

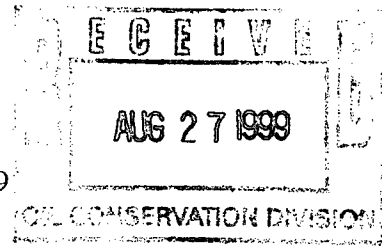
EXXON COMPANY, U.S.A.

POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

HOUSTON PRODUCTION ORGANIZATION  
PERMITTING

2463

August 25, 1999



J. L. Greenwood, Well No. 8  
Downhole Commingling Request  
Blinebry Oil and Gas Pool  
Paddock Pool  
Lea County, New Mexico

Ms. Lori Wrotenberry, Director  
New Mexico Oil Conservation Division  
2040 Pacheco  
Santa Fe, NM 87505

Dear Ms. Wrotenberry,

Exxon requests approval to downhole commingle production from the J. L. Greenwood, Well No. 8, located at Unit K, Section 9, T22S and R37E in Lea County, New Mexico. This is an exception to Rule 303A. The pools to be downhole commingled are the Blinebry Oil and Gas Pool and the Paddock Pool.

The Offset Operators have been notified and return receipts are included in this package. We would appreciate your approval of this request. If there are questions, call Bob Ward at 713-431-1024.

Sincerely,

*Charlotte Harper*

Charlotte Harper

/slf  
New Mexico DHC dot

1625 N. French, Hobbs, NM 88240

District II  
811 South First, Artesia, NM 88210District III  
1000 Rio Brazos Rd., Aztec, NM 87410District IV  
2040 South Pacheco, Santa Fe, NM 87505

Energy, Minerals &amp; Natural Resources Department

Revised March 12, 1999

**OIL CONSERVATION DIVISION**  
**2040 South Pacheco**  
**Santa Fe, NM 87505**Submit to Appropriate District Office  
State Lease - 6 Copies  
Fee Lease - 5 Copies☐ AMENDED REPORT**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

<sup>1</sup> Operator Name and Address. <b>Exxon Corp.</b> <b>P. O. Box 4358</b> <b>Houston Tx 77210</b>		<sup>2</sup> OGRID Number <b>007673</b>
		<sup>3</sup> API Number <b>30-025-10129</b>
<sup>4</sup> Property Code <b>004179</b>	<sup>5</sup> Property Name <b>J. L. Greenwood</b>	<sup>6</sup> Well No. <b>8</b>

<sup>7</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>K</b>	<b>9</b>	<b>22S</b>	<b>37E</b>		<b>1980</b>	<b>South</b>	<b>1980</b>	<b>West</b>	<b>Lea</b>

<sup>8</sup> Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>9</sup> Proposed Pool 1 <b>Blinebry Oil &amp; Gas Pool</b>	<sup>10</sup> Proposed Pool 2
--	-------------------------------

<sup>11</sup> Work Type Code <b>A</b>	<sup>12</sup> Well Type Code <b>M</b>	<sup>13</sup> Cable/Rotary <b>R</b>	<sup>14</sup> Lease Type Code <b>P</b>	<sup>15</sup> Ground Level Elevation <b>3416 DF</b>
<sup>16</sup> Multiple <b>Y</b>	<sup>17</sup> Proposed Depth <b>6235</b>	<sup>18</sup> Formation <b>Blinebry</b>	<sup>19</sup> Contractor <b>Unknown</b>	<sup>20</sup> Spud Date <b>09/02/1999</b>

<sup>21</sup> Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
<b>15</b>	<b>13 3/8</b>	<b>48</b>	<b>349</b>	<b>350</b>	<b>Surface</b>
<b>9 7/8</b>	<b>9 5/8</b>	<b>36</b>	<b>2915</b>	<b>2450</b>	<b>Surface</b>
<b>7 7/8</b>	<b>5 1/2</b>	<b>17</b>	<b>8150</b>	<b>600</b>	<b>1495</b>

<sup>22</sup> Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

**Move in rig up well service unit. Pull out of hole with tubing. Clean out well to 5900'. Perforate from about: 5616' - 5736', 5755' - 5765', 5842' - 5894'. Break down and acidize perforations with 7644 gallons 15% HCL. Rig up HES and fracture stimulate perforations with 85,000 gals Delta Frac 200 and 169,000# of 20/40 sand. Clean out well to 6000'. Return well to production as a Paddock/Blinebry producer. Put well on rod pump. A downhole commingling permit application has been submitted concurrent with this application.**

<sup>23</sup> I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name: **J. R. Ward**Title: **Sr. Regulatory Specialist**Date: **08/25/1999**Phone: **(713) 431-1024****OIL CONSERVATION DIVISION**

Approved by:

Title:

Approval Date:

Expiration Date:

Conditions of Approval:  
Attached

District I  
PO Box 1980, Hobbs, NM 88241-1980

District II  
PO Drawer DD, Artesia, NM 88211-0719

District III  
1000 Rio Brasos Rd. , Aztec, NM 87410

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-102  
Revised February 10, 1994  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-10129	Pool Code 06660	Pool Name Binebry Oil & Gas (Oil)
Property Code 004179	Property Name J. L. Greenwood	Well Number 8
OGRID No. 007673	Operator Name Exxon Corporation	Elevation 3,416' DF

Surface Location

UL or lot no. K	Section 9	Township 22/S	Range 37/E	Lot Idn	Feet from the 1980	North/South line South	Feet from the 1980	East/West line East	County Lea
--------------------	--------------	------------------	---------------	---------	-----------------------	---------------------------	-----------------------	------------------------	---------------

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 40	Joint or Infill	Consolidation Code	Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNITL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>C. H. Harper</i> Signature C. H. Harper Printed Name Permits Supervisor Title 8-26-99 Date</p> <p><b>SURVEYOR CERTIFICATION</b></p> <p>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 belief.</p> <p>9/13/45 Date of Survey Signature and Seal of Professional Surveyor.</p> <p>Certificate Number</p>
--	---

Distance to nearest Town 2.75 Miles SW of Eunice, New Mexico.	Drawn By	Date	Drawing File Name File No.: A10618a
--	----------	------	--

District I  
PO Box 1980, Hobbs, NM 88241-1980

District II  
PO Drawer DD, Artesia, NM 88211-0719

District III  
1000 Rio Brasos Rd., Aztec, NM 87410

District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-102  
Revised February 10, 1994  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-10129	Pool Code 49210	Pool Name Paddock
Property Code 004179	Property Name J. L. Greenwood	Well Number 8
OGRID No. 007673	Operator Name Exxon Corporation	Elevation 3,416' DF

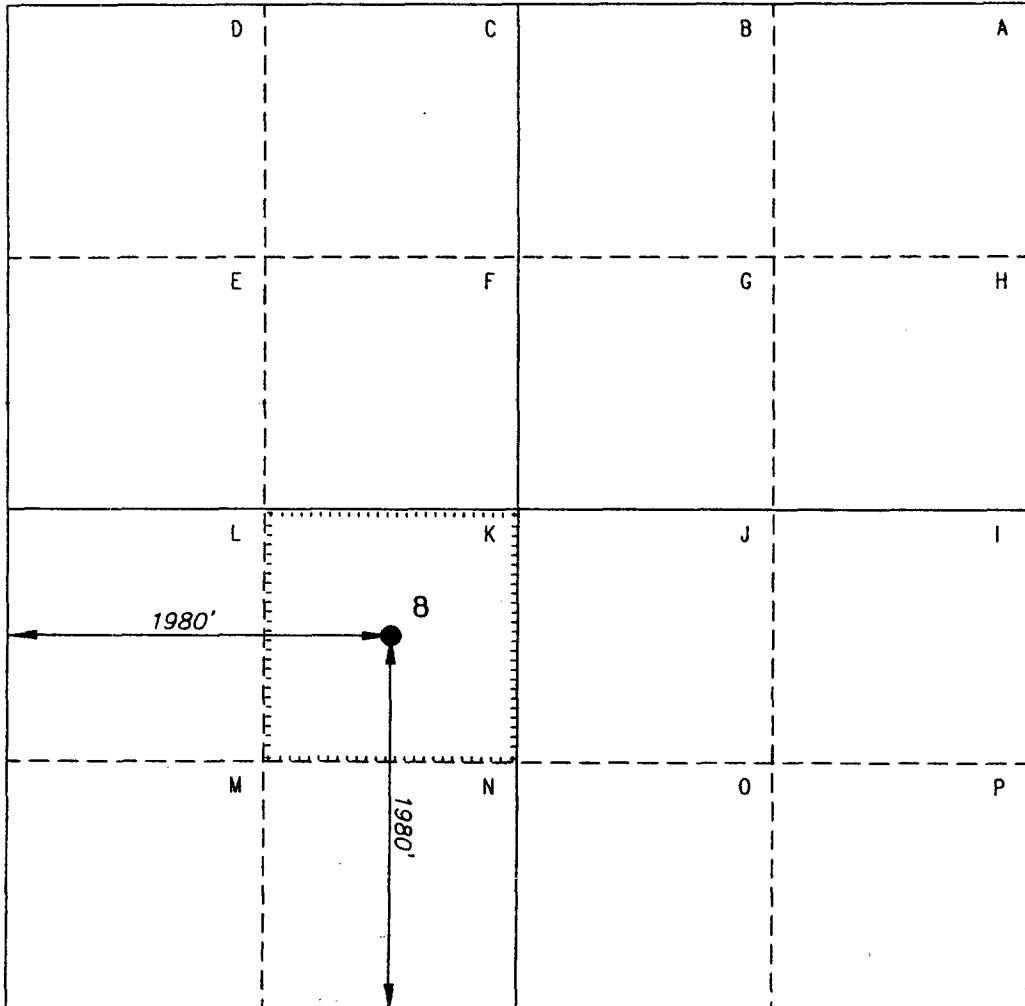
Surface Location

UL or lot no. K	Section 9	Township 22/S	Range 37/E	Lot Idn	Feet from the 1980	North/South line South	Feet from the 1980	East/West line East	County Lea
--------------------	--------------	------------------	---------------	---------	-----------------------	---------------------------	-----------------------	------------------------	---------------

Bottom Hole Location If Different From Surface

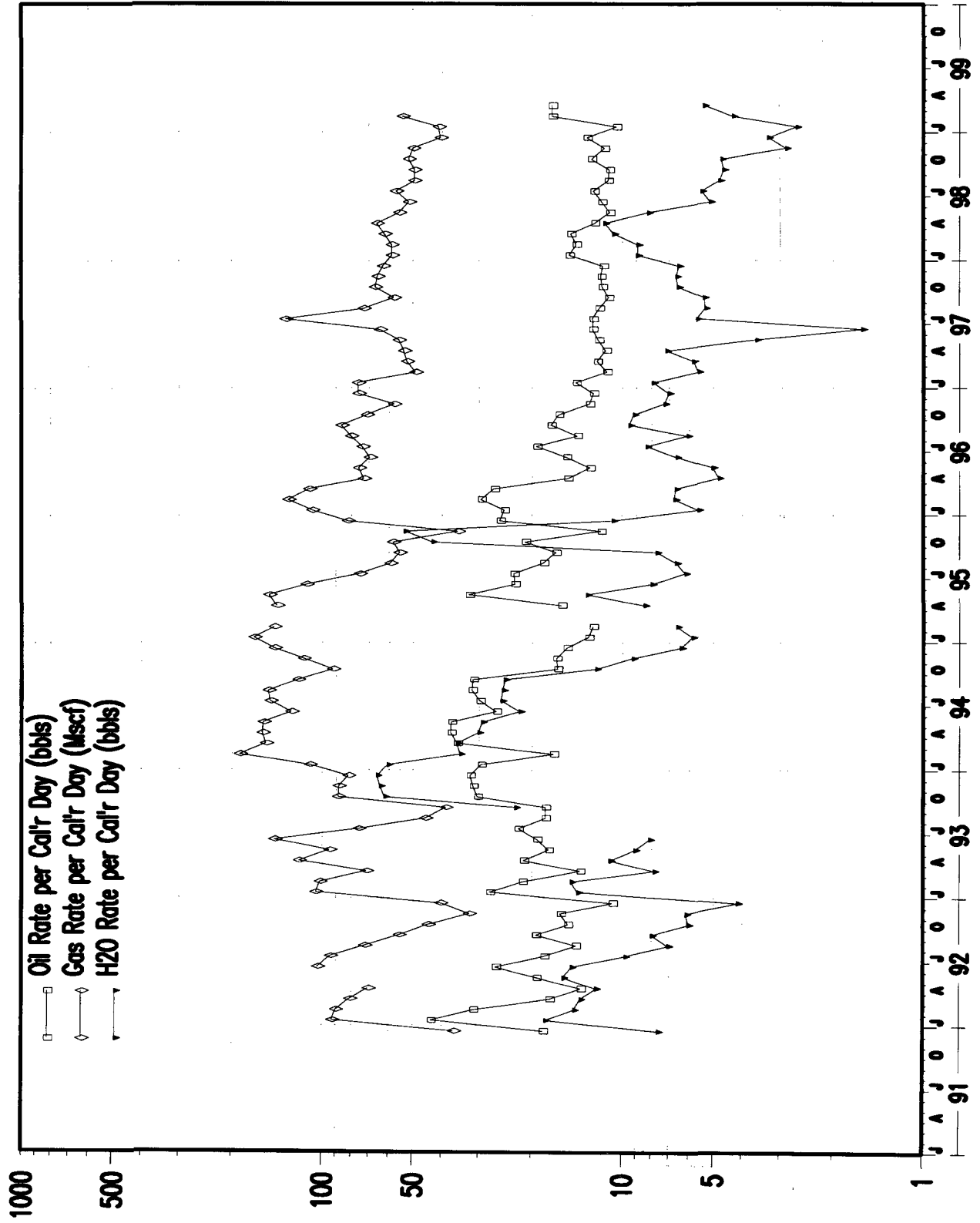
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 40	Joint or Infill	Consolidation Code	Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNIT. ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

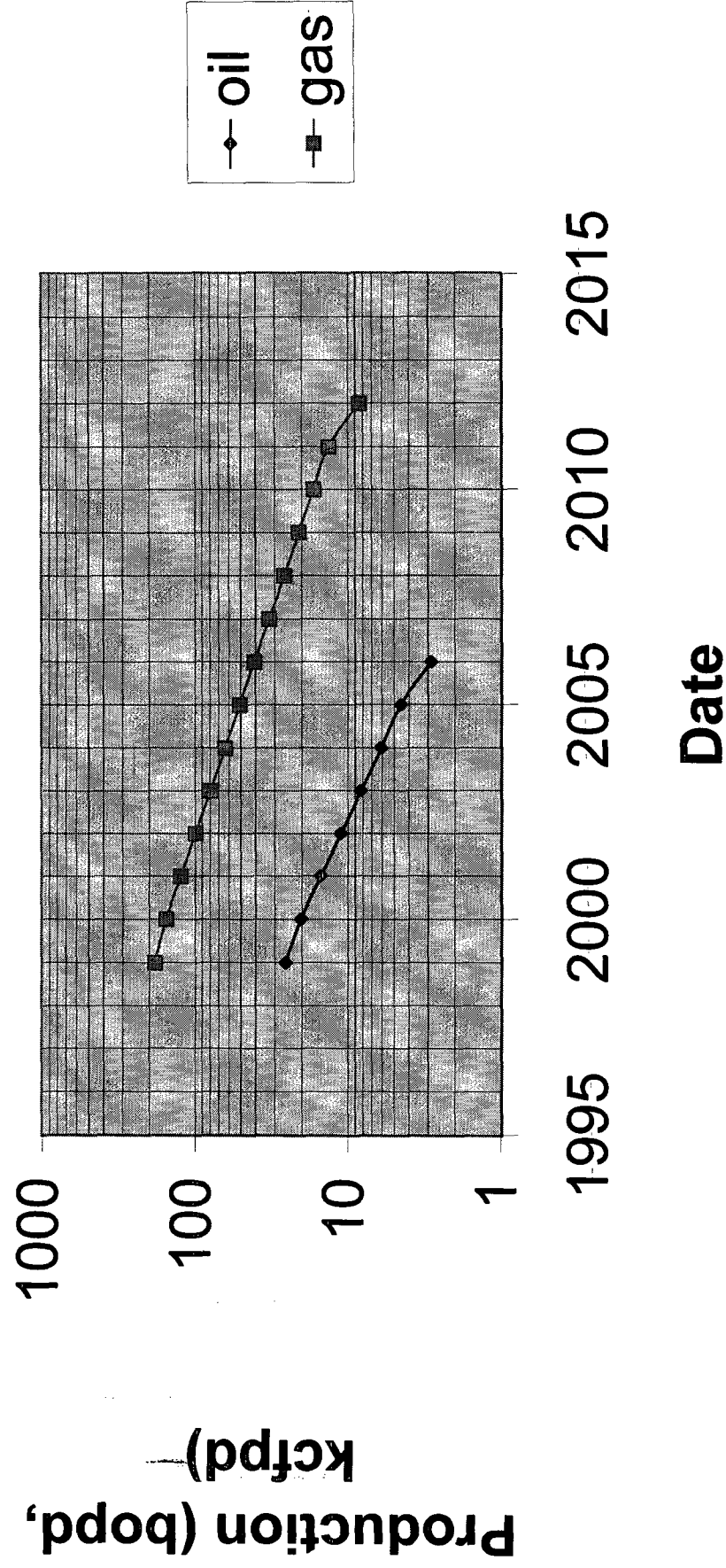
	<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>C. H. Harper</i> Signature C. H. Harper Printed Name Permits Supervisor Title 8-26-99 Date</p> <p><b>SURVEYOR CERTIFICATION</b></p> <p>I 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 belief.</p> <p>9/13/95 Date of Survey Signature and Seal of Professional Surveyor.</p> <p>Certificate Number</p>
--	---

Distance to nearest Town 2.75 Miles SW of Eunice, New Mexico.	Drawn By	Date	Drawing File Name File No.: A10618a
--	----------	------	--

J.L. Greenwood #8  
Paddock Production



# J.L.Greenwood #8 Predicted Blinebry Production



J. L. Greenwood #8:

### ALLOCATION FORMULA

Paddock	→	12 bopd, 50 kcfpd	-	actual volumes
Blinebry	→	28 bopd, 197 kcfpd	-	predicted volumes
<hr/>				
TOTAL		40 bopd, 247 kcfpd		

#### **Paddock**

$$\frac{12}{40} \times 100 = 30\%$$

$$\frac{50}{247} \times 100 = 20\%$$

#### **Blinebry**

$$\frac{28}{40} \times 100 = 70\%$$

$$\frac{197}{247} \times 100 = 80\%$$

## OFFSET OPERATOR LISTING

### J. L. GREENWOOD WELL # 8

Amerada Hess Corporation  
P.O. Box 2040  
Houston, TX 77252

Apache Corporation  
2000 Post Oak Blvd, Suite 100  
Houston, TX 77056-4400

Chevron USA Inc.  
P.O. Box 1150  
Midland, TX 79702

John H. Hendrix Corporation  
P.O. Box 3040  
Midland, TX 79702

ORYX Energy Company  
P.O. Box 2880  
Dallas, TX 75221

Texaco E&P Inc.  
P.O. Box 3109  
Midland, TX 79702

Titan Resources, Inc.  
500 West Texas, Suite 500  
Midland, TX 79701

Yarbarough Oil & Gas L.P.  
200 North Loraine St.  
Midland, TX 79701

Zia Energy  
P.O. Box 2510  
Hobbs, NM 88241



J. L. GREENWOOD  
 SECTION 9, T-22-S, R-37-E, Lea Co. NM  
 WELL NO. 8

	Chaparral oil + GAS	J. A. Hendrix	TITAN	BEC CORP TITAN	
8	ZIA ENERGY	ZIA ENERGY	TITAN	BEC CORP TITAN	10
8	APACHE	<div> <div>8</div> <div>EXXON</div> </div>	EXXON GREENWOOD	BEC CORP TEXACO	10
	Amerada HESS	ZIA ENERGY	ZIA ENERGY	John A. Hendrix OPYX	
	ZIA ENERGY J. A. HENDRIX	CHEURON	CHEURON	AMERADA J. A. HENDRIX	15

J. L. GREENWOOD LEASE

OFFSET NOTIFICATION  
 AREA FOR WELL NO. 8

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Apache Corp. 2000 Post Oak Blvd Houston, Tx 77056-4400		4a. Article Number 2 260 316 266	
5. Received By: (Print Name) X BURBED, W.		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X BURBED, W.		7. Date of Delivery 7-1-99	
		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: Texaco Ed & P Inc P.O. Box 3109 Midland, Tx 79702		4a. Article Number 2 260 316 262	
5. Received By: (Print Name) X [Signature]		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X [Signature]		7. Date of Delivery JUL 02 1999	
		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ORXX Energy Co. P.O. Box 2880 Dallas Tx 75221		4a. Article Number 2 260 316 263	
5. Received By: (Print Name) X [Signature]		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X [Signature]		7. Date of Delivery JUL 02 1999	
		8. Addressee's Address (Only if requested and fee is paid)	

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Chemon USA Inc  
P.O. Box 1150  
Midland Tx 79702

4a. Article Number

2 260 316 265

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

JUL 02 1999

5. Received By: (Print Name)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Amerada Hess Corp.  
P.O. Box 2040  
Houston Tx 77252

4a. Article Number

2 146 628 867

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

07-01-99

5. Received By: (Print Name)

Daryl K. Bradford, Sr.

6. Signature: (Addressee or Agent)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Yarborough Oil & Gas  
200 North Lorraine St  
Midland, Tx 79701

4a. Article Number

2 260 316 260

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

7-2-99

5. Received By: (Print Name)

X *[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X *[Signature]*

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Vitab Resource Inc  
500 W. Texas Suite 500  
Midland, TX 79701

4a. Article Number

2 260 316 261

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

7/2

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

John H. Hendrix Corp  
P.O. Box 3040  
Midland TX 79701

4a. Article Number

2 260 316 264

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

7/2

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address

2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Zia Energy  
P.O. Box 2510  
Hobbs, NM 88241

4a. Article Number

2 146 628 868

4b. Service Type

☐ Registered ☒ Certified

☐ Express Mail ☐ Insured

☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

7/7/99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X [Signature]

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

## DISTRICT I

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

## DISTRICT II

811 South First St., Artesia, NM 88210-2835

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410-1693

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87505-6429Form C-107-A  
New 3-12-96

## APPROVAL PROCESS:

☒ Administrative ☐ Hearing

## EXISTING WELLBORE

☒ YES ☐ NO

## APPLICATION FOR DOWNHOLE COMMINGLING

Exxon Company U.S.A.

P.O. Box 4358, Houston, TX 77210-4358

Operator J. L. Greenwood #8 Address Lea

Lease Well No. Unit Ltr. Sec. Twp. Rge. County

OGRID NO. 007673 Property Code 004179 API NO. 300251012900 Spacing Unit Lease Types: (check 1 or more) ☒ Federal ☐ State ☐ Land/Orl Fee ☐

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	Paddock		Blinebry
2. Top and Bottom of Pay Section (Perforations)	5010' - 5132'		5616' - 5894'
3. Type of production (Oil or Gas)	Oil		Oil
4. Method of Production (Flowing or Artificial Lift)	Artificial Lift		Artificial Lift
5. Bottomhole Pressure Oil Zones - Artificial Lift: Estimated Current Gas & Oil - Flowing: Measured Current All Gas Zones: Estimated Or Measured Original	a. (Current) 570# b. (Original) N/A	a.  b.	a. 670# b. N/A
6. Oil Gravity (°API) or Gas BTU Content	36.4° API		34.8° API
7. Producing or Shut-In?	Producing		N/A
Production Marginal? (yes or no)	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	Date: Rates:	Date: Rates:	Date: Rates:
• If Producing, give date and oil/gas/water rates of recent test (within 60 days)	Date: May 4, 1999 Rates: 12 bopd, 50 kcfpd, 5 bwpd	Date: Rates:	Date: Rates:
8. Fixed Percentage Allocation Formula - % for each zone	Oil: 30 % Gas: 20 %	Oil: % Gas: %	Oil: 70 % Gas: 80 %

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  
Have all offset operators been given written notice of the proposed downhole commingling? ☒ Yes ☐ No11. 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 ☐ No13. 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 all offset operators.
- 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 J. R. Ward TITLE Sr. Reg. Specialist DATE 8-25-99TYPE OR PRINT NAME J. R. WARD TELEPHONE NO. (713) 431-1024

9/16/99



STATE OF NEW MEXICO  
ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

9/9/99

GOVERNOR

POST OFFICE BOX 1980  
HOBBS, NEW MEXICO 88241-1980  
(505) 393-6161

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC \_\_\_\_\_  
DHC \_\_\_\_\_ *X* \_\_\_\_\_  
NSL \_\_\_\_\_  
NSP \_\_\_\_\_  
SWD \_\_\_\_\_  
WFX \_\_\_\_\_  
PMX \_\_\_\_\_

Gentlemen:

I have examined the application for the:

*Exxon Corp* *JL Greenwood* *# 8-K-9-22s-37e*  
Operator Lease & Well No. Unit S-T-R

and my recommendations are as follows:

*OK.*

Yours very truly,

*Chris Williams*

Chris Williams  
Supervisor, District 1

/ed