

DATE IN 01/23/14	SUSPENSE	ENGINEER PRG	LOGGED IN 01/17/14	TYPE DHC	APP NO. PMAM 1401741438
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ABOVE THIS LINE FOR DIVISION USE ONLY

Admin

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



RECEIVED

JAN 23 2014

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
 X DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

[D] Other: Specify _____

Lawson Operating
 30-025-28164
 State MX *1

[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] X 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.

Phillip Lawson

Print or Type Name

Signature

Manager

Title

1-20-14

Date

pllawson@aol.com
 e-mail Address

**Lawson Operating, LLC
P O Box 52667
Midland, Texas 79710
Phillip Lawson, Manager**

RECEIVED OGD
2014 JAN 16 PM 3:09

December 27, 2013

Mr. Phillip Goetze
NMOCD
1220 South Saint Francis Drive
Santa Fe, NM 87505

RE: C-107

Mr. Goetze,

Enclosed you will find a completed form C-107 for our State MX No. 1, API number 30-025-28164, located in Lea County, NM. As per our recent telephone conversation we will evaluate relative production rates from the Bone Springs and Wolfcamp zones during workover and testing operations to determine the allocation percentages from the various zones.

The well is located on state lands and a letter notifying the NMSLO of our request to commingle the Wolfcamp and Bone Springs in this well is being sent to them concurrently with our C-107.

I have also completed forms C-103 and CL-144EZ and sent them to the NMOCD District Office in Hobbs.

Please feel free to call or email me regarding this application.

Sincerely,

Phillip Lawson, PE
Manager
432-556-0797-Cellular
pplawson@aol.com

District I
1625 N. French Drive, Hobbs, NM 88240

District II
811 S. First St., 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-107A
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

APPLICATION TYPE
☒ Single Well
☐ Establish Pre-Approved Pools
EXISTING WELLBORE
☒ Yes ☐ No

APPLICATION FOR DOWNHOLE COMMINGLING

Lawson Operating LLC
Operator

P O Box 52667, Midland, Texas 79710
Address

State MX
Lease

1
Well No.

D Section 15, T-19-S, R-35-E
Unit Letter-Section-Township-Range

Lea
County

OGRID No. 270358 Property Code 311834 API No.30-025-28164 Lease Type: ☐ Federal ☒ State ☐ Fee

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	Scharb, Bone Springs		Scharb, Wolfcamp Southeast
Pool Code	55610		55650
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	9336'-9356' 9462'-9472'		10454'-10518' 10600'-10640' 10662'-10674'
Method of Production (Flowing or Artificial Lift)	Artificial lift		Artificial lift
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone)			
Oil Gravity or Gas BTU (Degree API or Gas BTU)			
Producing, Shut-In or New Zone	Producing		Shut-in
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.)	Date:12/12/13 Rates:1/2 BO/20BW/TSTM gas	Date: Rates:	Date:Pre-1985 Rates:Unknown
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil Gas % %	Oil Gas % %	Oil Gas % %

ADDITIONAL DATA

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

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

Will commingling decrease the value of production? Yes ☐ No ☒

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

NMOCD Reference Case No. applicable to this well: _____

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, royalty and overriding royalty interests for uncommon interest cases.
- Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:

- List of other orders approving downhole commingling within the proposed Pre-Approved Pools
- List of all operators within the proposed Pre-Approved Pools
- Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.
- Bottomhole pressure data.

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

SIGNATURE  TITLE Manager DATE December 17, 2013

TYPE OR PRINT NAME Phillip Lawson TELEPHONE NO. (432)556-0797

E-MAIL ADDRESS pllawson@aol.com

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section

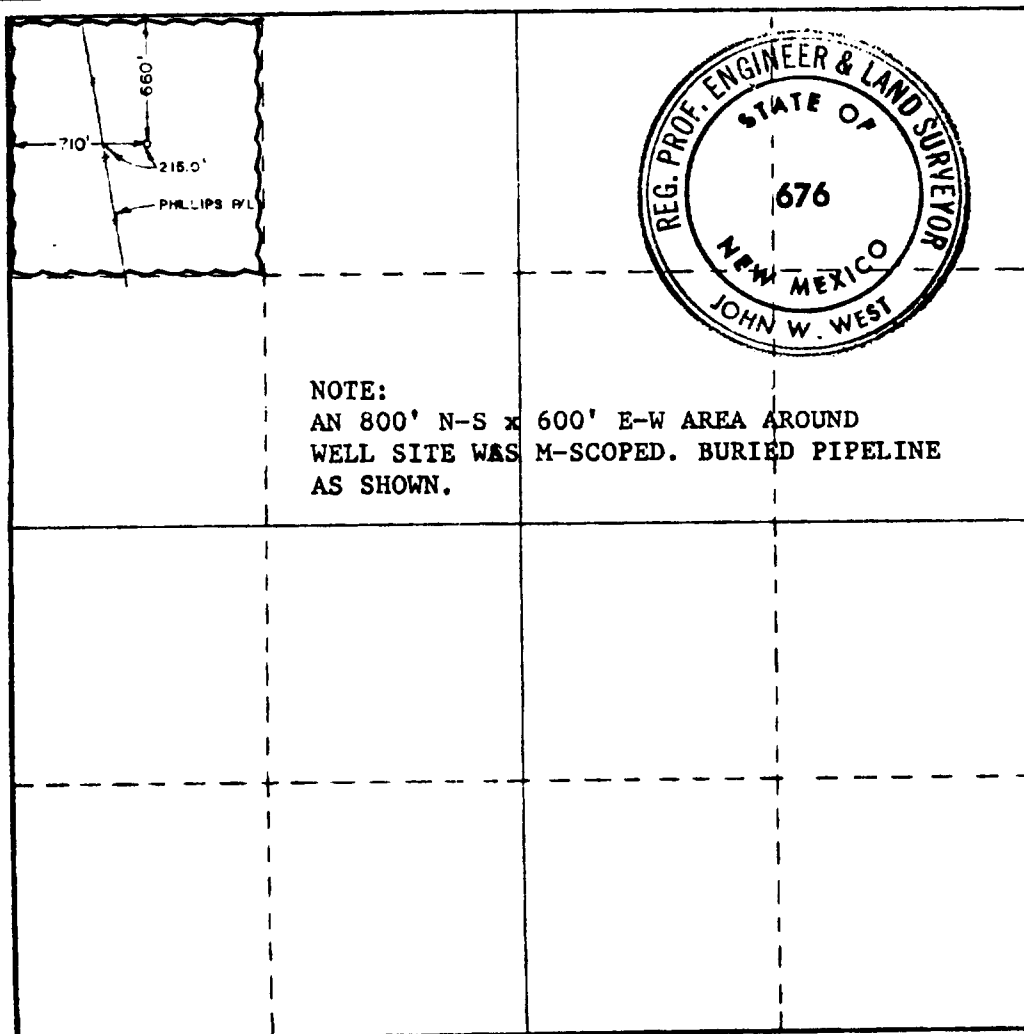
Operator AMOCO PRODUCTION COMPANY			Lease STATE "MX"		Well No. 1
Unit Letter D	Section 15	Township 19 SOUTH	Range 35 EAST	County LEA	
Actual Footage Location of Well: 660 feet from the NORTH line and 710 feet from the WEST line					
Ground Level Elev. 3783.3	Producing Formation Wolfcamp	Pool UNDESIGNATED Scharb Wolfcamp		Dedicated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name *Charles M. Herring*

Position
Assist. Admin. Analyst

Company
Amoco Production Company

Date
March 1, 1983

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 and correct to the best of my knowledge and belief.

Date Surveyed
2/22/83

Registered Professional Engineer and/or Land Surveyor

John W. West
Certificate No.

JOHN W. WEST NO. 676

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supp. Sec. C
Effective 1-1-1

All distances must be from the outer boundaries of the Section

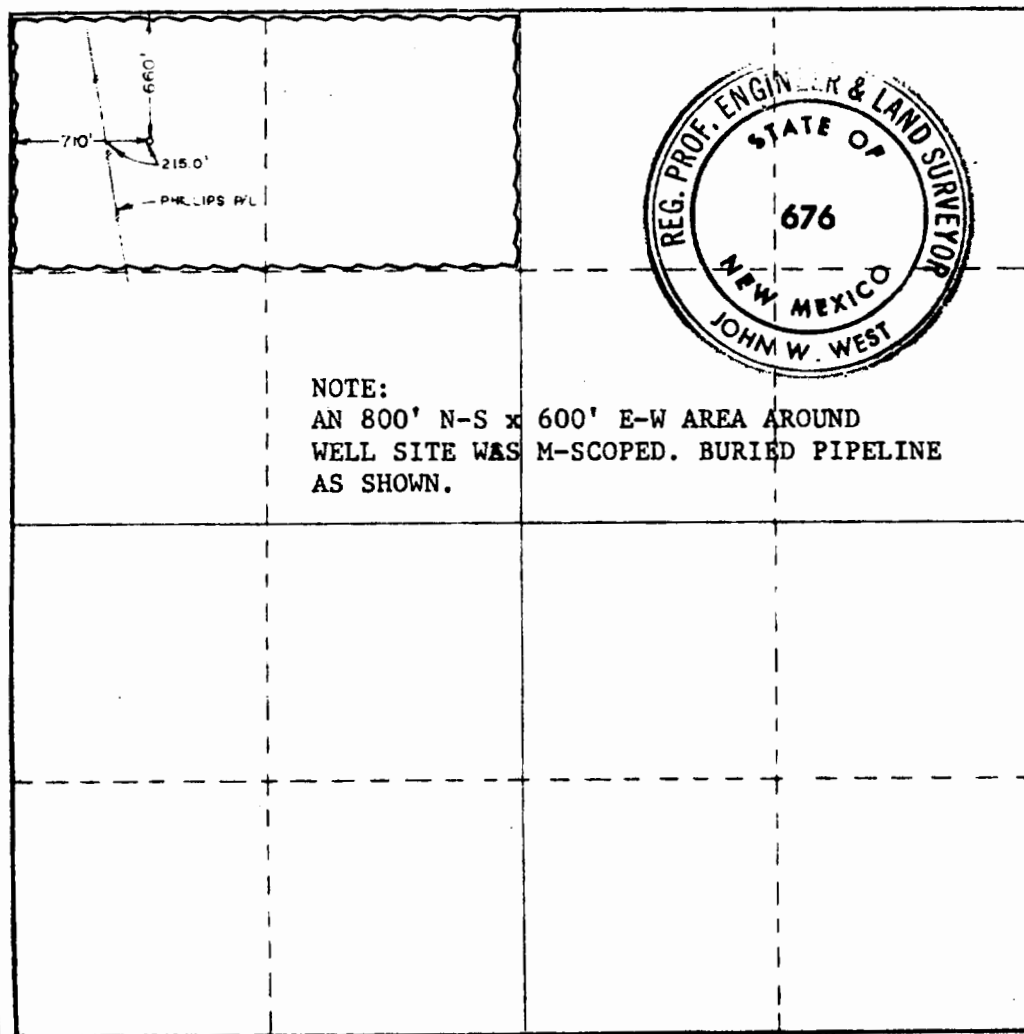
Operator AMOCO PRODUCTION COMPANY			Lease STATE "MX"		Well No. 1
Init Letter D	Section 15	Township 19 SOUTH	Range 35 EAST	County LEA	
Actual Footage Location of Well: 660 feet from the NORTH line and 710 feet from the WEST line					
Ground Level Elev. 3783.3	Producing Formation Bone Springs		Pool Scharb Bone Springs		Dedicated Acreage: 80 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name *Charles M. Loring*
Position
Administrative Analyst

Company
Amoco Production Company

Date
June 17, 1983

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 and correct to the best of my knowledge and belief.

Date Surveyed
2/22/83

Registered Professional Engineer
and/or Land Surveyor

John W. West
Certificate No.

JOHN W. WEST NO. 676

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

Form C-105
Revised 11-1-81

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG-1546

10. TYPE OF WELL
OIL WELL ☒ GAS WELL ☐ DRY ☐ OTHER _____
b. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER _____

7. Unit Agreement Name
8. Farm or Lease Name
State MX
9. Well No.
1
10. Field and Pool, or Wildcat
Und. Scharb Wolfcamp

2. Name of Operator
Amoco Production Company
3. Address of Operator
P. O. Box 68, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER **D** LOCATED **660** FEET FROM THE **North** LINE AND **710** FEET FROM
THE **West** LINE OF SEC. **15** TWP. **19-S** RGE. **35-E**

15. Date Spudded **3-28-83** 16. Date T.D. Reached **5-2-83** 17. Date Compl. (Ready to Prod.) **8-19-83** 18. Elevations (DF, RKB, RT, GR, etc.) **3783.3' GL** 19. Elev. Casinghead

20. Total Depth **10,750** 21. Plug back T.D. **10,736'** 22. If Multiple Compl., How Many _____ 23. Intervals Drilled By _____ Rotary Tools **0-TD** Cable Tools _____

24. Producing Interval(s), of this completion - Top, Bottom, Name
Wolfcamp: 10,454'-10,674'
25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
Comp. Acoustic Velocity, Dual Guard-Forxo, Comp. Density Dual/Spaced Neut., Spectro log.
27. Was Well Cored
Yes

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./ FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8"	61,54#	465'	17-1/2"	650 sx CI C	275 SX
8-5/8"	32,24,28,32#	4169'	11"	1350 sx It., 400 sx CI C	270 SX
5-1/2"	17,15.5, 17#	10750'	7-7/8"	375 sx CI H It., 550 sx CI H	

29. LINER RECORD				30. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SIZE	DEPTH SET	PACKER SET

31. Perforation Record (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
10,454'-518', 10,600'-640', 10662'-674' with 2 JSPF.		DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
		10,454'-518'	10000 gals 15% NE HCL
		10,600'-674'	8000 gals 15% NE HCL

33. PRODUCTION
Date First Production **8-10-83** Production Method (Flowing, gas lift, pumping - Size and type pump) **Pumping** Well Status (Prod. or Shut-in) **producing**
Date of Test **8-19-83** Hours Tested **24** Choke Size _____ Prod'n. For Test Period _____ Oil - Bbl. **145** Gas - MCF **120** Water - Bbl. **26** Gas-Oil Ratio _____
Flow Tubing Press. _____ Casing Pressure _____ Calculated 24-Hour Rate _____ Oil - Bbl. _____ Gas - MCF _____ Water - Bbl. _____ Oil Gravity - API (Corr.) _____

34. Disposition of Gas (Sold, used for fuel, vented, etc.) **Flared** Test Witnessed By _____

35. List of Attachments _____

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED *Charles M. Luning* TITLE **Administrative Analyst** DATE **8-22-83**

INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico

Northwestern New Mexico

T. Anhy <u>1060</u>	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt _____	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates <u>3350</u>	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>3792</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. Queen <u>4576</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg <u>4838</u>	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres <u>5110</u>	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzte _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinberry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand <u>5572</u>	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs <u>7734</u>	T. Wingate _____	T. _____
T. Wolfcamp <u>10476</u>	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

OIL OR GAS SANDS OR ZONES

No. 1, from <u>9462</u> to <u>9472</u>	No. 4, from _____ to _____
No. 2, from <u>10454</u> to <u>10674</u>	No. 5, from _____ to _____
No. 3, from _____ to _____	No. 6, from _____ to _____

IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from _____ to _____ feet.
No. 2, from _____ to _____ feet.
No. 3, from _____ to _____ feet.
No. 4, from _____ to _____ feet.

FORMATION RECORD (Attach additional sheets if necessary)

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	465	465'	Red Bed				
465	1829	1364'	Anhy, & Red bed				
1829	2630	801'	Anhy salt				
2630	3306	676'	Anhy, Gyp.				
3306	4139	833'	Anhy.				
4139	4240	101'	Anhy.-Lime				
4240	4933	693'	Lime & Lime, Dolo				
4933	5787	854'	Lime, Anhy.				
5787	5993	206'	Lime, Dolo				
5993	6630	637'	Sand, Dolo				
6630	7432	802'	Sand, Dolo, Lime				
7432	8651	1219'	Lime				
8651	10750	2099'	Lime Shale				

RECEIVED
AUG 22 1983
O.C.D.
HOEBS OFFICE

**Lawson Operating, LLC
P O Box 52667
Midland, Texas 79710
Phillip Lawson, Manager**

December 27, 2013

Mr. Phillip Goetze
NMOCD
1220 South Saint Francis Drive
Santa Fe, NM 87505

RE: C-107

Mr. Goetze,

Enclosed you will find a completed form C-107 for our State MX No. 1, API number 30-025-28164, located in Lea County, NM. As per our recent telephone conversation we will evaluate relative production rates from the Bone Springs and Wolfcamp zones during workover and testing operations to determine the allocation percentages from the various zones.

The well is located on state lands and a letter notifying the NMSLO of our request to commingle the Wolfcamp and Bone Springs in this well is being sent to them concurrently with our C-107.

I have also completed forms C-103 and CL-144EZ and sent them to the NMOCD District Office in Hobbs.

Please feel free to call or email me regarding this application.

Sincerely,

Phillip Lawson, PE
Manager
432-556-0797-Cellular
pllawson@aol.com

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State of New Mexico
Energy, Minerals and Natural Resources Department

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1220 South St. Francis Dr.
Santa Fe, New Mexico 87505

Form C-107A
Revised August 1, 2011

APPLICATION TYPE
☒ Single Well
☐ Establish Pre-Approved Pools
EXISTING WELLBORE
☒ Yes ☐ No

APPLICATION FOR DOWNHOLE COMMINGLING

Lawson Operating LLC
Operator

P O Box 52667, Midland, Texas 79710
Address

State MX
Lease

1
Well No.

D Section 15, T-19-S, R-35-E
Unit Letter-Section-Township-Range

Lea
County

OGRID No. 270358 Property Code 311834 API No.30-025-28164 Lease Type: ☐ Federal ☒ State ☐ Fee

DATA ELEMENT	UPPER ZONE	INTERMEDIATE ZONE	LOWER ZONE
Pool Name	Scharb, Bone Springs		Scharb, Wolfcamp Southeast
Pool Code	55610		55650
Top and Bottom of Pay Section (Perforated or Open-Hole Interval)	9336'-9356' 9462'-9472'		10454'-10518' 10600'-10640' 10662'-10674'
Method of Production (Flowing or Artificial Lift)	Artificial lift		Artificial lift
Bottomhole Pressure (Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone)			
Oil Gravity or Gas BTU (Degree API or Gas BTU)			
Producing, Shut-In or New Zone	Producing		Shut-in
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.)	Date:12/12/13 Rates:1/2 BO/20BW/TSTM gas	Date: Rates:	Date:Pre-1985 Rates:Unknown
Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)	Oil Gas % %	Oil Gas % %	Oil Gas % %

ADDITIONAL DATA

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

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

Will commingling decrease the value of production? Yes ☐ No ☒

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

NMOCD Reference Case No. applicable to this well: _____

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, royalty and overriding royalty interests for uncommon interest cases.
- Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:

List of other orders approving downhole commingling within the proposed Pre-Approved Pools

List of all operators within the proposed Pre-Approved Pools

Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.

Bottomhole pressure data.

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

SIGNATURE  TITLE Manager DATE December 17, 2013

TYPE OR PRINT NAME Phillip Lawson TELEPHONE NO. (432)556-0797

E-MAIL ADDRESS pllawson@aol.com

District I
1625 N. French Drive, Hobbs, NM 88240
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D Section 15, T-19-S, R-35-E
Unit Letter-Section-Township-Range
Lea
County
OGRID No. 270358 Property Code 311834 API No.30-025-28164 Lease Type: ☐ Federal ☒ State ☐ Fee

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Producing, Shut-In or New Zone	Producing		Shut-in
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.)	Date:12/12/13 Rates:1/2 BO/20BW/TSTM gas	Date: Rates:	Date:Pre-1985 Rates:Unknown
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Are all produced fluids from all commingled zones compatible with each other? Yes ☒ No ☐
Will commingling decrease the value of production? Yes ☐ No ☒
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For zones with no production history, estimated production rates and supporting data.
Data to support allocation method or formula.
Notification list of working, royalty and overriding royalty interests for uncommon interest cases.
Any additional statements, data or documents required to support commingling.

PRE-APPROVED POOLS

If application is to establish Pre-Approved Pools, the following additional information will be required:
List of other orders approving downhole commingling within the proposed Pre-Approved Pools
List of all operators within the proposed Pre-Approved Pools
Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.
Bottomhole pressure data.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE _____ TITLE Manager _____ DATE December 17, 2013 _____
TYPE OR PRINT NAME Phillip Lawson _____ TELEPHONE NO. (432)556-0797 _____
E-MAIL ADDRESS pllawson@aol.com _____