#### CASE NO.

11033

#### **LEASE & WELL NAME**

STATE COM AJ NO. 34E

# **LOCATION**

1185' FSL & 1485' FWL SEC. 36, T-32N, R-12W SAN JUAN COUNTY

## POOLS TO BE DOWNHOLE COMMINGLED

Glades Fruitland Sand

Basin Dakota

# STATE LEASE NOS. AT WELL LOCATION

Fruitland Sand: E-5152-3

Dakota: E-5152-3

#### **SPACING UNITS**

Fruitland Sand: SW/4, Sec. 36 -- 160 acres

Dakota: W/2, Sec. 36 -- 320 acres

Exhibits 1 through 1, Complete Sct

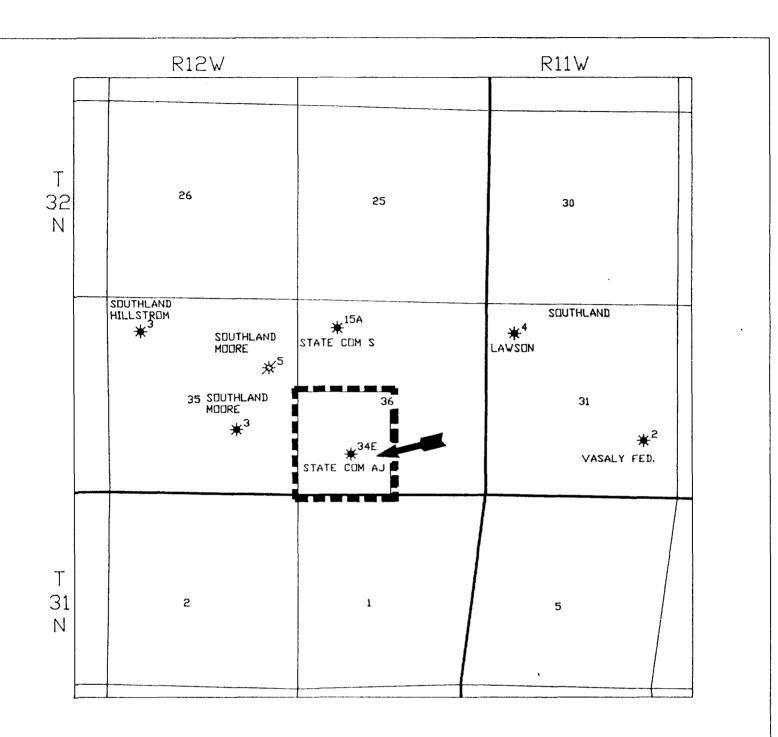
BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 1

CASE NO.: 11033

Submitted by: Conoco Inc.

Hearing Date: Sept 1, 1994



FRUITLAND SAND PRORATION UNIT

Conoco	EPNGNA MIDLAND DIVISION			
1	COM AJ 34E D SAND WELLS			
	DRAWING ND. PL1144			

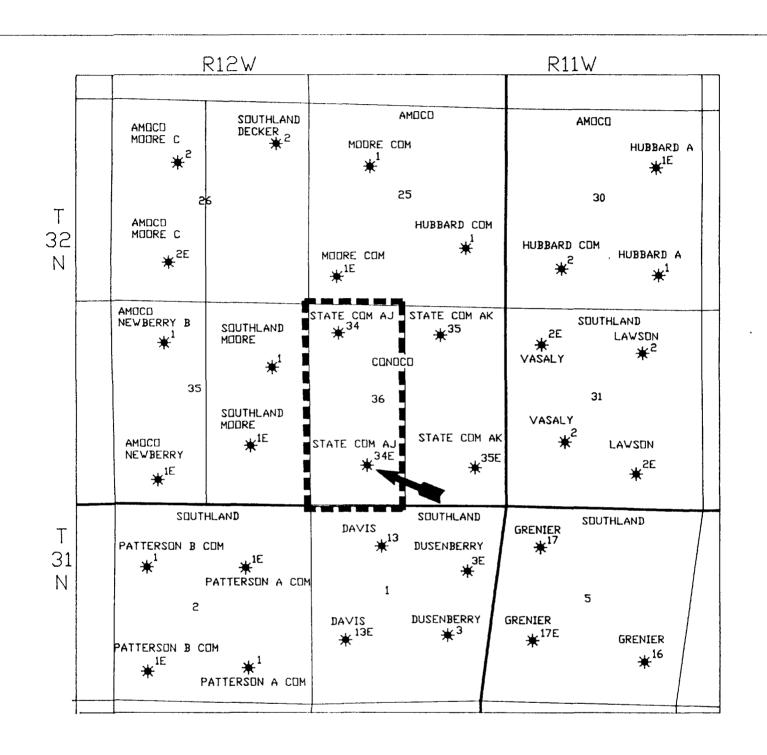
# BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 2-A

CASE NO.: 11033

Submitted by: Conoco Inc.

Hearing Date: Sept 1, 1994



DAKOTA PRORATION
UNIT

COUOCO	EPNGNA MIDLAND DIVISION
	COM AJ 34E WELLS ONLY
	DRAWING NO. PL1143

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 2-B

CASE NO.: 11033

Submitted by: Conoco Inc.

Hearing Date: Sept 1, 1994

				<del></del>
State Com AJ #34				
36-32N-12W				
Fruitland Sand (SW/4)				
Dakota (W/2)	Interest		Interest	}
	Type*	Fruitland Sand	Type*	Mesaverde
Conoco Inc.	W	0.77960270		0.75573430
Conoco A/C Mesa Royalty Trust	CWI	0.08909720		0.08671690
Conoco A/C Shirley Bernstein	CWI	0.00002080	CWI	0.00002030
Conoco A/C Atwell & Company	CWI	0.00002360	CWI	0.00002290
Conoco A/C Kathleen B. Lipkins	CWI	0.00000570	CWI	0.00000560
Commissioner of Public Lands	R	0.12500000	R	0.12500000
Margaret Allinson Laycock	ORRI	0.00000000	ORRI	0.00058500
Thomas R.Laverty	ORRI	0.00000000	ORRI	0.00101750
Ruth C. Fritts Trust	ORRI	0.00312500	ORRI	0.00156250
James W. Wilson	ORRI	0.0000000	ORRI	0.00148500
James Fritz – Gerald III	ORRI	0.00000000	ORRI	0.00078120
Sharon McAdams Steinberg	ORRI	0.0000000	ORRI	0.00312500
Kitty King Powell	ORRI	0.00000000	ORRI	0.00297000
J.W. Hershey	ORRI	0.00000000	ORRI	0.00594000
Kitty King Powell Marital Trust	ORRI	0.00000000	ORRI	0.00297000
Duff-Leach Family trust	ORRI	0.00156250	ORRI	0.00078130
John B. Allinson, Jr.	ORRI	0.00000000	ORRI	0.00058500
Chilegram	ORRI	0.00000000	ORRI	0.00625000
Ted Edward Duff, Trustee	ORRI	0.00156250	ORRI	0.00078120
Ben Dansby, Jr.	ORRI	0.00000000	ORRI	0.00156260
Stanley Neely	ORRI	0.00000000	ORRI	0.00074250
Michael Fitz-Gerald	ORRI	0.00000000	ORRI	0.00078120
Kelley A. Murrell	ORRI	0.00000000	ORRI	0.00058500

\* LEGEND:

W = Working Interest

CWI = Carried Working Interest

R = Royalty Interest

O = Overriding Royalty Interest

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO.	3
CASE NO.:	11033
Submitted by:	Conoco Inc.
Hearing Date:	Sept 1, 1994

		SENDER:	
SENDER: Complete iteme 1 and/or 2 for additional services.	I also wish to receive the	• Complete items 1 end/or 2 for additional services.	I also wish to receive the following services (for an extra
Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so the sturn this card to you.	following services (for an extra fee):	Print your name and address on the reverse of this form at return this card to you.	o that we can fee):
Attach this form to the front of the mailpiece, or on the back- oes not permit.	if space . 1. Addressee's Address	• Attach this form to the front of the mailpiece, or on the ba does not permit.	
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o. Allieu Addiosed to.	7 111 016 234	Ę .	2111 016 235
Southland Royalty Company	4b. Service Type	Amoco Production Company P.O. Box 800	4b. Service Type ☐ Registered ☐ Insured
% Meridian Oil Inc. P.O. Box 4289	☐ Registered ☐ Insured ☐ Certified ☐ COD	Denver, CO 80201	Destified COD
Farmington, NM 87499-4289	Express Mail Return Receipt for Merchandise	I RES	Express Mail Return Receipt for Merchandise
	7. Date of Delivery	ADD ADD	7. Date of Delivery
Signature (Addressee)	8. Addressee's Address (Only if requested	5. Signature (Addressee)	B. Addresse's Address (Only if requeste
Signature (Addressee)	and fee is paid)		and fee is paid)
Signature (Agent)	7	6. Signature (Agent)	
S Form 3811, December 1991 n USGP.O.: 1992-30	DOT-530 DOMESTIC RETURN RECEIPT	PS Form 3811, December 1991 & U.S.Q.P.O.: 1992	2-307-630 DOMESTIC RETURN RECEIP
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S. Article Addressed to:	Consult postmaster for fee.	S delivered.  S 3. Article Addressed to:	Consult postmaster for fee.  4a. Article Number
	Z /// O// 232	E # Charles B Commutation	2 111 616 233
Commissioner of Public Lands	4b. Service Type  Regietered Insured	Charles B. Gonsales P.O. Box 2509	4b. Service Type ☐ Registered ☐ Insured
State of New Mexico P.O. Box 1148	☐ Certified → ☐ CQD	Santa Fe, NM 87504-2509	Cortified COD
Santa Fe, NM 87504-1148	Express Mail Return Receipt for Merchandise	2	Express Mail And Return Receipt for Merchandise
	7. Date of Delivery	* Q / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7. Date of Boyvery June
5. Signature (Addressee)	B. Addresson's Address (Only if requested and feed selection)	5. Aigherure (Adgresses)	B Addressed's Address (Only if requeste
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Keary.	and reapsonaid)		- Vane
Signature (Alent)	1994 1775	6. Signeture (Agent)	USPS
PS Form 3811, December 1991 @ U.S.G.P.O.:1992-30	1994	9. Signature (Agent) PS Form 3811, December 1991 & U.S.G.P.O.: 1992  SENDER: 9. Complete items 1 and/or 2 for additional services. Complete items 3, and 46 & b.	I also wish to receive the
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. Print your name and address on the reverse of this form so the terror this card to you. Attach this form to the front of the mailplace, or on the back oes not permit.	DOMESTIC RETURN RECEIPT  I also wish to receive the following services (for an extra fee):  1. \[ \sum \] Addressee's Address	8. Signature (Agent)  PS Form 3811, December 1991 a U.S.Q.P.O.: 1993  SENDER: 9. Complete items 1 and/or 2 for additional services. 9. Complete items 3, and 4a & b. 9. Print your name and address on the reverse of this form to the front of the mailplece, or on the does not permit. 9. Write "Return Receipt Requested" on the meliplece below to the form to the does not permit. 9. Write "Return Receipt Requested" on the meliplece below. 9. The Return Receipt will show to whom the meliplece below.	i also wish to receive the following services (for an extrapolate):  a that we can back if space:  1. Addressee's Address  2. Restricted Delivery
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SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4a & b. Print your name and addiess on the reverse of this form so it eturn this card to you.  Attach this form to the front of the melipiece, or on the back loss not permit.  Write "Return Receipt Requested" on the melipiece below the art. The Return Receipt Requested on the melipiece below the article was delivered.  3. Article Addressed to:	I also wish to receive the following services (for an extra fee):   1	8. Signature (Agent)  PS Form 3811, December 1991 a U.S.Q.P.O.: 1992  SENDER:  Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. Print your name and address on the reverse of this form return this card to you. A trach this form to the front of the mailplece, or on the does not permit. Write "Return Receipt Requested" on the meliplece below to The Return Receipt will show to whom the article was delined and the service of	I also wish to receive the following services (for an extrapel)  back if space back if space 1. □ Addressee's Address 1. □ Addressee's Address 2. □ Restricted Delivery Consult postmaster for fee.  4a. Article Number 7 /// 0/10, 2.30
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. Print your name and address on the reverse of this form so it sturm this card to you. Attach this form to the front of the melipiace, or on the back cas not permit. Write "Baturn Receipt Bequested" on the melipiace below the ar. The Return Receipt will show to whom the article was delivered. 3. Article Addressed to:  Stanley Neely 22(X) Ross Avenue, Suite 22(X)	I also wish to receive the following services (for an extra fee):   1	8. Signature (Agent)  PS Form 3811, December 1991 a U.S.Q.P.O.: 1993  SENDER: 9 Complete items 1 and/or 2 for additional services. 1 Complete items 3, and 4s & b. 1 Print your name and address on the reverse of this form return this card to you. 2 Attach his form to the front of the mailplece, or on the does not permit. 3 Write "Return Receipt Requested" on the mailplece below the The Return Receipt will show to whom the article was delix delivered. 3 Article Addressed to:  Michael Fitz-Gerald P.O. Box 710	I also wish to receive the following services (for an ext fee):  1. Addressee's Address the article number rered and the date  4a. Article Number
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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so it truin this card to you. Attach this form to the front of the melipiece, or on the back cas not permit. Write "Return Receipt Requested" on the melipiece below the ar The Return Receipt will show to whom the article was delivered elivered.  3. Article Addressed to:  Stanley Neely 22(X) Ross Avenue, Suite 22(X) Dallas, TX 75201-6766	Also wish to receive the tollowing services (for an extra fee):   1	8. Signature (Agent)  9 PS Form 3811, December 1991 a U.S.G.P.O.: 1993  9 SENDER: 9 Complete items 1 and/or 2 for additional services. 9 Complete items 3, and 4a & b. 9 Pint your name and address on the reverse of this form return this card to you. 10 Attach his form to the front of the mailplece, or on the does not permit. 11 The Return Receipt will show to whom the article was delivered. 12 Article Addressed to: 13 Article Addressed to: 14 Michael Fitz-Gerald P.O. Box 710  Midland, TX 79702-0710	I elso wish to receive the following services (for an ext fee):   back if space   1.   Addressee's Address the article number   2.   Restricted Delivery
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EXHIBIT NO. 4

CASE NO.: 11033

Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

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The Return Receipt will show to whom the article was delivered.  3. Article Addressed to:  Sharon McAdams Steinberg 1058 Palm Street Soguin, TX 78155-3255  5. Signature  Addressee   SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. Pinit your name and addressed to:  James W. Wilson 3218 Reha Drive Houston, TX 77019-6212  SENDER: Complete items 3, and 4s & b. Pinit your name and address on the reverse of the form return this card to you. Service Addressed to:  James W. Wilson 3218 Reha Drive Houston, TX 77019-6212  SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. PS Form 3811, December 1991 a U.S.Q.P.O.: 100  SENDER: Complete items 3, and 4s & b. PS Form 3811, December 1991 a U.S.Q.P.O.: 100  The Return Receipt Requested on the reverse of this form, the services of this form the services. Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. Print your name and address on the reverse of this form, the services of this form to the front of the mailpiece, or on the 1 one of the services of this form the services. The Return Receipt Requested on the mailpiece below the services of this form the services. Thomas R. Laverty 1313 Glen Lakes Tower  -9400 North Central Expressivay	## Article   As.	I also wish to receive the following services (for an extra fee):  1. Addressee's Address  I have a display a displa	Thank your RETURN ADDRESS completed on the reverse side?  Secompleted on the reverse side?  Post Completed on the reverse side?  Secompleted on the reverse side?  Secompleted on the reverse side?  Post Completed on the reverse side?  Secompleted on the reverse side?  Secomplete	istum Receipt Requested" on the mailying Receipt will show to whom the strict when the strict is a continuous strict in the strict in the strict is a continuous strict in the s	S.G.P.O.: 1992-307-  rvices. of this form so the set o	d the date   Con    4a. Article    5a. Service    6a. Registere:    7a. Date   Tip    8a. Addresse    6a. Article    5a. Article    7b. Date   Tip    6a. Article    7c. Date   Tip    6a. Article    7c. Date   Tip    6b. Service    7c. Date   Tip    6c. Article    7c. Date   Tip    6c. Article    7c. Date   Tip    6c. Article    7c. Date   Tip    8c. Article    7c. Date    7c. Date    8c. Article    7c. Date    7c. Date    7c. Date    7c. Date    8c. Article    7c. Date    7c. Date    8c. Article    7c. Date    9c. Domestic    9c. Do	sult postmester for fee.    umber

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3. Article Addressed to:	4a. Article Number	3. Article Addressed to:	4a. Article Number
Conoco A/C Kathleen B. Lipkin	S   Z /// 0/6 2/5	Margaret Allinson Laycock	7 11 016 216 4b. Service Type
654 Madison Avenue	☐ Begistered ☐ Insured	1511 West 31st Street	☐ Registered ☐ Insured
New York, NY 10021-8404	☐ Express Mail ☐ Return Receipt for \$	Austin, TX 78703-1405	COD Express Mail Heturn Receipt for
DE	7. Date of Delivery	<b>8</b>	7. Date of Delivery
	612917 9	A partial or a famous solutions of the contract of the contrac	5 6-26
5. Signature (Addressee)	8. Addressee a Address (Only If requested and fee is baid)	5. Signature (Addressee)	8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)		6. Signature (Agent)	† F
2		Batres A.	<u></u>
PS Form 3811, December 1991 a U.S.O.P.O	11992-307-530 DOMESTIC RETURN RECEIPT	PS Form 3811, December 1991 * U.S.G.P.O.: 1992-30	7-890 DOMESTIC RETURN RECEIPT
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SENDER:  Complete items 1 and/or 2 for additional services.	I also wish to receive the	Complete Items 1 and/or 2 for additional services.     Complete Items 3, and 4s & b.	I also wish to receive the following services (for an extra
• Complete items 3, and 4s & b. • Print your name and address on the reverse of this is return this card to you.	following services (for an extra fee):	Print your name and address on the reverse of this form so the return this card to you.	that we can fee):
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delivered.  3. Article Addressed to:	Consult postmaster for fee.	G delivered. Fr M. 3. Article Addressed to:	4a. Article Number
5	2 /// 0/6 213 4b. Service Type	18	2/1/016 214
Conoco A/C Shirley Bernstein 654 Madison Avenue	4b. Service Type  Begistered Insured	Conoco A/C Atwell & Company % United States Trust Co.	4b. Service Type
New York, NY 10021-8404	☑ Certified □ COD	of New York	© Certifled ☐ COO
ORES	Express Mail Return Receipt for Merchandise	Box 456, Wall Street Station	Express Mail Return Receipt for Merchandise
ADI	7. Date of Delivery	New York, NY 10005	7. Date of Delivery 23 1994
5. Signature (Addressee)	8. Addressee's Address (Only if requested	5. Signature (Address )	Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)	and fee is paid)	6. Signature (Agent)	and lee is paid?
o. Sprature (Againt)		8 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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REGISTERED NO.	POSTMARK OF	SENDER:  9 • Complete items 1 and/or 2 for additional services.	I also wish to receive the
R49104719		• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so ti	following services (for an extra fee):
Reg. Fee \$ 4/140 Speci	al s ( 20 ) or	return this card to you.  • Attach this form to the front of the maliplece, or on the back	
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	icted . 11920	The Return Receipt will show to whom the article was delivered delivered.	Consult postmaster for fee.
Received by		3. Article Addressed to:	4a. Article Number Z 1/1 0/6 2 12
5 Customer must dealer	Intl 1	Conoco A/C Mesa Royalty Trust	4b. Service Type
Full value \$	!nsurance al Insurance \$25,000 Domestic Ins. Limit	P.O. Box 1267 Ponca City, OK 74602-1267	☐ Registered ☐ Insured ☐ Certified ☐ COD
8 B (1)11000	1.110	Ponca City, OK 74602-1267	Express Mell Property accept for
All Entries MUST be in Please Punity Program Completion Program Progra	2 NIVE Ste 196	<b>Y</b>	7. Date of Delly JIA
1/1/1×1/1/	D. 1 X 1/4/1/23	5. Signature (Addressee)	8. Addresses' Address Mily if equested
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₹ 3 p (//2052/7/2)		8. Signature (Agent)	USPO
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PS Form 3806, RECEIPT FOR	REGISTERED MAIL (Customer Copy)		
June 1986	(See Information on Reverse)		
	00 5 2000 44-1 45-2		
	PS Form 3800, March 1993	\$ \( \times \) \(	
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	1 0 7 3 3 4 3 2 3		

Receipt for Certified Mail
No Insurance Coverage Provided Jonnot use for International Mail
Sent Kelley A. Murrell
Site 3512 Cornell
Fo. Dallas, TX 75205-2817

Passage
Special Delivery Fee
Special Delivery Fee
Special Spec

Revised 1/1/89 Form C-116

OIL CONSERVATION DIVISION

State of New Mexico
Energy, Minerals and Natural Resources Department

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 1960, Hobbs, NM 88240

Submit 2 copies to Appropriate

District Office.

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

# GAS - OIL RATIO TEST

Operator						B						3	County			
Conoco Inc.					Bě	Basin Dakota & Glades Fruitland Sand	ta &	Glade	s Fruit	tland San	ρt			San Juan	Juan	
Addwer 10 Desta Drive, Ste 100W, Midland, TX 79705	Ste 100W,	Midi	and,	TX	7970		TYPE OF TEST - 00	¥8	Average	ge Daily	Rates	s for A	Daily Rates for April, 1994		Special	
	WEI		LOCATION	ğ		DATEOF		Section	4	DMLY	100	Æ	00 DUR	PROD. DUFING TEST		048 OF
LEASE NAME	<u>Ş</u>	ם	8	1	Œ	TEST	FATE	872	<b>TESS</b>	ALLOW-		MATER	<b>&amp;</b> 5	2 2	MCF.	CUFT/BBL
State Com AJ (Fruitland)	34E	Z	36	32N 12W	12W	76/7	ഥ	ł	}	N/A	Ī	!	!	!	13	ļ
State Com AJ (Dakota)	34E	z	36	32N	12W	76/7	[II-	ļ		farginal Well	1	}			133	}
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Instructions;

During gus-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Division.

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

Sr. Conservation

Coordinator

Jerry W. Hoover,

6/11/94

Telephone No.

(915) 686-6548

Gas volumes must be reported in MCP measured at a pressure base of 15.025 pais and a temperature of 60° P. Report casing pressure in lieu of tubing pressure for any well producing through casing. Specific gravity base will be 0.60.

(See Rule 301, Rule 1116 & appropriate pool rules.)

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. <u>5</u> CASE NO .: 11033 Submitted by: Conoco Inc. Hearing Date: Sept 1, 1994

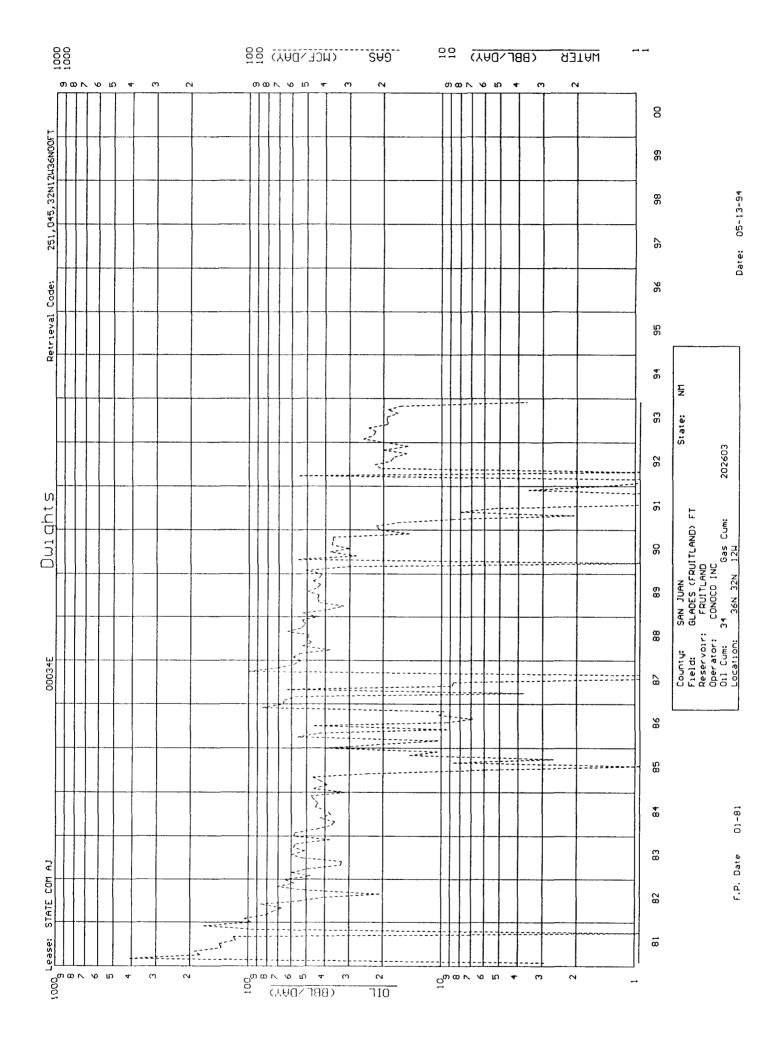


EXHIBIT NO. 6-A

CASE NO.: 11033

Submitted by: Conoco Inc.

Hearing Date: Sept 1, 1994

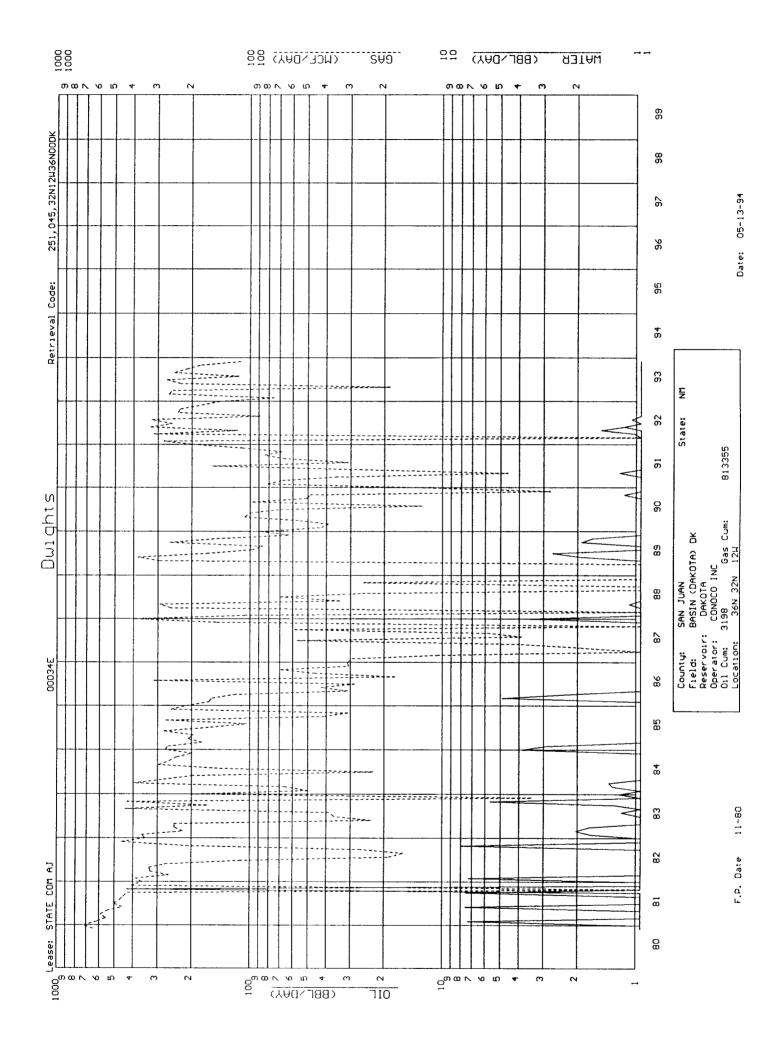


EXHIBIT NO. 6-B

CASE NO.: 11033

Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



1115 FARMINGTON AVE. - FARMINGTON, NM 87401

(505) 325-6622

ANALYSIS NO. CON20180

#### WELL/LEASE INFORMATION

COMPANY:

CONOCO, INC.

WELL NAME: STATE COM AJ #34E

PRESSURE:

54 PSIG

LEASE:

SAMPLE TEMP .:

63 DEG.F

COUNTY:

SAN JUAN

WELL FLOWING:

YES

FORMATION: Fruitland Sand

DATE SAMPLED:

10/23/92

METER NO .: 066-010-130

SAMPLED BY: J. DAVIS

REMARKS:

#### ANALYSIS

COMPONENT	MOLE %	GPM	*B.T.U.	*SP. GR.
NITROGEN CO2 METHANE ETHANE ETHANE PROPANE I-BUTANE N-BUTANE I-PENTANE N-PENTANE HEXANE	0.428 0.139 78.007 9.459 7.741 1.360 1.599 0.448 0.310 0.509	0.0000 0.0000 2.5809 2.1762 0.4536 0.5141 0.1672 0.1144	0.00 0.00 789.67 167.77 195.23 44.31 52.27 17.96 12.45 26.18	0.0021 0.4321 0.0982 0.1179 0.0273 0.0321 0.0112 0.0077
TOTAL	100.000	6.2330	1305.84	0.7491
* @ 14.730 PSIA DRY	& UNCORRECT	ED FOR COMPR	ESSIBILITY	
COMPRESSIBILITY FACT	OR	(1/Z)		1.0040
BTU/CU.FT. (DRY) COR	RECTED FOR	(1/Z)		1337.3
BTU/CU.FT. (WET) COR	RECTED FOR	(1/Z)		1314.1
REAL SPECIFIC GRAVIT	Υ			0.7517

ANALYSIS RUN AT 15.025 PSIA & 60 DEGREES F

CYLINDER PRESSURE: 49 PSIG

CYLINDER NO .:

GAS-ATZ019

DATE RUN:

10/25/92

ANALYSIS RUN BY: CHELLE DURBIN

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 7-A

CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



1115 FARMINGTON AVE. - FARMINGTON, NM 87401

(505) 325-6622

ANALYSIS NO. CON20179

WELL/LEASE INFORMATION

COMPANY: CONOCO, INC.

WELL NAME: STATE COM AJ 34E PRESSURE: 52 PSIG

LEASE: SAMPLE TEMP.: 63 DEG.F

COUNTY: SAN JUAN WELL FLOWING: YES

FORMATION: DAKOTA DATE SAMPLED: 10/23/92

METER NO.: 066-010-034 SAMPLED BY: J. DAVIS

REMARKS:

#### ANALYSIS

COMPONENT	MOLE %	GPM	*8.T.U.	*SP. GR.
NITROGEN CO2 METHANE ETHANE PROPANE I-BUTANE	0.239 2.372 85.921 6.991 2.408	0.0000 0.0000 0.0000 1.9075 0.6770	0.00 0.00 869.78 123.99 60.73	0.4759 0.0726 0.0367
N-BUTANE I-PENTANE N-PENTANE HEXANE	2.408 0.503 0.614 0.284 0.185 0.483	0.0685	20.07 11.38 7.45 24.84	0.0123 0.0071 0.0046
TOTAL	100.000	3.3369	1134.62	0.6731
* @ 14.730 PSIA DRY	& UNCORRECT	ED FOR COMPR	ESSIBILITY	
COMPRESSIBILITY FACT	OR	(1/Z)		1.0030
BTU/CU.FT. (DRY) COR	RECTED FOR	(1/7)		1160.9
BTU/CU.FT. (WET) COR	RECTED FOR	(1/Z)		1140.7
REAL SPECIFIC GRAVIT	Υ			0.6749

ANALYSIS RUN AT 15.025 PSIA & 60 DEGREES F

CYLINDER PRESSURE: 49 PSIG

CYLINDER NO .:

GAS-ATZ047

DATE RUN:

10/25/92

ANALYSIS RUN BY:

CHELLE DURBIN

# BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 7-B

CASE NO.: 11033

Submitted by: Conoco Inc.

Hearing Date: Sept 1, 1994

#### STATE COM AJ NO. 34E

# **BOTTOMHOLE PRESSURE DATA**

<u>POOL</u>	<u>PERFS</u>	<u>DATUM</u>	<u>BHP</u>	% of Higher <u>Pressure</u>
Fruitland Sand	2800' (top)	5223'	145	28
Dakota	7646'-7658'	5223'	551	

# **BTU-WEIGHTED PRODUCTION PERCENTAGES**

POOL	<u>MCFGPD</u>	BTU/CU FT	% of <u>Production</u>
Fruitland Sand	13	1337	10.12
Dakota	133	1161	89.88

# **ECONOMIC LIMIT CALCULATIONS**

OPERATING COSTS OV	Direct Operating Expense verhead/Accounting Expense	\$700/Month <u>\$600/Month</u>			
Т	OTAL OPERATING COSTS	\$1300/Month			
WORKOVER COSTS\$20,000 / Workover  CURRENT GAS PRICE\$1.35 / MCFG					
CURRENT GAS PRICE.	\$1.35 / WICFG				
ECONOMIC LIMIT WITH	OUT WORKOVER COSTS	37 MCFGPD			
ECONOMIC LIMIT WITH	H WORKOVER COSTS	49 MCFGPD			

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 8

CASE NO.: 11033

Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

## STATE COM AJ NO. 34E

# RESERVOIR SIMULATIONS OF GAS FLOW IN **DUAL & COMMINGLED COMPLETIONS**

# IMEX BLACK OIL SIMULATOR

#### **INPUT**

# <u>OUTPUT</u>

Dry Gas Reservoir

Two Zones

160 Acre Spacing

.2 Millidarcies

Fruitland Porosity = 10%

Fruitland NEP = 20 Ft.

Dakota Porosity = 12%

Dakota NEP = 48 Ft.

Avg. Water Sat. = 32%

	Fruitland		
	Sand	Dakota	Commingle
Day	MCFD	MCFD	MCFD
1			2500
6			2500
15			999
60			838
212	126	567	693
365	112	503	615
548			561
730			521
912			486
1095	82	372	454
1278			426
1460			400
1643			376
1825			354
2008	61	273	334
2190			315
2373			298
2555			282
2738			267
2920	47	206	253
3103			240
3285			228
3468			217
3650	38	168	206
3651	17	168	185
3656			188
3681	26	165	191
3806			188
3989			181
4171	27	146	173
4354			165
4536			158
4719			151
4901			145
5006	23	118	141
5110	22	115	137
5111	-1	1	0.002
5112	-1.6	1.6	0.002
5113	-2	2	0.002
5118	-4	4	0.002
5125	-5	5	0.002
5140	-6	6	0.002
5171		7	0.002

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 9-A

CASE NO.:

11033

CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

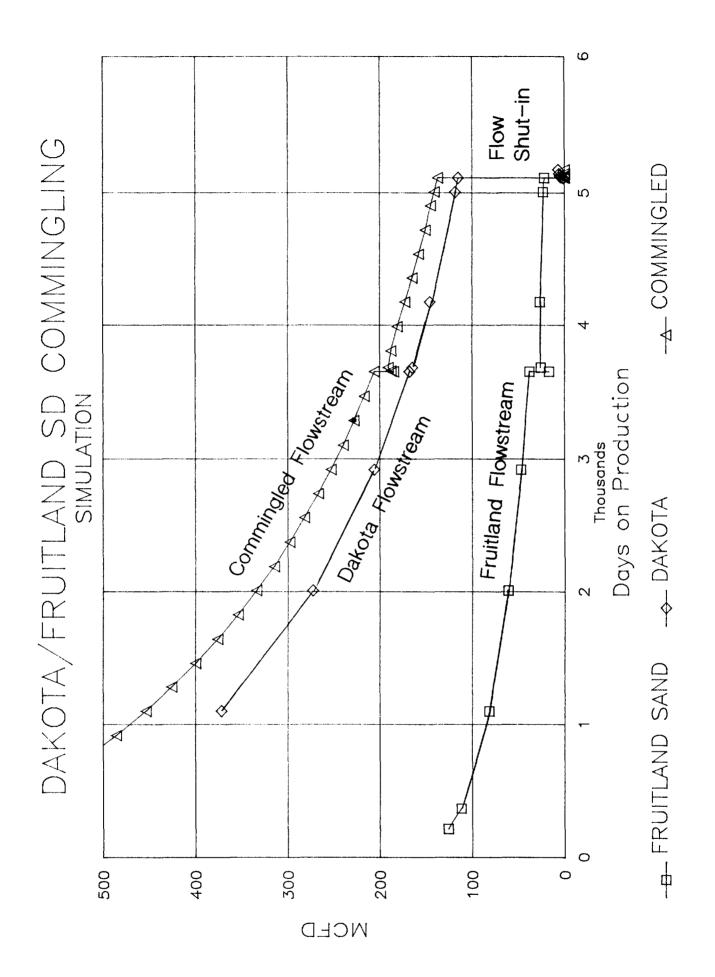
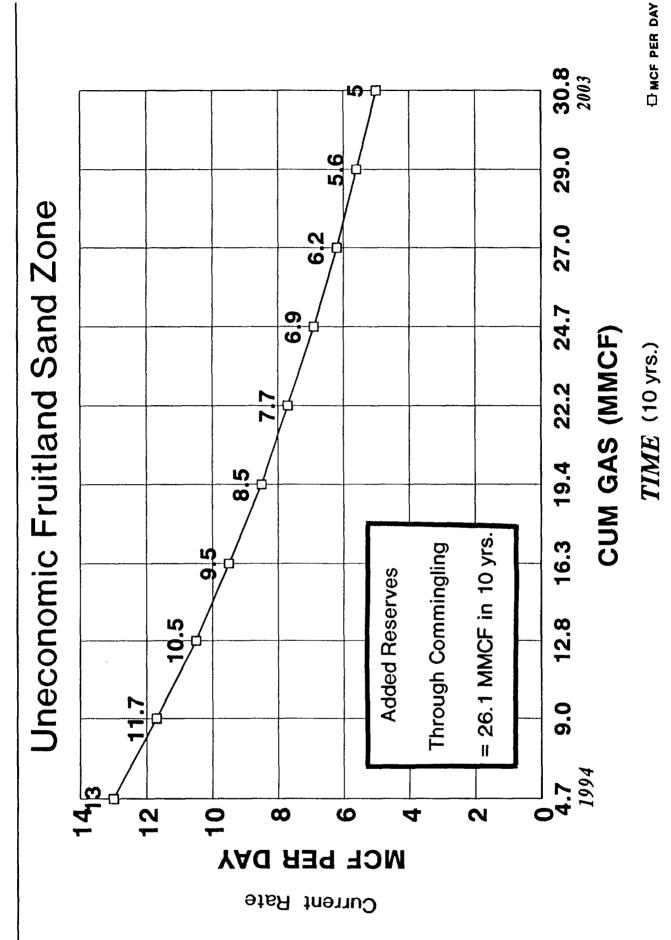


EXHIBIT NO. 9-B
CASE NO.: 11033
Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994

# STATE COM AJ 34E FT



BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 10

CASE NO.: 11033

Submitted by: Conoco Inc.
Hearing Date: Sept 1, 1994



#### RAY POWELL, M.S., D.V.M. COMMISSIONER

# State of New Mexico Commissioner of Public Lands

310 OLD SANTA FE TRAIL P.O. BOX 1148

SANTA FE, NEW MEXICO 87504-1148

(505) 827-5760 FAX (505) 827-5766

July 27, 1994

Conoco, Inc. 10 Desta Drive Suite 100W Midland, Texas 79705-4500

Attention: Mr. Jerry Hoover

Re: Downhole Commingling Application

State Com AJ Well No. 34E Unit N - Section 36-32N-12W San Juan County, New Mexico

Dear Mr. Hoover:

Your application to downhole the production from within the wellbore of the above-captioned well was received on June 20, 1994. Your application requests our approval to downhole commingle the Basin Dakota Pool production with the Glades Fruitland Sand production within the wellbore of the State Com AJ Well No. 34E, located in Unit Letter N, Section 36-32N-12W.

Since it appears that all the New Mexico Oil Conservation Division rules and regulations have been compiled with, and there will be no loss of revenue to the State of New Mexico as a result of your proposed operation, your request for downhole commingling is hereby approved. Any deviation from the substance of your request will be sufficient grounds for rescinding our approval. Our approval is subject to like approval by the New Mexico Oil Conservation Division.

Your filing fee in the amount of Thirty (\$30.00) Dollars has been received.

If you have any questions, or if we may be of further help, please contact Pete Martinez at (505) 827-5791.

Very truly yours,

RAY POWELL, M.S., D.V.M. COMMISSIONER OF PUBLIC LANDS

BY:
FLOYD O. PRANDO, Director
Oil/Gas and Minerals Division
(505) 827-5744
RP/FOP/pm
Enclos.

cc: Reader File

BEFORE AN EXAMINER OF THE OIL CONSERVATION DIVISION

EXHIBIT NO. 11

CASE NO.: 11033

Submitted by: Conoco inc.

Hearing Date: Sept 1, 1994