485     Operator Name<br>MERIDIAN OIL INC.     Derestion<br>3753       Surface Location       UL or lot No.<br>36     22 S     32 E     Lot Idn     Peet from the<br>330     SOUTH     Peet from the<br>SOUTH     Peet from the<br>1980     EAST     Lot<br>Lot       Bottom Hole Location If Different From Surface       UL or lot No.<br>Section     Section     Township     Range     Lot Idn     Feet from the<br>North/South line     Feet from the     EAST     Lot       Bottom Hole Location If Different From Surface       UL or lot No.       Section       SAME AS SURFACE       Dedicated Acres       Joint or Infill<br>Consolidation Code     Order No.       OPTIME Division   | Property Code        |   |              | Pi                 | operty Nan | le               | ••••   | Well Num  | 1ber    |
| 26485     MERIDIAN OIL INC.     3753       Surface Location       UL or lot No.     Section     Township     Range     Lot Idn     Peet from the     North/South line     Peet from the     EAST     Line       O     36     22 S     32 E     330     SOUTH     1980     EAST     Line       O     36     22 S     32 E     Intervention of the section of |                      |   |              |                    |            |                  |  |   |         |
| Surface Location         UL or lot No.       Section       Township       Range       Lot Idn       Feet from the distance       North/South line       Feet from the least/West line       Case         0       36       22 S       32 E       330       SOUTH       1980       EAST       Li         Bottom Hole Location If Different From Surface         UL or lot No.       Section       Township       Range       Lot Idn       Peet from the       North/South line       Peet from the       EAST       Li         Bottom Hole Location If Different From Surface         UL or lot No.         South Associate from the from the from the from the from the location If Different From Surface         Joint or Infill Consolidation Code       Order No.         40       OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION       Interve or from the information of the informating the information of the information of th   |                      |   |              | -                  |            |                  |  | 1   | п       |
| UL or lot No.       Section       Township       Range       Lot Idn       Feet from the       North/South Hine       Peet from the       East/Wert Hine       Com         0       36       22 S       32 E       It       South       South       1980       EAST       It         Bottom Hole Location If Different From Surface         UL or lot No.       Section       Township       Range       Lot Idn       Feet from the       North/South Hine       Feet from the       EAST       It         Bottom Hole Location If Different From Surface         UL or lot No.       Section       Township       Range       Lot Idn       Feet from the       North/South Hine       Feet from the       East/Wert Hine       Com         South Age       Joint or Infill       Consolidation Code       Order No.         40       On ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION         OPERATOR CERTIFICATION         A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION         Donna Williams         Printed Name         Regulatory Comliance         Donna Williams  |                      | l   | ·            |                    | ······     |                  | <u></u>  |   |         |
| Bottom Hole Location If Different From Surface UL or lot No. Section Township Range Lot Idn Peet from the North/South line Peet from the East/West Line Com SAME AS SURFACE Dedicated Acres Joint or Infill Consolidation Code Order No. 40 NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION OPERATOR CERTIFICATION I hereby cortify that the used mouthles to i beet of mit investigate and balar. Signature Donna Williams Printed Name Regulatory Comliance Regulatory Comliance Regulatory Comliance SURVEYOR CERTIFICATION I hereby cortify that the used location dem   | UL or lot No. Sec    | ction Township  | Range        |                    |            |                  | Feet from the  | East/West line  | Cours   |
| UL or lot No. Section Township Range Lot Idn Peet from the North/South line Peet from the East/West line Com<br>SAME AS SURFACE Township Range Lot Idn Peet from the North/South line Peet from the East/West line Com<br>Bedicated Acres Joint or Infill Consolidation Code Order No.<br>40<br>NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED<br>OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION   | 0 3                  | 56 22 S   | 32 E         |                    | 330        | SOUTH            | 1980   | EAST  | LE      |
| SAME AS SURFACE       Joint or Infill Consolidation Code       Order No.       Order No.         40       NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION            OPERATOR CERTIFICATION             OPERATOR CERTIFICATION              DOTAGE and complete to 1   |                      |   | Bottom       | Hole Location      | If Diffe   | erent From Sur   | face   |   | •       |
| Dedicated Acres       Joint or Infill       Consolidation Code       Order No.         40       NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION         .       .       OPERATOR CERTIFICATION         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .       .       .       .         .   |                      | 1 .   | Range        | Lot Idn .Feet      | from the   | North/South line | Feet from the  | East/West line  | Cours   |
| 40 NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION OPERATOR CERTIFICATION I hereby certify the the information ontoined form is true and complete to 1 best of my knowledge and bestef. Donna Williams Printed Name Regulatory Comliance Tule 6/27/96 Date SURVEYOR CERTIFICATION I hereby certify that the well location also   |                      |   | oppolidation | Cada   Order No.   | ·····      |                  | L  | 1   |         |
| OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION  OPERATOR CERTIFICATION I harvety certify the the informatic contained Mitting end bails.  Donna Williams Printed Name Regulatory Comliance Thile 6/27/96 Date SURVEYOR CERTIFICATION I hereby certify that the well location also   |                      |   | OUBOLICATION | code order No.     |            |                  |  |   |         |
| OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION  OPERATOR CERTIFICATION I harvety certify the the informatio contained Mitrine is true and complete to i best of my knowlidge and bailst.  Donna Williams Printed Name Regulatory Comliance Nite 6/27/96 Date SURVEYOR CERTIFICATION I hereby certify that the well location also  |                      |   | SSIGNED      | TO THIS COMP       | ETTON I    |                  |  | EN CONCOLD  | TED     |
| OPERATOR CERTIFICATION I hereby certify the the information Signature Donna Williams Printed Name Regulatory Comliance Title 6/27/96 Date SURVEYOR CERTIFICATION I hereby certify that the well location show   | Ito AllowA           |   |              |                    |            |                  |  | SEN CONSOLIDA   | ILD     |
|   |                      | 1<br> <br> | ·            |                    |            |                  | Signature<br>Donna b<br>Printed Nam<br>Regulat<br>Title<br><u>6/27/96</u><br>Date<br>SURVEYO<br>I hereby certify | Villiams<br>ve<br>cory Comliance<br>OR CERTIFICAT<br>v that the well locate | ion she |

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District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 S. 1st Street, Artesia, NM 88210-2834 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505 State Of New Mexico Lnergy, Minerals & Natural Resources Department

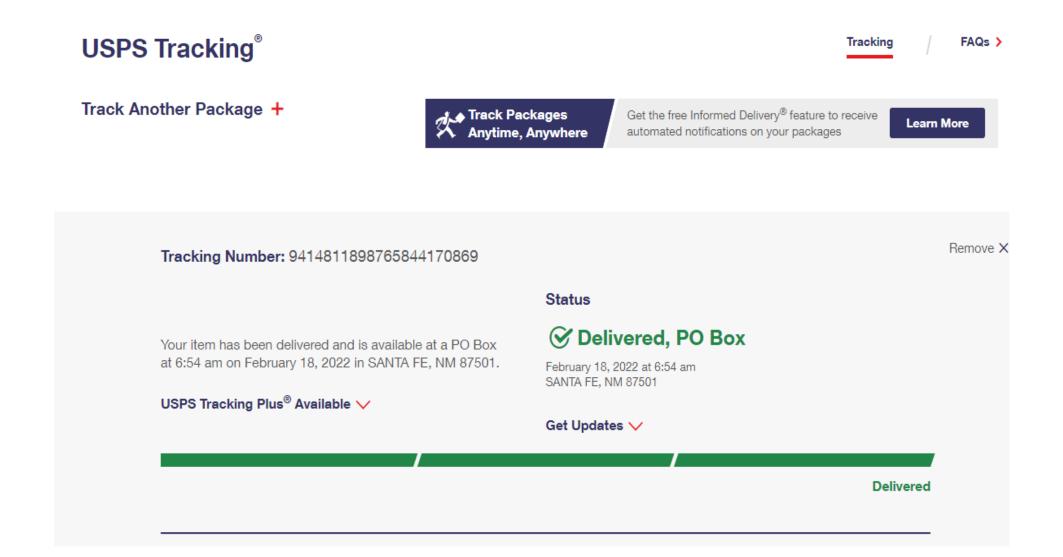
OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 Form C-102 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

## AMENDED REPORT

# WELL LOCATION AND ACREAGE DEDICATION PLAT

| <sup>1</sup> API Number |            |           |                 | <sup>2</sup> Pool | Code         | <sup>3</sup> Pool Name |                      |                                       |              |            |   |
|-------------------------|------------|-----------|-----------------|-------------------|--------------|------------------------|----------------------|---------------------------------------|--------------|------------|---|
| 30-02                   | 25-33688   |           |                 | 516               | 583          |                        | Red Tank Bone Spring |                                       |              |            |   |
| <sup>4</sup> Property   | Code       |           |                 |                   |              | roperty Nat            | me                   |                                       | Vell Number  |            |   |
| 1646                    | 2          |           |                 |                   | Mule D       | )eer '36               | 'State               |                                       |              |            | 1   |
| 7 OGRID                 |            |           |                 |                   |              | Operator Na            |                      |                                       | 9 Elevation  |            |   |
| 2648                    | 25         |           |                 | Burl              | lington Re   | sources                | 0il & Gas Co.        | 3754'                                 |              |            | 3754'   |
| 2040                    |            |           |                 |                   |              | ace Locat              |                      |                                       |              |            |   |
| III as lat so           | Section    | Township  | Range           | Lot. Id           |              | rom the                | North/South Line     | Feet from the                         | East/We      | st line    | County  |
| UL or lot no.           | 36         | 22S       | 32E             |                   |              | 330'                   | South                | 660'                                  | Eas          | it         | Lea   |
|                         | 30         |           |                 | <u> </u>          |              |                        | erent From Surfac    |                                       | <u> </u>     |            |   |
|                         |            |           | Bo              |                   |              |                        |                      | · · · · · · · · · · · · · · · · · · · |              |            | Country   |
| UL or lot no.           | Section    | Township  | Range           | Lot. Id           | in Feet      | from the               | North/South Line     | Feet from the                         | East/We      | est line   | County  |
|                         |            |           |                 |                   |              |                        |                      |                                       |              |            |   |
| 12 Dedicated Acre       | s 13 Joint | or Infill | 14Consolidation | n Code            | 15 Order No. |                        |                      |                                       |              |            |   |
| 40                      |            |           |                 |                   |              |                        |                      | DHC-1435                              |              |            |   |
|                         | WARIEW     |           | ASSIGNED        | TO TH             | IIS COMPI    | ETION I                | UNTIL ALL INT        | ERESTS HAV                            | E BEEN       | I CON      | SOLIDATED   |
| NO ALLO                 |            | OR A      | NONSTA          | NDAR              | D UNIT H     | AS BEEN                | APPROVED B           | Y THE DIVISI                          | ON           |            |   |
|                         |            |           |                 |                   | <u></u>      |                        |                      | ·                                     |              | RTIE       | ICATION   |
|                         |            |           |                 |                   |              |                        |                      | I hereby certify                      | that the inf | formation  | n contained herein is   |
|                         |            |           |                 |                   |              |                        |                      | true and complete                     | e to the bes | st of my l | nowledge and belief.  |
|                         |            |           |                 |                   |              |                        |                      |                                       |              |            | 1   |
|                         |            |           |                 |                   |              |                        |                      |                                       |              |            |   |
|                         | 1          |           |                 |                   |              |                        |                      | $\parallel \gamma \mid l$             |              | $\sim$     |   |
|                         |            |           |                 |                   |              |                        |                      |                                       | 1.           |            | )   |
|                         |            |           |                 |                   |              |                        |                      | ht                                    | u            |            |   |
|                         |            |           |                 |                   |              |                        |                      | Signature                             |              |            |   |
|                         |            |           |                 |                   |              |                        |                      | Donna Wil                             | liams        |            |   |
|                         |            |           |                 |                   |              |                        |                      | Regulator                             |              | iance      | 1   |
|                         |            |           |                 |                   |              |                        |                      | Title                                 | y compi      | Tunee      | ·   |
|                         |            |           |                 |                   |              |                        |                      | 2/24/97                               |              |            |   |
|                         |            |           |                 |                   |              |                        |                      | Date                                  |              |            |   |
|                         |            |           |                 |                   | <u>_</u>     |                        |                      |                                       |              | דרסיי      | FICATION  |
|                         | 1          |           |                 |                   |              |                        |                      | L hereby certify                      | that the we  | ell locati | on shown on this plat   |
|                         |            |           |                 |                   |              |                        |                      | was plotted from                      | n field not  | tes of a   | on shown on this plat<br>ctual surveys made by<br>that the same is true |
|                         |            |           |                 |                   |              |                        |                      | and correct to the                    | best of my b | elief.     |   |
|                         |            |           |                 |                   |              |                        |                      |                                       |              |            |   |
|                         |            |           |                 |                   |              |                        |                      | 11                                    |              |            |   |
|                         |            |           |                 |                   |              |                        |                      | Date of Survey                        |              |            |   |
|                         |            |           |                 | +                 |              | <u> </u>               |                      | -                                     | al of Beach  | mine-1 P   | Infrater'   |
|                         |            |           |                 |                   |              |                        |                      | Signature and Se                      | cal of Pioic | ssional S  | urveyer.  |
|                         |            |           |                 |                   |              |                        |                      |                                       |              |            |   |
|                         |            |           |                 | 1                 |              | 1                      |                      | ł                                     |              |            |   |
|                         |            |           |                 |                   |              | 1                      |                      | 7                                     |              |            |   |
|                         |            |           |                 |                   |              |                        | • · · · ·            | 11                                    |              |            |   |
| K                       |            |           |                 |                   |              |                        |                      | Corriform Num                         |              |            |   |
|                         |            |           |                 | <u> </u>          |              |                        |                      | Certificate Num                       |              |            |   |

#### **Page 14 of 21** Form C-102



| From:        | McClure, Dean, EMNRD on behalf of Engineer, OCD, EMNRD  |
|--------------|---|
| To:          | Musallam, Sandra C; Schenkel, Beth V  |
| Cc:          | <u>McClure, Dean, EMNRD; Kautz, Paul, EMNRD; Wrinkle, Justin, EMNRD; Powell, Brandon, EMNRD; lisa@rwbyram.com;</u><br>Dawson, Scott |
| Subject:     | Approved Administrative Order PC-1402   |
| Date:        | Thursday, December 29, 2022 3:29:22 PM  |
| Attachments: | PC1402 Order.pdf  |

NMOCD has issued Administrative Order PC-1402 which authorizes Oxy USA, Inc. (16696) to surface commingle or off-lease measure, as applicable, the following wells:

| Well API     | Well Name               | UL or Q/Q | S-T-R      | Pool  |
|--------------|-------------------------|-----------|------------|-------|
| 30-025-33014 | Mule Deer 36 State #2   | G         | 36-22S-32E | 51683 |
| 30-025-33014 | Mule Deer 56 State #2   | G         | 36-22S-32E | 51689 |
| 20.025.22107 | Marla Datar 26 State #4 | Α         | 36-22S-32E | 51683 |
| 30-025-33107 | Mule Deer 36 State #4   | Α         | 36-228-32E | 51689 |
| 30-025-33093 | Mule Deer 36 State #3   | J         | 36-22S-32E | 51683 |
| 30-025-33498 | Mule Deer 36 State #6   | 0         | 36-22S-32E | 51683 |
| 30-025-33688 | Mule Deer 36 State #7   | Р         | 36-22S-32E | 51683 |

The administrative order is attached to this email and can also be found online at OCD Imaging.

Please review the content of the order to ensure you are familiar with the authorities granted and any conditions of approval. If you have any questions regarding this matter, please contact me.

Dean McClure Petroleum Engineer, Oil Conservation Division New Mexico Energy, Minerals and Natural Resources Department (505) 469-8211

# STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT OIL CONSERVATION DIVISION

# **APPLICATION FOR SURFACE COMMINGLING SUBMITTED BY OXY USA, INC.**

# ORDER NO. PC-1402

# <u>ORDER</u>

The Director of the New Mexico Oil Conservation Division ("OCD"), having considered the application and the recommendation of the OCD Engineering Bureau, issues the following Order.

# FINDINGS OF FACT

- 1. Oxy USA, Inc. ("Applicant") submitted a complete application to surface commingle the oil and gas production from the pools, leases, and wells identified in Exhibit A ("Application").
- 2. Applicant proposed a method to allocate the oil and gas production to the pools, leases, and wells to be commingled.
- 3. To the extent that ownership is identical, Applicant submitted a certification by a licensed attorney or qualified petroleum landman that the ownership in the pools, leases, and wells to be commingled is identical as defined in 19.15.12.7.B. NMAC.
- 4. To the extent that ownership is diverse, Applicant provided notice of the Application to all persons owning an interest in the oil and gas production to be commingled, including the owners of royalty and overriding royalty interests, regardless of whether they have a right or option to take their interests in kind, and those persons either submitted a written waiver or did not file an objection to the Application.
- 5. Applicant provided notice of the Application to the Bureau of Land Management ("BLM") or New Mexico State Land Office ("NMSLO"), as applicable.
- 6. Applicant certified the commingling of oil and gas production from the pools, leases, and wells will not in reasonable probability reduce the value of the oil and gas production to less than if it had remained segregated.
- 7. Applicant in the notice for the Application stated that it sought authorization to prospectively include additional pools, leases, and wells in accordance with 19.15.12.10.C.(4)(g) NMAC.
- 8. Applicant stated that it sought authorization to surface commingle and off-lease measure, as applicable, oil and gas production from wells which have not yet been approved to be drilled, but will produce from a pool and lease identified in Exhibit A.

# **CONCLUSIONS OF LAW**

9. OCD has jurisdiction to issue this Order pursuant to the Oil and Gas Act, NMSA 1978, §§ 70-2-6, 70-2-11, 70-2-12, 70-2-16, and 70-2-17, 19.15.12. NMAC, and 19.15.23. NMAC.

Order No. PC-1402

- 10. Applicant satisfied the notice requirements for the Application in accordance with 19.15.12.10.A.(2) NMAC, 19.15.12.10.C.(4)(c) NMAC, and 19.15.12.10.C.(4)(e) NMAC, as applicable.
- 11. Applicant satisfied the notice requirements for the Application in accordance with 19.15.23.9.A.(5) NMAC and 19.15.23.9.A.(6) NMAC, as applicable.
- 12. Applicant's proposed method of allocation, as modified herein, complies with 19.15.12.10.B.(1) NMAC or 19.15.12.10.C.(1) NMAC, as applicable.
- 13. Commingling of oil and gas production from state, federal, or tribal leases shall not commence until approved by the BLM or NMSLO, as applicable, in accordance with 19.15.12.10.B.(3) NMAC and 19.15.12.10.C.(4)(h) NMAC.
- 14. Applicant did not give adequate notice that it sought authorization to prospectively include additional pools, leases, or wells as required by 19.15.12.10.C.(4)(g) NMAC.
- 15. By granting the Application with the conditions specified below, this Order prevents waste and protects correlative rights, public health, and the environment.

## <u>ORDER</u>

1. Applicant is authorized to surface commingle oil and gas production from the pools, leases, and wells identified in Exhibit A.

Applicant is authorized to surface commingle oil and gas production from wells not included in Exhibit A but that produce from a pool and lease identified in Exhibit A.

- 2. The allocation of oil and gas production to wells not included in Exhibit A but that produce from a pool and lease identified in Exhibit A shall be determined in the same manner as to wells identified in Exhibit A that produce from that pool and lease, provided that if more than one allocation method is being used or if there are no wells identified in Exhibit A that produce from the pool and lease, then allocation of oil and gas production to each well not included in Exhibit A shall be determined by OCD prior to commingling production from it with the production from another well.
- 3. The oil and gas production for each well identified in Exhibit A shall be allocated by conducting a minimum of one (1) well test per month.

Applicant shall conduct a well test by separating and measuring the oil and gas production from that well for a minimum of twenty-four (24) consecutive hours.

The well test requirements of this Order shall be suspended for any well shut-in for a period that continues for more than thirty (30) days until the well commences production.

- 4. Applicant shall measure and market the commingled oil at a central tank battery described in Exhibit A in accordance with this Order and 19.15.18.15. NMAC or 19.15.23.8. NMAC.
- 5. Applicant shall measure and market the commingled gas at a well pad, central delivery point, central tank battery, or gas title transfer meter described in Exhibit A in accordance with this

Order No. PC-1402

Order and 19.15.19.9. NMAC, provided however that if the gas is vented or flared, and regardless of the reason or authorization pursuant to 19.15.28.8.B. NMAC for such venting or flaring, Applicant shall measure or estimate the gas in accordance with 19.15.28.8.E. NMAC.

- 6. Applicant shall calibrate the meters used to measure or allocate oil and gas production in accordance with 19.15.12.10.C.(2) NMAC.
- 7. If the commingling of oil and gas production from any pool, lease, or well reduces the value of the commingled oil and gas production to less than if it had remained segregated, no later than sixty (60) days after the decrease in value has occurred Applicant shall submit a new surface commingling application to OCD to amend this Order to remove the pool, lease, or well whose oil and gas production caused the decrease in value. If Applicant fails to submit a new application, this Order shall terminate on the following day, and if OCD denies the application, this Order shall terminate on the date of such action.
- 8. Applicant's request for authorization to add pools, leases, and wells prospectively pursuant to 19.15.12.10.C.(4)(g) NMAC is denied.
- 9. If a well is not included in Exhibit A but produces from a pool and lease identified in Exhibit A, then Applicant shall submit Forms C-102 and C-103 to the OCD Engineering Bureau after the well has been approved to be drilled and prior to off-lease measuring or commingling oil or gas production from it with the production from another well. The Form C-103 shall reference this Order and identify the well, proposed method to determine the allocation of oil and gas production to it, and the location(s) that commingling of its production will occur.
- 10. Applicant shall not commence commingling oil or gas production from state, federal, or tribal leases until approved by the BLM or NMSLO, as applicable.
- 11. If OCD determines that Applicant has failed to comply with any provision of this Order, OCD may take any action authorized by the Oil and Gas Act or the New Mexico Administrative Code (NMAC).
- 12. OCD retains jurisdiction of this matter and reserves the right to modify or revoke this Order as it deems necessary.

# STATE OF NEW MEXICO OIL CONSERVATION DIVISION



DATE: 12/29/2022

|   | State of New Mex   |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
|   | Energy, Minerals and Natural Res   | sources Department  |  |  |  |  |  |
| Exhibit A   |  |   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
| Order: PC-1402<br>Operator: Oxy USA, Inc. (16696) |  |   |  |  |  |  |  |
|   | Central Tank Battery: Mule Deer 36 St  | tate Battery  |  |  |  |  |  |
| Central   | Tank Battery Location: UL B, Section 3   | 6, Township 22 Sou  | th, Range 32 Eas   | st   |  |  |  |
| Gas Title T                                       | ransfer Meter Location: UL B, Section 3  | 6, Township 22 Sou  | th, Range 32 Eas   | st   |  |  |  |
|   | Pools  |   |  |  |  |  |  |
|   |  | ool Name  | Pool Code  |  |  |  |  |
|   | RED TANK   | <b>RED TANK; BONE SPRING</b>                                      |  |  |  |  |  |
|   | <b>RED TANK; DEI</b>   | LAWARE, WEST  | 51689  |  |  |  |  |
|   |  | ,   |  |  |  |  |  |
|   |  |   |  |  |  |  |  |
|   | Leases as defined in 19.15.<br>Lease   |   | S-T-R  |  |  |  |  |
|   | Leases as defined in 19.15.  | 12.7(C) NMAC  |  |  |  |  |  |
|   | Leases as defined in 19.15.<br>Lease   | 12.7(C) NMAC<br>UL or Q/Q   | S-T-R  |  |  |  |  |
| Well API  | Leases as defined in 19.15.<br>Lease<br>VO 38120002  | 12.7(C) NMAC<br>UL or Q/Q   | S-T-R  | Pool   |  |  |  |
|   | Leases as defined in 19.15.<br>Lease<br>VO 38120002<br>Wells<br>Well Name  | 12.7(C) NMAC<br>UL or Q/Q<br>E/2                                  | S-T-R<br>36-22S-32E  |  |  |  |  |
| Well API<br>30-025-33014                          | Leases as defined in 19.15.<br>Lease<br>VO 38120002<br>Wells   | 12.7(C) NMAC<br>UL or Q/Q<br>E/2<br>UL or Q/Q                     | S-T-R<br>36-22S-32E<br>S-T-R   | 51683  |  |  |  |
| 30-025-33014                                      | Leases as defined in 19.15.<br>Lease<br>VO 38120002<br>Wells<br>Well Name<br>Mule Deer 36 State #2   | 12.7(C) NMAC<br>UL or Q/Q<br>E/2<br>UL or Q/Q<br>G                | S-T-R<br>36-22S-32E<br>S-T-R<br>36-22S-32E   | 51683<br>51689   |  |  |  |
|   | Leases as defined in 19.15.<br>Lease<br>VO 38120002<br>Wells<br>Well Name<br>Mule Deer 36 State #2<br>Mule Deer 36 State #4                          | 12.7(C) NMAC<br>UL or Q/Q<br>E/2<br>UL or Q/Q<br>G<br>G           | S-T-R<br>36-22S-32E<br>S-T-R<br>36-22S-32E<br>36-22S-32E                             | 51683<br>51689<br>51683                                    |  |  |  |
| 30-025-33014                                      | Leases as defined in 19.15.<br>Lease<br>VO 38120002<br>Wells<br>Well Name<br>Mule Deer 36 State #2<br>Mule Deer 36 State #4<br>Mule Deer 36 State #3 | 12.7(C) NMAC<br>UL or Q/Q<br>E/2<br>UL or Q/Q<br>G<br>G<br>A      | S-T-R<br>36-22S-32E<br>S-T-R<br>36-22S-32E<br>36-22S-32E<br>36-22S-32E               | 51683<br>51689<br>51683<br>51689                           |  |  |  |
| 30-025-33014<br>30-025-33107                      | Leases as defined in 19.15.<br>Lease<br>VO 38120002<br>Wells<br>Well Name<br>Mule Deer 36 State #2<br>Mule Deer 36 State #4                          | 12.7(C) NMAC<br>UL or Q/Q<br>E/2<br>UL or Q/Q<br>G<br>G<br>A<br>A | S-T-R<br>36-22S-32E<br>S-T-R<br>36-22S-32E<br>36-22S-32E<br>36-22S-32E<br>36-22S-32E | Pool<br>51683<br>51689<br>51683<br>51683<br>51683<br>51683 |  |  |  |

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III

1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3470 Fax: (505) 476-3462

# **State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division** 1220 S. St Francis Dr. Santa Fe, NM 87505

CONDITIONS

Action 81029

CONDITIONS

| Operator:             | OGRID:  |
|-----------------------|---|
| OXY USA INC           | 16696   |
| P.O. Box 4294         | Action Number:                                  |
| Houston, TX 772104294 | 81029   |
|                       | Action Type:                                    |
|                       | [C-107] Surface Commingle or Off-Lease (C-107B) |

| CONDITIONS | 8  |                |
|------------|--|----------------|
| Created By | Condition  | Condition Date |
| dmcclure   | Please review the content of the order to ensure you are familiar with the authorities granted and any conditions of approval. If you have any questions regarding this matter, please contact me. | 12/29/2022     |