

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

## DISTRICT II

811 South First St., Artesia, NM 88210-2835

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410-1893

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

2040 S. Pacheco  
Santa Fe, New Mexico 87605-6429Form C-107-A  
New 3-12-96

APPROVAL PROCESS:

\_\_\_ Administrative \_\_\_ Hearing

EXISTING WELLBORE

\_\_\_ YES \_\_\_ NO

## APPLICATION FOR DOWNHOLE COMMINGLING

D K BOYD OIL AND GAS CO INC

PO BOX 11351, MIDLAND, TEXAS 79702

Operator: LITTMAN 8 FEDERAL 1 Address: N 8 21S 38E LEA  
Lease: Well No. Unit Ltr. - Sec - Twp - Rge CountyOGRID NO. 153107 Property Code 18740 API NO. 30-025-33347 Spacing Unit Lease Types: (check 1 or more)  
Federal ☒ State \_\_\_ (and/or) Fed: \_\_\_

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	WILDCAT-SEVEN RIVERS		LITTMAN SAN ANDRES 39330
2. Top and Bottom of Pay Section (Perforations)	3138' - 3168'		4299' - 4309'
3. Type of production (Oil or Gas)	GAS		GAS
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) SUBJECT TO COMPLETION b. (Original) SUBJECT TO COMPLETION	a. b.	a. 820 psi b. 1122 psi
6. Oil Gravity ( $^{\circ}$ API) or Gas BTU Content			1158 psi
7. Producing or Shut-In?	SUBJECT TO COMPLETION		PRODUCING
Production Marginal? (yes or no)	NO		NO
* 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 90 days)	Date: Rates:	Date: Rates:	Date: Rates:
8. Fixed Percentage Allocation Formula - % for each zone	SUBJECT TO COMPLETION Oil: % Gas: %	Oil: % Gas: %	SUBJECT TO COMPLETION Oil: % Gas: %

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 \_\_\_ 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 \_\_\_ No13. Will the value of production be decreased by commingling? \_\_\_ Yes ☒ No (If Yes, attach explanation)14. If this well is 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  TITLE Operations Manager DATE 9/17/96

TYPE OR PRINT NAME D. K. Boyd TELEPHONE NO. ( 915 ) 685-1022