

District IV  
2040 South Pacheco, Santa Fe, NM 87505

2040 South Pacheco  
Santa Fe, New Mexico 87505

  X   Single Well  
   Establish Pre-Approved Pools  
 EXISTING WELLBORE  
       X Yes        No

## APPLICATION FOR DOWNHOLE COMMINGLING

OGRID No. 025575 Property Code 25409 API No. 30-025-34959 Lease Type:      Federal   X   State      Fee     

| DATA ELEMENT                                                                                                                                                                          | UPPER ZONE                                               | INTERMEDIATE ZONE                                        | LOWER ZONE                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------|
| Pool Name                                                                                                                                                                             | Undesignated Wolfcamp                                    | Shoe Bar Atoka                                           | Undesignated Morrow                                  |
| Pool Code                                                                                                                                                                             |                                                          |                                                          |                                                      |
| Top and Bottom of Pay Section<br>(Perforated or Open-Hole Interval)                                                                                                                   | 10,863'-10,969'                                          | 12,454'-12,460'                                          | 12,895'-12,904'                                      |
| Method of Production<br>(Flowing or Artificial Lift)                                                                                                                                  | Flowing                                                  | Flowing                                                  | Flowing                                              |
| Bottomhole Pressure<br>(Note: Pressure data will not be required if the bottom perforation in the lower zone is within 150% of the depth of the top perforation in the upper zone.)   | Not Required                                             | Not Required                                             | Not Required                                         |
| Oil Gravity or Gas BTU<br>(Degree API or Gas BTU)                                                                                                                                     | 1496 BTU                                                 | 1222 BTU                                                 | 1200 BTU                                             |
| Producing, Shut-In or New Zone                                                                                                                                                        | Not Completed Yet                                        | Not Completed Yet                                        | Shut-In                                              |
| Date and Oil/Gas/Water Rates of Last Production.<br>(Note: For new zones with no production history, applicant shall be required to attach production estimates and supporting data.) | Date:<br>Rates: Not Completed Yet<br>(See attachment #1) | Date:<br>Rates: Not Completed Yet<br>(See attachment #1) | Date: 6/19/00<br>Rates: 254 mcf/d, 0 bopd,<br>0 bwpd |
| Fixed Allocation Percentage<br>(Note: If allocation is based upon something other than current or past production, supporting data or explanation will be required.)                  | Oil Gas<br>% %<br>See Attachment #2                      | Oil Gas<br>% %<br>See Attachment #2                      | Oil Gas<br>% %<br>See Attachment #2                  |

## ADDITIONAL DATA

NMOCD Reference Case No. applicable to this well:

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 working, royalty and overriding royalty interests for uncommon interest cases.  
 Any additional statements, data or documents required to support commingling.

## PRE-APPROVED POOLS

List of other orders approving downhole commingling within the proposed Pre-Approved Pools  
List of all operators within the proposed Pre-Approved Pools  
Proof that all operators within the proposed Pre-Approved Pools were provided notice of this application.  
Bottomhole pressure data.

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

TYPE OR PRINT NAME      Albert R. Stall      TELEPHONE NO.      (505) 748-4174

## **ATTACHMENTS**

### **BLTN AUY State #1 Unit A Sec. 33-16S-35E**

1. The Atoka is expected to produce approximately 1000 mcf/d. The Wolfcamp is expected to produce 500 mcf/d and 100 bopd. Production estimates are based on well logs review and nearby production. A map showing nearby Atoka and Wolfcamp producers is attached along with production plot for these wells.
2. A fixed percentage allocation formula based on production rates will be submitted for approval after testing is done on the Atoka and Wolfcamp.

[illegible]

District I  
PO Box 1986, Hobbs, NM 88241-1986  
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-102  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

|                              |  |                                                |  |                                      |                      |
|------------------------------|--|------------------------------------------------|--|--------------------------------------|----------------------|
| 1 API Number<br>30-025-34959 |  | 2 Pool Code                                    |  | 3 Pool Name<br>Undesignated Wolfcamp |                      |
| 4 Property Code<br>25409     |  | 5 Property Name<br>BLTN AUY State              |  |                                      | 6 Well Number<br>1   |
| 7 OGRID No.<br>025575        |  | 8 Operator Name<br>Yates Petroleum Corporation |  |                                      | 9 Elevation<br>3983' |

10 Surface Location

|                    |               |                 |              |         |                      |                           |                      |                        |               |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|----------------------|------------------------|---------------|
| UL or lot no.<br>A | Section<br>33 | Township<br>16S | Range<br>35E | Lot Ida | Feet from the<br>660 | North/South line<br>North | Feet from the<br>660 | East/West line<br>East | County<br>Lea |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|----------------------|------------------------|---------------|

11 Bottom Hole Location If Different From Surface

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

|                           |                    |                       |              |
|---------------------------|--------------------|-----------------------|--------------|
| 12 Dedicated Acres<br>320 | 13 Joint or Infill | 14 Consolidation Code | 15 Order No. |
|---------------------------|--------------------|-----------------------|--------------|

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

|    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|----|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 |  |  |  |  | 17 OPERATOR CERTIFICATION<br>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief<br><br><u>Tina Huerta</u><br>Signature<br>Tina Huerta<br>Printed Name<br>Operations Technician<br>Title<br>6-27-00<br>Date                                                                                       |
|    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  | 18 SURVEYOR CERTIFICATION<br>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.<br>REFER TO ORIGINAL PLAT<br>Date of Survey<br>Signature and Seal of Professional Surveyor:<br><br>Certificate Number |

The Undesignated Wolfcamp pool has not been completed, there will be no production curve for this zone.

District I  
PO Box 1988, Hobbs, NM 88241-1988  
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-102  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

|                              |  |                                                |  |                               |  |                      |  |
|------------------------------|--|------------------------------------------------|--|-------------------------------|--|----------------------|--|
| 1 APT Number<br>30-025-34959 |  | 2 Pool Code                                    |  | 3 Pool Name<br>Shoe Bar Atoka |  |                      |  |
| 4 Property Code<br>25409     |  | 5 Property Name<br>BLTN AUY State              |  |                               |  | 6 Well Number<br>1   |  |
| 7 OGRID No.<br>025575        |  | 8 Operator Name<br>Yates Petroleum Corporation |  |                               |  | 9 Elevation<br>3983' |  |

10 Surface Location

|                    |               |                 |              |         |                      |                           |                      |                        |               |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|----------------------|------------------------|---------------|
| UL or lot no.<br>A | Section<br>33 | Township<br>16S | Range<br>35E | Lot Ida | Feet from the<br>660 | North/South line<br>North | Feet from the<br>660 | East/West line<br>East | County<br>Lea |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|----------------------|------------------------|---------------|

11 Bottom Hole Location If Different From Surface

|                           |         |                    |       |                       |               |                  |               |                |        |
|---------------------------|---------|--------------------|-------|-----------------------|---------------|------------------|---------------|----------------|--------|
| UL or lot no.             | Section | Township           | Range | Lot Ida               | Feet from the | North/South line | Feet from the | East/West line | County |
|                           |         |                    |       |                       |               |                  |               |                |        |
| 12 Dedicated Acres<br>320 |         | 13 Joint or Infill |       | 14 Consolidation Code |               | 15 Order No.     |               |                |        |

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

|    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|----|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 |  |  |  |  |  | 17 OPERATOR CERTIFICATION<br>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief<br><br><u>Tina Huerta</u><br>Signature<br>Tina Huerta<br>Printed Name<br>Operations Technician<br>Title<br><u>6-25-00</u><br>Date                                                                                |
|    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  |  | 18 SURVEYOR CERTIFICATION<br>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.<br>REFER TO ORIGINAL PLAT<br>Date of Survey<br>Signature and Seal of Professional Surveyor:<br><br>Certificate Number |
|    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |
|    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                  |

The Shoe Bar Atoka pool has not been completed, there will be no production curve for this zone.

The Undesignated Morrow pool is Shut-In, there will be no production curve for this zone.



There are no other working, royalty and overriding royalty interest owners other than Yates Petroleum Corporation in this well.

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

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

|                                      |                                                                        |
|--------------------------------------|------------------------------------------------------------------------|
| WELL API NO.                         | 30-025-34959                                                           |
| 5. Indicate Type of Lease            | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.         | V-5086                                                                 |
| 7. Lease Name or Unit Agreement Name | BLTN AUY State                                                         |
| 8. Well No.                          | 1                                                                      |
| 9. Pool name or Wildcat              | Townsend Mississippian                                                 |

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

|                                                                                                          |                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 2. Name of Operator<br>YATES PETROLEUM CORPORATION                                                                                                    |
| 3. Address of Operator<br>105 South 4th St., Artesia, NM 88210                                           | 4. Well Location<br>Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line<br>Section 33 Township 16S Range 35E NMPM Lea County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3983' GR                                           |                                                                                                                                                       |

|                                                                               |                                           |                                                             |                                               |
|-------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                           |                                                             |                                               |
| NOTICE OF INTENTION TO:                                                       |                                           | SUBSEQUENT REPORT OF:                                       |                                               |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                      | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>            | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                 |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/>         |                                               |
| OTHER: <input type="checkbox"/>                                               |                                           | OTHER: Spud & conductor <input checked="" type="checkbox"/> |                                               |

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.

Spudded a 26" hole with rat hole machine at 11:00 AM 4-5-2000. Drilled to 40'. Set 40' of 20" conductor pipe. Cemented to surface. NOTE: Notified Sylvia w/OCD-Hobbs of spud.  
TD 40'. Waiting on rotary tools.

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

SIGNATURE Rusty Klein TITLE Operations Technician DATE April 15, 2000  
TYPE OR PRINT NAME Rusty Klein TELEPHONE NO. 505/748-1471

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: