

DATE IN 4/10/00	SUSPENSE 5/1/00	ENGINEER DC	LOGGED BY KN	TYPE DHC
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ABOVE THIS LINE FOR DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
- Engineering Bureau -

2731

**ADMINISTRATIVE APPLICATION COVERSHEET**

THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS

**Application Acronyms:**

[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]  
[DD-Directional Drilling] [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 - Directional Drilling

☐ NSL ☐ NSP ☐ DD ☐ SD

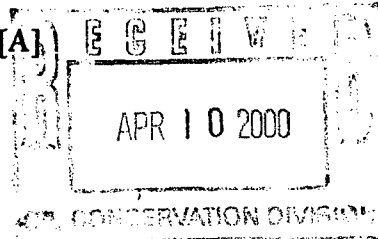
Check One Only for [B] and [C]

[B] Commingling - Storage - Measurement

☒ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR



**[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] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding**

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

Deborah Moore (281) 293-1005	<i>Deborah Moore</i>	Regulatory Analyst	4/7/00
Print or Type Name	Signature	Title	Date

## 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

CONOCO, INC.

Operator

P.O. BOX 2197 HOUSTON, TX 77252

Address

STATE COM 0

12

I 16 29N 8W

SAN JUAN

Lease

Well No.

Unit Ltr. - Sec - Twp - Rge

County

OGRID NO. 005073 Property Code 003275 API NO. 30-045-29748 Spacing Unit Lease Types: (check 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	BLANCO MESAVERDE 72319		BASIN DAKOTA 71599
2. Top and Bottom of Pay Section (Perforations)	4665' - 5432' (MD) ASSUME KB=6425'		7323' - 7563' (MD) ASSUME KB=6425'
3. Type of production (Oil or Gas)	GAS EXPECTED		GAS EXPECTED
4. Method of Production (Flowing or Artificial Lift)	FLOWING INITIALLY		FLOWING INITIALLY
5. Bottomhole Pressure Oil Zones - Artificial Lift: Gas & Oil - Flowing: All Gas Zones: Estimated Current Measured Current Estimated Or Measured Original	a. (Current) EST. 500 PSI b. (Original) EST. 1,230 PSI	a.  b.	a. EST. 900-1000 PSI* b. EST. 2,800 PSI
6. Oil Gravity (° API) or Gas BTU Content	1,280		1,128
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.	Date: Rates:	Date: Rates:	Date: Rates:
* If Producing, give date and oil/gas/water rates of recent test (within 60 days)	Date: Rates: EST. IP 600-800MCFD	Date: Rates:	Date: Rates: EST. IP 450-650MCFD
8. Fixed Percentage Allocation Formula -% for each zone	Allocate by test Oil: % Gas: %	Oil: % Gas: %	Allocate by test Oil: % Gas: %

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

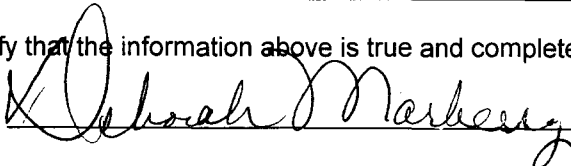
## 16. ATTACHMENTS:

- \* 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 all offset operators.
- \* Notification list of all working, overriding, and royalty interests for uncommon interest cases.
- \* Any additional statements, data, or documents required to support commingling

\*Average BHP for the area

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

SIGNATURE



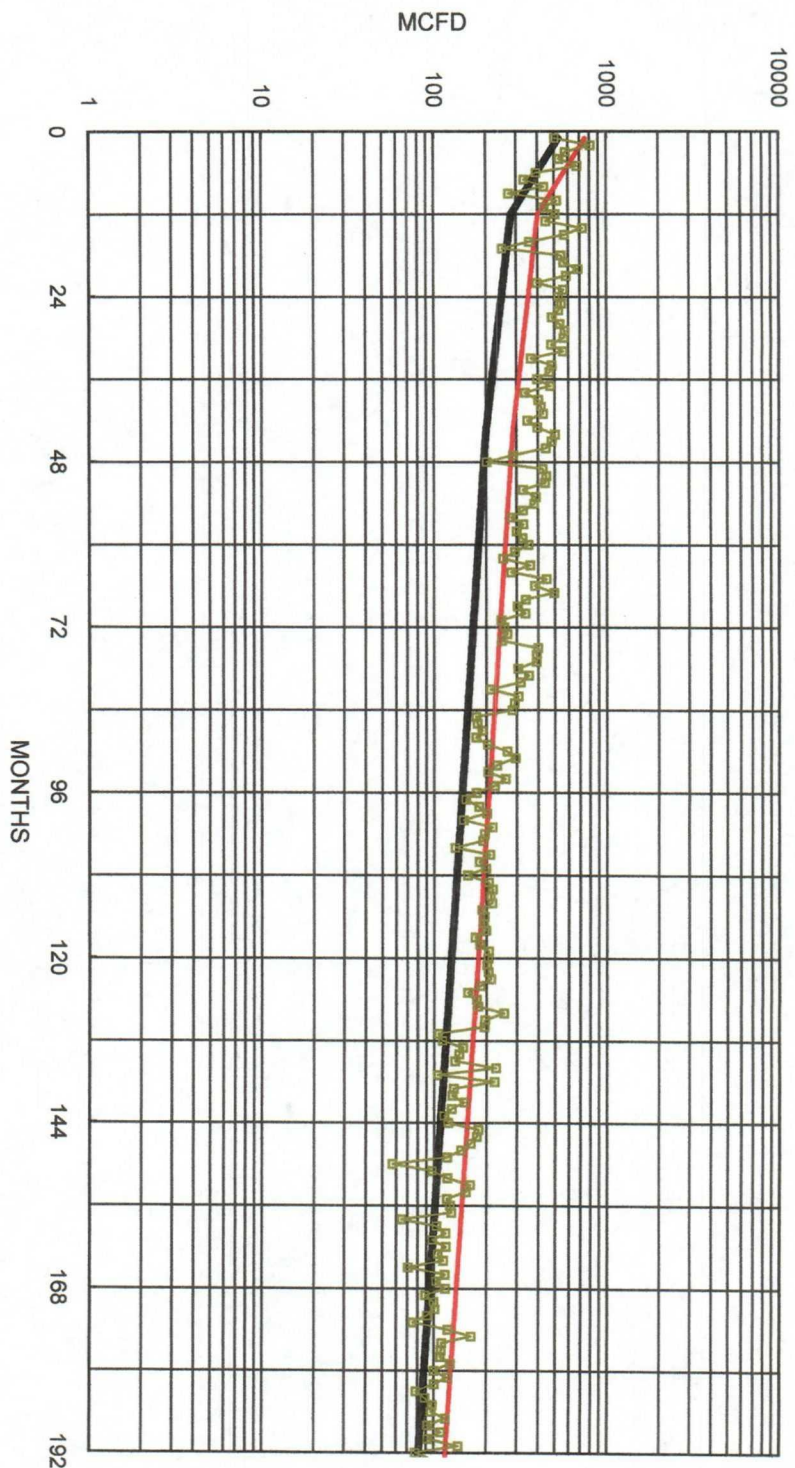
TITLE REGULATORY ANALYST DATE 04/06/2000

TYPE OR PRINT NAME DEBORAH MARBERRY

TELEPHONE NO. ( ) (281)293-1005

16					<b>17 OPERATOR CERTIFICATION</b> I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief  Signature <u>Deborah Marberry</u> Printed Name <b>DEBORAH MARBERRY</b> Title <b>REGULATORY ANALYST</b> Date <b>04/06/2000</b>
					<b>18 SURVEYOR CERTIFICATION</b> I hereby certify that the well location shown on this plot was plotted from field notes of actual surveys made by me or under my supervision.  Date of Survey _____ Signature and Seal of Professional Surveyer _____  Certificate Number _____

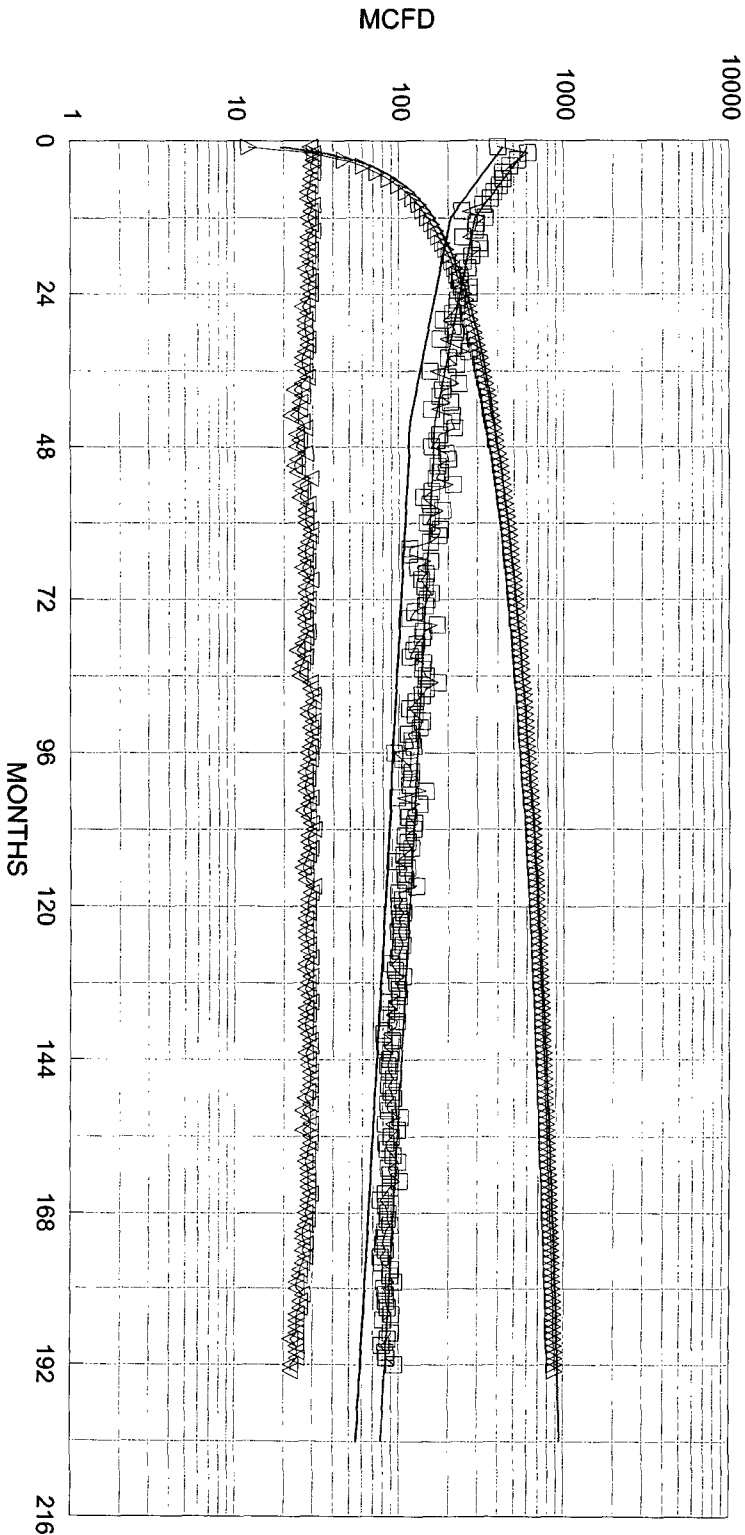
**NORMALIZED MESAVERDE PRODUCTION**  
State Com 11 and 11A (16-29N-8W)



— RISKED MCFD — FIT MCFD — MV

<p><b>NORMALIZED AVG:</b></p> <p>1921 MMCF EUR</p> <p>(Note : above EUR based on 160's)</p> <p>25 MCFD E.L.</p> <p>0.013331 bbl/mcf oil yield</p>	<p>800 MCFD IP</p> <p>50% DECLINE, 1ST 12 MONTHS</p> <p>12% DECLINE, NEXT 36 MONTHS</p> <p>7% FINAL DECLINE</p>	<p><b>RISKED AVG:</b></p> <p>1330 MMCF EUR</p> <p>(Note : above EUR based on 160's)</p> <p>25 MCFD E.L.</p> <p>0.013331 bbl/mcf oil yield</p> <p>30% RISK</p> <p>560 MCFD IP</p> <p>50% DECLINE, 1ST 12 MONTHS</p> <p>12% DECLINE, NEXT 36 MONTHS</p> <p>7% FINAL DECLINE</p>
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**NORMALIZED DAKOTA PRODUCTION**  
**PROD. SINCE 1970; 30 DK WELLS OFFSETTING 16-29N-8W**



Normalized plot for supporting State Com O-12 and O-12E wells

NORMALIZED AVG:		RISKED AVG: 30% RISK	
1296 MMCF EUR	650 MCFD IP	868 MMCF EUR	455 MCFD IP
1293 MMCF/37YRS	55% DECLINE, 1ST 12 MONTHS	865 MMCF/31 YRS	55% DECLINE, 1ST 12 MONTHS
25 MCFD E.L.	19% DECLINE, NEXT 36 MONTHS	25 MCFD E.L.	19% DECLINE, NEXT 36 MONTHS
0.001561 bbl/mcf oil yield	-5.5% FINAL DECLINE	0.001561 bbl/mcf oil yield	6% FINAL DECLINE

REB  
Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C103  
Revised 1-1-89

**DISTRICT I**

P. O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

**DISTRICT II**

1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
OCT 14 1999  
OIL CON. DIV.  
DIST. 3

WELL API NO.	30-045-29748
Indicate type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name	
State Com O	
Well No.	12
Foot Name or Wildcat	
Dakota	

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		7. Lease Name or Unit Agreement Name	
2. Name of Operator Conoco Inc.		8. Well No. 12	
3. Address of Operator 10 Desta Dr., Suite 632W, Midland, Texas 79705-4500		9. Foot Name or Wildcat Dakota	
4. Well Location Unit Letter I 1825 Feet From The South Line and 790 Feet From The East Line Section 16 Township 29N Range 8W NMPM San Juan County			
10. Elevation (Show whether DT, K&B, RT, GK, etc.) 6396'			

**Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data**

**NOTICE OF INTENT TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: Extension of time ☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

This is a request to extend the approved APD for another 12 month period.

EXT: 12-9-2000

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

SIGNATURE Jo Ann Johnson TITLE Sr. Property Analyst DATE October 8, 1999  
TYPE OR PRINT NAME Jo Ann Johnson TELEPHONE NO. 915-686-5515

(this space for State Use)

APPROVED BY ORIGINAL SIGNED BY ERNIE BUSCH TITLE DEPUTY OIL & GAS INSPECTOR, DIST. 3 DATE NOV 1 1999

Reg  
District I  
PO Box 1980, Hobbs, NM 88241 1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos 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-101  
Revised February 10, 1994

Instructions on back  
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

Operator Name and Address. Conoco Inc 10 Desta Dr. Ste. 430E Midland, Tx. 79705-4500		OGRID No. 005073
Property Code 003275	Property Name State Com O	API Number 30-045-29748 Well No. 12

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
I	16	29N	8W		1825'	South	790'	East	San Juan

s 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
Proposed Pool 1 Basin Dakota					Proposed Pool 2				

Work Type Code	Well Type Code	Cable/Rotary	Lease type Code	14 Ground Level Elevation
N 16 Multiple No	G 17 Proposed Depth 7873'	R 18 Formation Dakota	S 19 Contractor N/A	6396' 20 Spud Date 1/2/99

21 Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
12-1/4"	9-5/8", K-55	36#	250'	150 sx. circ.	Surface
8-3/4"	7", K-55	20#	3356'	449 sx circ	Surface
6-1/4"	4-1/2", K-55	9.5#	7573'	580 sx circ.	Surface

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.

It is proposed to drill a vertical wellbore to the Basin Dakota Pool. The well will be drilled and equipped according to the following additional attachments:

1. Well Location & Acreage Dedication Plat (C-102)
2. Proposed Well Plan Outline
3. Cementing program
4. BOP/Choke Diagram

RECEIVED

DEC 14 1998

CONOCO  
ROW&C

22 I hereby certify that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Jo Ann Johnson</i> Printed name: Jo Ann Johnson Title: Sr. Property Analyst Date: 12/3/98		OIL CONSERVATION DIVISION Approved by: <i>Edmund Busch</i> Title: DEPUTY OIL & GAS INSPECTOR, DIST. #3 Approval Date: DEC 9 1998 Expiration Date: DEC 9 1999 Conditions of Approval: Attached	
Phone: 915/686-5515			

Deborah Moore  
281 293-1005

.....

# facsimile transmittal

To: David Catanach                      Fax: 505 827-8177

---

From: Deborah Moore                      Date: 05/01/00

---

Re: State Com O-12 Notifications      Pages: 3

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CC:

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☐ Urgent      ☐ For Review      ☐ Please Comment      ☐ Please Reply      ☐ Please Recycle

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.....

David per your request the following are the notifications sent out to interest owners. Please give me a call if I need to send additional information.



Z 202 611 171

Z 202 611 169

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to  
Street & Number  
Post Office, State, & ZIP  
Postage  
Certified Fee  
Special Delivery Fee  
Restricted Delivery Fee  
Return Receipt Showing Whom & Date Delivered  
Return Receipt Showing to Whom & Date Delivered  
TOTAL Postage & Fees  
Postmark or Date

LINDEN FAMILY TRUST  
JAMES S. LINDEN TRUSTEE  
1413 32ND AVENUE  
ROCK ISLAND, IL 61201-6128

PS Form 3800, April 1995

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Postage  
Certified Fee  
Special Delivery Fee  
Restricted Delivery Fee  
Return Receipt Showing Whom & Date Delivered  
Return Receipt Showing to Whom & Date Delivered  
TOTAL Postage & Fees  
Postmark or Date

GENE BAKER DE LOACH  
4716 "F" LA VILLA MA  
MARINA DEL REY, CA 90292-7023

PS Form 3800, April 1995

Z 202 611 170

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Postage  
Certified Fee  
Special Delivery Fee  
Restricted Delivery  
Return Receipt Showing Whom & Date Delivered  
Return Receipt Showing to Whom & Date Delivered  
TOTAL Postage & Fees  
Postmark or Date

ROSEMARY ANN HUTCHINS  
313 FAIRFIELD DR  
THIBODAUX, LA 70301-3721

PS Form 3800, April 1995

State Com U#12

mailed 11/10/95

Z 202 611 166

Z 202 611 174

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

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COMM OF PUBLIC LANDS  
STATE OF NEW MEXICO  
P O BOX 1148  
SANTA FE, NM 87504-1148

US Postal Service

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CONOCO A/C SHIRLEY  
BERNSTEIN  
654 MADISON AVE  
NEW YORK, NY 10021-8404

Z 202 611 167

US Postal Service

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BURLINGTON RESOURCES  
OIL & GAS COMPANY  
PO BOX 840656  
DALLAS, TX 75284-0656

Z 202 611 172

US Postal Service

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CONOCO A/C KATHLEEN B  
LIPKINS  
812 PARK AVE #4A  
NEW YORK, NY 10021-2759

Restricted Delivery Fee

Z 202 611 168

US Postal Service

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Sent to

F J ODENDAHL INVESTMENTS  
INC  
110 E 7TH AVE  
COLDNA, IL 61241-9364

Restricted Delivery Fee

Z 202 611 173

US Postal Service

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No Insurance Coverage Provided.

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Sent to

CONOCO A/C ATWELL & CO  
C/O UNITED STATES TR  
CO OF NY  
BOX 456 WALL ST  
STATION  
NEW YORK, NY 10005

PS Form 3800 April 1995

Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800 April 1995

Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	