

## 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

Form C-107-A

New 3-12-96

## OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 875054-6429

## APPROVAL PROCESS:

☒ Administrative ☐ Hearing

## EXISTING WELLBORE

☒ YES ☐ NO

## APPLICATION FOR DOWNHOLE COMMINGLING

BURLINGTON RESOURCES OIL &amp; GAS COMPANY

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

Operator

Address

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 LIST
5. Bottomhole Pressure	a. (Current) 1200 PSI EST.	a.	a. 3925 PSI EST
Oil Zones - Artificial Lift: Gas & Oil - Flowing: Measured Current All Gas Zones: Estimated Or Measured Original	b. (Original) 3475 PSI EST	b.	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
* 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:
* 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?

☒ Yes ☐ No

If not, have all working, overriding, and royalty interests been notified by certified mail?

☒ Yes ☐ No

Have all offset operators been given written notice of the proposed downhole commingling?

☒ Yes ☐ No11. Will cross-flow occur? ☐ Yes ☒ NoIf 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. NMOCD 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