District I

District II

1301 W. Grand Avenue, Artesia, NM 88210

District III

1220 S. St. Francis Dr., Santa Fe, NM 87505

District IV

Operator

State of New Mexico DH C- 3662 Energy, Minerals and Natural Resources Department

Form C-107A Revised June 10, 2003

Oil Conservation Division

1220 South St. Francis Dr. Santa Fe, New Mexico 87505 APPLICATION TYPE <u>X</u>Single Well Establish Pre-Approved Pools EXISTING WELLBORE <u>Yes</u>X_No

APPLICATION FOR DOWNHOLE COMMINGLING

Burlington Resources Oil & Gas Company LP P.O.Box 4289 Farmington, NM 87499

Address

| FOGELSON 8 100S | | Unit P, Sec. 008, 029N, 011W | SAN JUAN |
|-----------------|----------|------------------------------------|----------|
| Lease | Well No. | Unit Letter-Section-Township-Range | County |

OGRID No: <u>14538</u> Property Code <u>7027</u> API No. <u>30045335410000</u> Lease Type: <u>X</u> Federal _____Fee

| DATA ELEMENT | UPPER ZONE | INTERMEDIATÉ ZONE | LOWER ZONE UNDES |
|--|------------------------------------|------------------------------------|------------------------------------|
| Pool Name | AZTEC FRUITLAND SAND | BASIN FRUITLAND COAL | FULCHER KUTZ PICTURED CLIFFS |
| Pool Code | 71200 | 71629 | 77200 |
| Top and Bottom of Pay Section (Perforated or Open-Hole Interval) | 1700-1800' Estimated | 1800-1900' Estimated | 1900-2100' Estimated |
| Method of Production (Flowing or Artificial Lift) | NEW ZONE | NEW ZONE | NEW ZONE |
| 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) | N/A - 150% Rule | N/A – 150% Rule | N/A – 150% Rule |
| Oil Gravity or Gas BTU (Degree API or Gas BTU) | BTU 1000 | BTU 1000 | BTU 1000 |
| Producing, Shut-In or New Zone | NEW ZONE | NEW ZONE | NEW ZONE |
| 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: N/A Rates: see attachment | Date: N/A Rates: see attachment | Date: N/A Rates: see attachment |
| Fixed Allocation Percentage (Note: If allocation is based upon something other than current or past production, supporting data or | Oil Gas | Oil Gas | Oil Gas |
| than current of past production, supporting data of explanation will be required.) | Will be supplied upon completion | Will be supplied upon completion | Will be supplied upon completion |

ADDITIONAL DATA

| Are all working, royalty and overriding royalty interests identical in all commingled zones? If not, have all working, royalty and overriding royalty interest owners been notified by certified mail? | Yes Yes | <u>X</u> | No No |
|---|------------|----------|----------|
| Are all produced fluids from all commingled zones compatible with each other? | Yes | <u>x</u> | No |
| Will commingling decrease the value of production? | Yes | | No_X |
| 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 | <u>x</u> | 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 JOHN

TITLE <u>Enginees</u>

DATE 2/17/2006

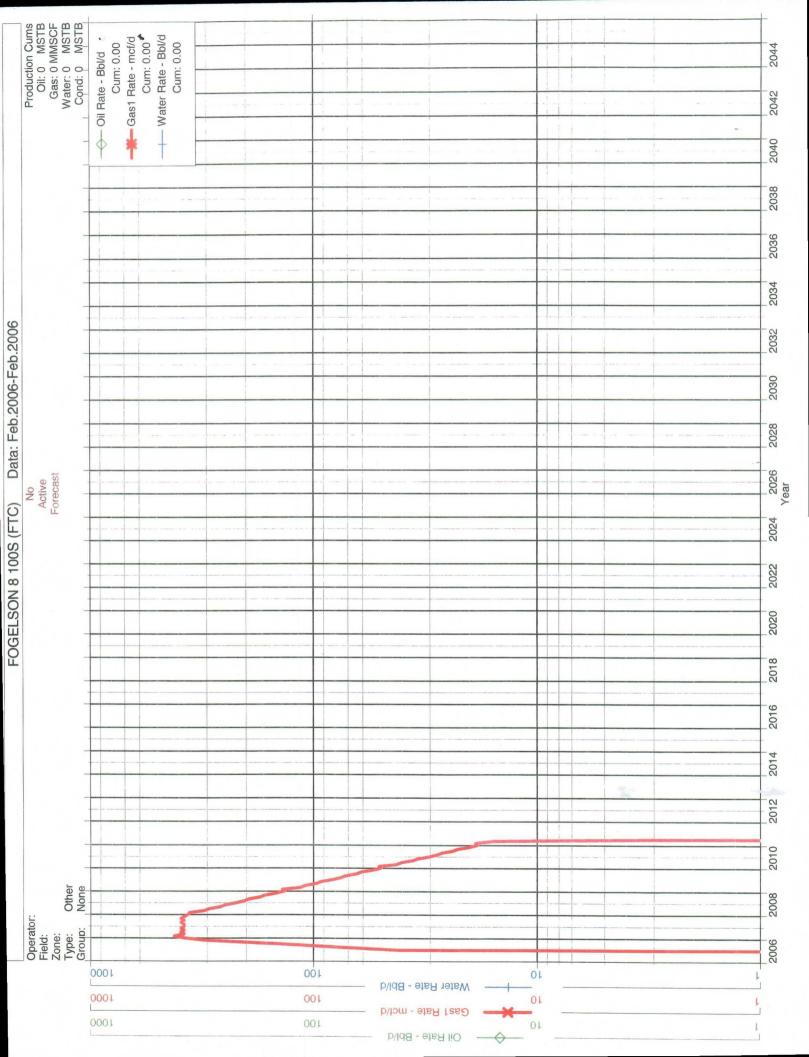
TYPE OR PRINT NAME Cory McKee, Engineer

E-MAIL ADDRESS ____ cmckee@br-inc.com

_TELEPHONE NO. <u>(505) 326-9700</u>

| 2/22/ DATE IN | 06 sus | PENSE ENGINEER | LOGGED IN 2/23/06 TYPE DHC | ПАРР NO. pTDS0605438979 |
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| | • | | CONSERVATION DIVISION | |
| | | - | eering Bureau - | |
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| | | ADMINISTRATI | VE APPLICATION CHEC | KLIST |
| | | WHICH REQUIRE PR | RATIVE APPLICATIONS FOR EXCEPTIONS TO DIV ROCESSING AT THE DIVISION LEVEL IN SANTA FE | |
| | [DHC-Do [PC-I | andard Location] [NSP-No wnhole Commingling] [C Pool Commingling] [OLS [WFX-Waterflood Expans [SWD-Salt Water Dis | - Off-Lease Storage] [OLM-Off-Lease | .ease Comming[ing] e Measurement] (pansion] ase] |
| [1]. 1 | | PPLICATION - Check Th Location - Spacing Unit | | |
| · · · . · | Chec [B] | k One Only for [B] or [C] Commingling - Storage X DHC CTB | | OLM |
| | [C] | | essure Increase - Enhanced Oil Recovery | |
| | [D] | Other: Specify | | and the second |
| [2] N | OTIFICAT [A] | | Check Those Which Apply, or D Does N r Overriding Royalty Interest Owners | ot Apply |
| n an th Anna Anna Anna A | [B] | Offset Operators, Le | easeholders or Surface Owner | |
| | [C] | Application is One | Which Requires Published Legal Notice | an Marina ang kanalang kanalang Marina ang kanalang k |
| i di terri Li interneti | [D] | U.S. Bureau of Land Manageme | Concurrent Approval by BLM or SLO ent - Commissioner of Public Lands, State Land Office | |
| en torre | [E] | For all of the above, | Proof of Notification or Publication is A | Attached, and/or, |
| 4 | [F] | Waivers are Attache | d generation and a state of the state of the | |
| | | CURATE AND COMPLE ATION INDICATED ABO | ETE INFORMATION REQUIRED TO DVE. | O PROCESS THE TYPE |
| approval is | accurate a | nd complete to the best of r | t the information submitted with this app ny knowledge. I also understand that no fications are submitted to the Division. | action will be taken on this |
| | Note: | Statement must be completed I | by an individual with managerial and/or supervi | isory capacity. |
| Print or Type | e Name | Signature | Title | D-4- |
| | | Dignature | 1100 | Date |

| N. French Dr., | Hobbs, N.A | . 88240 | Fo | | Stute or nor als & Natural R | esources Departme | nt | I | Nunouu | | |
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