

DATE IN 9/2/03	SUSPENSE NA	ENGINEER DRC	LOGGED IN LR	TYPE OLS	APP NO. PLR0324551166
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ABOVE THIS LINE FOR DIVISION USE ONLY

MS 29 2003

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



189

ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

- [1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]
- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD
- Check One Only for [B] or [C]
- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM
- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR
- [D] Other: Specify _____
- [2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply
- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached
- [3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for 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.

STAN WAGNER

Print or Type Name

Stan Wagner
Signature

REGULATORY ADMINISTRATOR

Title

8/25/03

Date

Stan.wagner@cogresources.com
e-mail Address

District I
1625 N. French Drive, Hobbs, NM 88240
District II
1301 W. Grand Ave, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410
District IV
1220 S. St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised June 10, 2003

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: EOG RESOURCES, INC.
OPERATOR ADDRESS: P.O. BOX 2267 MIDLAND, TX 79702
APPLICATION TYPE:

Pool Commingling Lease Commingling Pool and Lease Commingling Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: Fee State Federal

Is this an Amendment to existing Order? Yes No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
 Yes No

(A) POOL COMMINGLING
Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

(2) Are any wells producing at top allowables? Yes No
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No.
(4) Measurement type: Metering Other (Specify)
(5) Will commingling decrease the value of production? Yes No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING
Please attach sheets with the following information

(1) Pool Name and Code.
(2) Is all production from same source of supply? Yes No.
(3) Has all interest owners been notified by certified mail of the proposed commingling? Yes No
(4) Measurement type: Metering Other (Specify)

(C) POOL and LEASE COMMINGLING
Please attach sheets with the following information

(1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT
Please attached sheets with the following information

(1) Is all production from same source of supply? Yes No
(2) Include proof of notice to all interest owners.

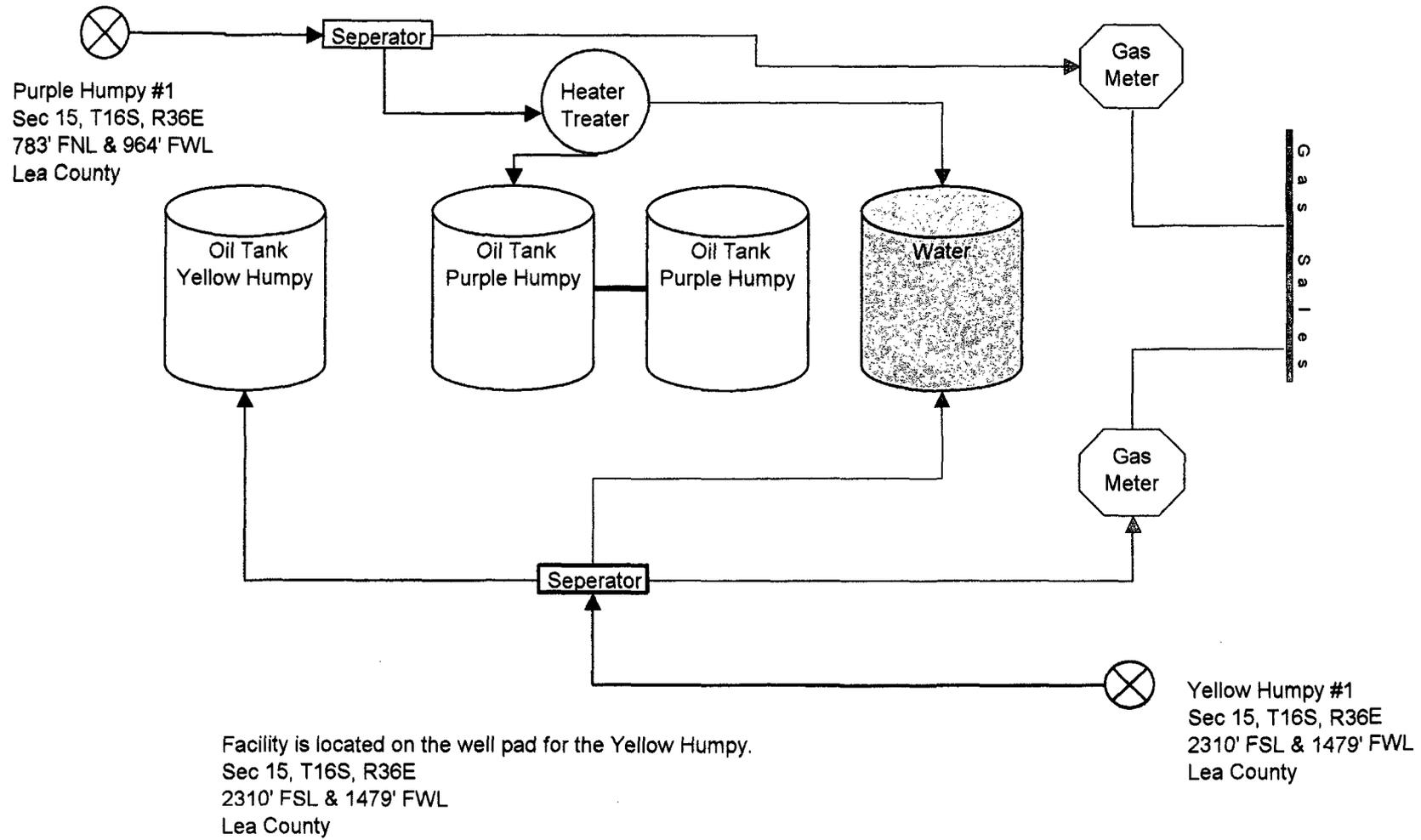
(E) ADDITIONAL INFORMATION (for all application types)
Please attach sheets with the following information

(1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: Stan Wagner TITLE: Regulatory Analyst DATE: 8/27/03
TYPE OR PRINT NAME Stan Wagner TELEPHONE NO.: 432 686 3689
E-MAIL ADDRESS: _____

No Scale



LOVINGTON

Map section showing various land parcels with owner names and dates. Key owners include B.L. McMahon, J.M. Denton, W.E. Gore, and R.D. Goodrich. Dates range from 2000 to 2004. The word "LOVINGTON" is printed in large letters across the center of this section.

Map section showing various land parcels with owner names and dates. Key owners include J.M. Denton, J. W. Concho, and R. Nightengale. Dates range from 2001 to 2005. The word "LOVINGTON" is printed in large letters across the center of this section.

Map section showing various land parcels with owner names and dates. Key owners include Yates Pet., Arrington, and Upland Corp. Dates range from 2003 to 2005. The word "LOVINGTON" is printed in large letters across the center of this section.

Permian VA-1
Yates Pet. Saibar St Co. (Chesapeake) (Saibar) NBC/W: (TO 1125)

Purple Humpy #1
30-025-36089

Arrington, et al Ocean #2
7-1-2005 V-5886 31252

Arrington, et al Ocean #2
18-2894

State, M.L. Sally Bristol, Barbara Patterson (S)

Chesapeake Blackmon St. TO 1180 DIA 3-25-99 Chesapeake TO 1154

Chesapeake Blackmon Arrington Orange Humpy TO 1154

Arrington, et al Ocean #2 15-2000

Arrington, et al Ocean #2
7-1-2005 V-5886 31252

Arrington, et al Ocean #2
18-2894

State, M.L. Sally Bristol, Barbara Patterson (S)

Upland Corp. 2-1-2005 V-5726 98393

Marathon 2-1-2005 V-5725 15088

Yellow Humpy #1
30-025-34568

Upland Corp. 2-1-2005 V-5726 98393

Marathon 2-1-2005 V-5725 15088

Yellow Humpy #1
30-025-34568

Chesapeake Oper. 7-8-2002

Notice of this application is being furnished to the following working interest owners:

Chesapeake Exploration Ltd Partnership
P.O. Box 18496
Oklahoma City, OK 73154

Northport Production Company
2601 NW Expressway, Suite 902E
Oklahoma City, OK 73112

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature X <i>Diana Michelle</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Northport Production Company 2601 NW Expressway, Ste 902E Oklahoma City, OK 73112	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7000 0520 0020 3843 0543 PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
	B. Date of Delivery AUG 25 2003	
1. Article Addressed to:	C. Signature X <i>Brian James</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Chesapeake Exploration P.O. Box 18496 Oklahoma City, OK 73154	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Copy from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7000 0520 0020 3843 0536 PS Form 3811, July 1999	Domestic Return Receipt 102595-99-M-1789	

API Well Number :

OGRID Name :

Property Name :

Pool Name :

County :

Well Type :

Well Status :

Permit :

15 Section Land

16 Township Dir.

36 Range Dir.

Company	Inspections	Well Master
Scheduler	Mech. Int. Tests	Well History
Data Action	Idle Detail	Env. Inspections
Admin Permits	Idle Management	Incidents
Hearing Orders	R U N  G I S	Pool Master
Compliance		Surf Facilities

Close all Functions and Exit RBDMS

Clear Criteria Fields

Apply Selection Criteria

Make Group Inspection or 'Sync' Tables from Displayed Records



API WELL #	Well Name	Well #	Type	Stat	Surf	UL	TN	Feet	NS	Ft	EW	Order
30-025-32415-00-00	SMITH 15	001	O	A	P	N	1	660	S	1980	W	
30-025-34568-00-00	YELLOW HUMPY	001	O	A	P	K	1	2310	S	1479	W	
30-025-30598-00-00	PRE-ONGARD WELL	001	O	P	S	I	1	2300	S	500	E	
30-025-36089-00-00	PURPLE HUMPY 15	001	O	A	P	D	1	783	N	964	W	

Yellow-Diamond-Straw