N.M. Oil Cons. DIV-Dist. 2

UNITED STATES 1301 W. Crand Avenue

FORM APPROVED
OMB No. 1004-0135

| 1 | BU     | REAU OF I | AND MAN | AGEMENT      |       |          |     |
|---|--------|-----------|---------|--------------|-------|----------|-----|
|   |        |           |         | A            | nesia |          | 210 |
| U | NDRY N | OTICES A  | AND REP | ORTS ON      | WELLS | . 4 4444 |     |
|   | 100    |           |         | 医复数医性感性结合征 化 |       |          |     |

Expires March 31, 2007

| Do not use thi                                                                                                                              | b. Lease Serial No. NM-94589 6. If Indian, Allottee or Tribe Name |                                           |                              |                                   |                                         |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------|------------------------------|-----------------------------------|-----------------------------------------|--|--|
| abandoned well.                                                                                                                             |                                                                   |                                           |                              |                                   |                                         |  |  |
| SUBMIT IN TRIPLI                                                                                                                            | CATE - Other Instr                                                | uctions on reverse sid                    | le .                         | 7. If Unit or CA/Ag               | reement, Name and/or No.                |  |  |
| 1. Type of Well Oil Well X Gas                                                                                                              | Welt Other                                                        |                                           | RECEIVED                     |                                   | 8. Well Name and No.                    |  |  |
| 2. Name of Operator  Vator Potroloum Corporation                                                                                            |                                                                   | OGU                                       | <b>OCUMANTESIA</b>           |                                   | Chosa ATR Federal #2                    |  |  |
| Yates Petroleum Corporation  3a. Address                                                                                                    |                                                                   | 3b. Phone No. (include area coo           |                              | 9. API Well No.<br>30-015-3421    | 0                                       |  |  |
| 105 S. 4th Str., Artesia, NM                                                                                                                | 88210                                                             | 505-748-1471                              | 505-748-1471                 |                                   | 10. Field and Pool, or Exploratory Area |  |  |
| 4. Location of Well (Footage, Sec.,T.,R.,M.,                                                                                                |                                                                   |                                           | -                            | Undesignate<br>11. County or Pari | d Chosa Draw Morrow<br>sh, State        |  |  |
| 710' FNL and 710' FEL of Secti                                                                                                              | ion 5-25S-26E                                                     |                                           | 1                            | Eddy, New Mexico                  |                                         |  |  |
| 12. CHECK APPROPE                                                                                                                           | RIATE BOX(ES) TO                                                  | INDICATE NATURE OF                        | F NOTICE, RE                 | PORT, OR OT                       | THER DATA                               |  |  |
| TYPE OF SUBMISSION                                                                                                                          |                                                                   | TYPE                                      | OF ACTION                    |                                   |                                         |  |  |
| And see the second second                                                                                                                   | Acidize                                                           | Deepen                                    | Production (                 | Start/Resume)                     | Water Shut-Off                          |  |  |
| Notice of Intent                                                                                                                            | Alter Casing                                                      | Fracture Treat                            | Reclamation                  | Start/ Kesume)                    | Well Integrity                          |  |  |
| Subsequent Report                                                                                                                           | Casing Repair                                                     | New Construction                          | Recomplete                   |                                   | X Other Down Hole                       |  |  |
|                                                                                                                                             | Change Plans                                                      | Plug and Abandon                          | Temporarily                  | Abandon                           | Commingling                             |  |  |
| Final Abandonment Notice                                                                                                                    | Convert to Injection                                              | Plug Back                                 | Water Dispo                  | sal                               |                                         |  |  |
| Yates Petroleum inte                                                                                                                        |                                                                   | ommingle the the production pools HPERIOD | ction from Chr               | FEB                               |                                         |  |  |
| COMPTION                                                                                                                                    |                                                                   | DVAL.                                     |                              |                                   | ECT TO<br>APPROVAL<br>ATE               |  |  |
| 14. I hereby certify that the foregoing is true Name (Printed/Typed)  Debbie Chavez                                                         | and correct                                                       | Title Engin                               | Title Engineering Technician |                                   |                                         |  |  |
| Signature N WWW C                                                                                                                           | how                                                               | Date <b>Febr</b> u                        | Date February 1, 2006        |                                   |                                         |  |  |
| a traba a maghaga <b>a s</b> hagan a sasa                                                                                                   |                                                                   | FOR FEDERAL OR STATE (                    | OFFICE USE                   |                                   | 38.<br>.V:                              |  |  |
| Approved by                                                                                                                                 |                                                                   | Title                                     |                              | Date                              |                                         |  |  |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduct or | table title to those rights in operations thereon.                | the subject lease Office                  |                              |                                   |                                         |  |  |
| Title 18 U.S.C. Section 1001 and Title 43 U.S. States any false, fictitious or fraudulent states                                            |                                                                   |                                           |                              | to any department of              | or agency of the United                 |  |  |

## Downhole Commingling

- 1. A formal request (Sundry Notice Form 3160-5 or letter) by the operator for approval to commingle production between intervals downhole.
- 2. The application should contain the lease number; well name and number, location; names of zones, formations or deposits to be commingled; interval of each pay section as identified by existing or proposed perforations; current volumes of oil and/or gas produced from each zone (by well test within 60 days from the date of the application for commingling); oil gravities and gas BTU values produced from each zone, and bottom hole pressures of each zone, both original and current (within 60 days from the date of the application for commingling). The information submitted should include decline curves for each zone to be commingled for the last 24 months of production, unless the zone(s) has produced less than 24 months. Also, a statement of the royalty rate for each zone and the spacing order in effect for each zone is required.
- 3. The proposed allocation method (straight percentage, periodic well test, etc.) and formula(s).
- 4. A wellbore diagram depicting the proposed production method for efficient recovery of oil and gas, if necessary.
- 5. Economic justification that commingling is necessary to recover the maximum volume of oil and gas reserves. Economic factors to consider may include drilling and operating costs, producing rates, reserve calculations, decline rates, etc.
- 6. State which zone(s) are communitized or are in unit participating areas.

The Authorized Officer may approve downhole commingling when the following facts exist and following conditions are met:

- 1. The fluids from each zone are compatible with the fluids from the other(s); and combining the fluids will not result in the formation of precipitates or emulsions which may damage any of the reservoirs.
- 2. The commingling will not jeopardize the efficiency of any present or future secondary recovery operations in any zones to be commingled.
- 3. The commingling will not result in a produced fluid stream which is of lesser quality or value than the individual production streams; i.e., a reduction in BTU content or gravity.
- 4. The commingling will not result in the permanent loss of reserves due to cross-flow in the wellbore (one zone thieving from another).

- 5. An applicable method of allocating production to each of the commingled zones.
- 6. A condition of approval that provides for periodic production testing of individual zones or verification that the allocation factors or methods used are proper.

The Authorized Officer must also follow up approvals with verification that production to each zone is being allocated and reported properly, particularly when a communitization agreement or unit participating area is involved with one or more zones.

New requirements were placed on oil & gas operators and reporters within the state of New Mexico that require them to report to the New Mexico Oil Conservation Division by formation for wells commingled downhole. The MMS and BLM are in concurrence on a solution as to how to accommodate this new requirement. To assure proper reporting in Oklahoma, Texas, and Kansas, the procedures now in place for New Mexico operators will apply to all operators under the jurisdiction of the New Mexico State Office.

Down-hole commingled wells are to be reported with an alpha character, "C" versus the "S" or "A", that is used at the present time.

For example, a well with downhole commingling in two zones would show an API well number/Completion Code in AIRS or AFMSS as 430191234500C1 and 430191234500C2. The first formation would be C1 with subsequent formations numbered as C2, C3, etc. This is compatible with industry systems used to report to both the state of New Mexico and MMS.

Each well completion record should be documented following the C1, C2 designation in the AIRS Well Processing Screen. Comments should be added as to how well production is allocated to each zone, whether one or more IID is involved. Also, the commingling approval should be documented in the AIRS Approval Screen. Comments should also be added as to how well production is allocated to each zone and whether one or more IID is involved.

Each well completion record should be documented following the C1, C2 designation in the AFMSS Well Header Review Window (GLB.90). Also, the commingling approval should be documented in the AFMSS Sundry Notice List for Well Window (SNT.38). Comments should also be added as to how well production is allocated to each zone and whether one or more IID is involved.

The BLM and MMS are in concurrence on the above procedures. the MMS uses the AIRS and AFMSS data to validate what is reported by the operator. By following the above procedures, the data collected by MMS will be correctly reported in MRO.