

DISTRICT I:

P.O. Box 1980 Hobbs NM 88241-1980

DISTRICT II:

811 S 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 875054-6429Form C-107-A
New 3-12-96

APPROVAL PROCESS

☒ Administrative ☐ Hearing

EXISTING WELLBORE

☒ YES ☐ NO

APPLICATION FOR DOWNHOLE COMMINGLING

Operator: BJRLINGTON RESOURCES OIL & GAS COMPANY

P.O. Box 51810 Midland, TX 79710-1810

CHECKERBOARD 23 FEDERAL

8

G

23

22S

32E

LEA COUNTY, NM

Lease

Well No

Unit Ltr - Sec - Twp - Rge

County

OGRID NO

26485

Property Code 13136

API NO 30-025-32626

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 | WEST RED TANK DELAWARE 51689 | | RED TANK BONE SPRING 51683 |
| 2 Top and Bottom of Pay Section (Perforations) | 4933'-4945', 8436'-8448' 8476'-8522' | | 9812'-9900' |
| 3 Type of production (Oil or Gas) | OIL | | OIL |
| 4 Method of Production (Flowing or Artificial Lift) | ARTIFICIAL LIFT | | ARTIFICIAL LIFT |
| 5. Bottomhole Pressure Oil Zones - Artificial Lift Gas & Oil - Flowing All Gas Zones Estimated Current Measured Current Estimated Or Measured Original | a (Current) 1200 PSI EST. b (Original) 3475 PSI EST | a b | a 3925 PSI EST b |
| 6 Oil Gravity (°API) or Gas BTU Content) | 40 DEG | | 40 DEG |
| 7 Producing or Shut-In? | PROD. | | TO BE COMPLETED |
| Production Marginal? (yes or no) | Yes | | Yes |
| a 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: |
| b If Producing, give date and oil/gas/water rates of recent test (within 60 days) | Date: 10-20-97 Rates: 22 BOPD, 1 BWPD, 112 MCFPD | Date: Rates: | Date: TO BE COMPLETED Rates: SEE ATTACHED |
| 8 Fixed Percentage Allocation Formula - % for each zone | Oil: 50% Gas: 75% | Oil: % Gas: % | Oil: 50% Gas: 25% |

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?
If not, have all working, overriding, and royalty interests been notified by certified mail?
Have all offset operators been given written notice of the proposed downhole commingling?

☒ Yes ☐ No
☒ Yes ☐ No
☒ 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 in 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. NMOC 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 of all offset operators.
- * Notification list of working, overriding, and royalty interests for uncommon interest cases.
- * Any additional statements, data, or documents required to support commingling.

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

SIGNATURE

Maria L. Perez

TITLE REGULATORY REP.

DATE 11-19-97

TYPE OR PRINT NAME

MARIA L. PEREZ

TELEPHONE NO. (915) 688-6906