ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MFXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

LIKINS GAS COM A#3E

ADMINISTRATIVE APPLICATION COVERSHEET

	THIS COV	ERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS
Appli	[P	[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location] [DD-Directional Drilling] [SD-Simultaneous Dedication] Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling] C-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] Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]
[1]	TYPE OF A	PPLICATION - Check Those Which Apply for [A] Location - Spacing Unit - Directional Drilling NSL DNSP DD DSD MAY 2 3 1997
	Check [B]	Commingling - Storage - Measurement DHC CTB PC COLS COLM
	[C]	Injection - Disposal - Pressure Increase - Enhanced Oil Recovery WFX PMX SWD IPI DEOR PPR
[2]	NOTIFICAT [A]	TION REQUIRED TO: - Check Those Which Apply, or Does Not Apply 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]	Tor all of the above, Proof of Notification or Publication is Attached, and/or,
	[F]	☐ Waivers are Attached
[3]	INFORMAT	ION / DATA SUBMITTED IS COMPLETE - Statement of Understanding
l here		or personnel under my supervision, have read and complied with all applicable Rules a

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 further verify that all applicable API Numbers are included. 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.

Print or Type Name

Signature Signature

REGULATORY AFFAIRS ENGR.

Title

5/2/97 Bato