

DISTRICT I  
1029 N. Francis Dr., Hobbs, NM 88240  
DISTRICT II  
611 South First St., Artesia, NM 88210  
DISTRICT III  
1050 Regent St., Roswell, NM 87410  
DISTRICT IV  
2040 S. Pineda, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

204C S. Pacheco  
Santa Fe, New Mexico 87505-6429

Form C-107-A  
Revised August 1999

APPROVAL PROCESS

Administrative ☒ Hearing ☐

EXISTING WELLBORE

☒ YES ☐ NO

APPLICATION FOR DOWNHOLE COMMINGLING

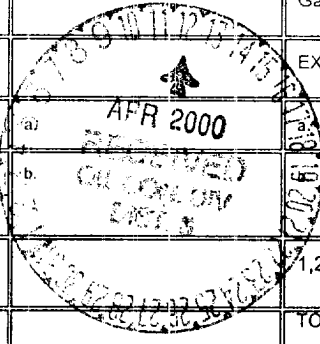
Conoco Inc. P.O. Box 2197 Houston, TX 77252-2197

Operator Address

SAN JUAN 28-7 *DMT* 84 G, SEC. 5, T27N, R7W RIO ARriba

Tract Well No Unit Tr. - Sec. - Twp. - Rge County

OGRID NO 005073 Property Code 016608 API NO. 30-039-07195 Spacing Unit Lease Types ☒ Track 1 or more  
Federal ☒ State ☐ (and/or) Fee ☐

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	BASIN FRUITLAND COAL 71629		BLANCO P.C. SOUTH 72439
2. Top and Bottom of Pay Section (Perforations)	PROPOSED PERFS: 2956 - 3168		PROPOSED PERFS: 3199 - 3272
3. Type of production (Oil or Gas)	Gas - expected		Gas - expected
4. Method of Production (Flowing or Artificial Lift)	EXPECTED TO FLOW		EXPECTED TO FLOW
5. Bottomhole Pressure Oil Zones - Artificial Lift: Gas & Oil - Flowing: All Gas Zones: Estimated Current Measured Current Estimated Or Measured Original	a. (Current) 1,167 b. (Original) 1,167		a. 653 b. 1,250
6. Oil Gravity (EAPI) or Gas BTU Content	1,045		1,250
7. Producing or Shut-in?	TO BE COMPLETED		TO BE COMPLETED
Production Marginal? (yes or no)	Yes		YES
* If Shut-in, give date and oil/gas/water rates of last production Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data. * If Producing, give date and oil/gas/water rates of recent test (within 30 days)	Date: EST. Rates: 150 MCFD	Date: Rates:	Date: EST. Rates: 200 MCFD
8. Fixed Percentage Allocation Formula - % for each zone (total of %s to equal 100%)	Oil: <input type="checkbox"/> Gas: <input type="checkbox"/> ALLOCATE BY TEST	Oil: <input type="checkbox"/> Gas: <input type="checkbox"/>	Oil: <input type="checkbox"/> Gas: <input type="checkbox"/> ALLOCATE BY TEST

9. If allocation formula is based upon something other than current or past production, or is based upon some other method, submit attachments with supporting data and/or explaining method and providing rate projections or other required data.

10. Are all working, overriding, and royalty interests identical in all commingled zones? ☒ Yes ☐ No  
If not, have all working, overriding, and royalty interests been notified by certified mail? ☒ Yes ☐ No

11. Will cross-flow occur? ☒ Yes ☐ No If yes, are fluids compatible, will the formations not be damaged, will any cross-flowed production be recovered, and will the allocation formula be reliable. ☒ Yes ☐ No (If No, attach explanation)

12. Are all produced fluids from all commingled zones compatible with each other? ☒ Yes ☐ No

13. Will the value of production be decreased by commingling? ☐ Yes ☒ No (If Yes, attach explanation)

14. If this well is on, or communitized with, state or federal lands, either the Commissioner of Public Lands or the United States Bureau of Land Management has been notified in writing of this application. ☒ Yes ☐ No

15. NMOC Reference Cases for Rule 303(D) Exceptions: ORDER NO(S) \_\_\_\_\_

16. ATTACHMENTS:

- \* C-102 for each zone to be commingled showing its spacing unit and acreage dedication.
- \* Production curve for each zone for at least one year. (If not available, attach explanation.)
- \* For zones with no production history, estimated production rates and supporting data.
- \* Data to support allocation method or formula.
- \* Notification list of working, overriding, and royalty interests for uncommon interest cases.
- \* Any additional statements, data, or documents required to support commingling.

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

SIGNATURE *Deborah Moore* TITLE Regulatory Analyst DATE 3/31/00

TYPE OR PRINT NAME Deborah Moore

TELEPHONE NO. (281) 293-1005