EXXON COMPANY, U.S.A.
POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

May 27, 1999

New Mexico S State, Well No. 12
Downhole Commingling Request
Blinebry Oil and Gas Pool
Tubb Oil and Gas Pool

Ms. Lori Wrotenberry, Director
New Mexico Oil Conservation Division
2040 Pacheco
Santa Fe, New Mexico 87505

Dear Ms. Wrotenberry,

Exxon requests approval to downhole commingle production from the New Mexico S State, Well No. 12, located at Unit A, Section 2, T22S and R37E in Lea County, New Mexico. This is an exception to Rule 303A.

The pools to be downhole commingled are the Blinebry Oil and Gas Pool and the Tubb Oil and Gas Pool. Well No. 12 is simultaneously dedicated with Well No. 13 in the Tubb Oil and Gas Pool per Administrative Order, SD-98-6, approved September 30, 1998.

The Offset Operators have been notified and return receipts are included in this package. There is a single Royalty Owner, the State of New Mexico, no Overriding Royalty Interest and no Working Interest Owners, other than Exxon.

We would appreciate your approval of this request. If there are questions, call Bob Ward at 713-431-1024.

Sincerely,

for C. H. Harper

Charlotte Harper

/slf
C: Commissioner of Public Lands
New Mexico DHC dot

mit 3 Copies
Appropriate
rict Office

State of New Mexico
Ene Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

STRICT I
O. Box 1980, Hobbs, NM 88240

STRICT II
O. Drawer DD, Artesia, NM 88210

STRICT III
00 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO.
3002509961

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-934

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.)

7. Lease Name or Unit Agreement Name
NEW MEXICO S STATE

ype of Well:
IL [ ] GAS [X] OTHER
/ELL WELL

8. Well No.
12

ame of Operator
EXXON CORPORATION

ddress of Operator ATTN: REGULATORY AFFAIRS
P. O. BOX 4358
HOUSTON, TX 77210

9. Pool name or wildcat
TUBB OIL & GAS

/ell Location
Unit Letter A 660 Feet From The NORTH Line and 770 Feet From The EAST Line

Section 2 Township 22S Range 37E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3370 DF

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
RFORM REMEDIAL WORK [X]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
MPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG & ABANDONMENT [ ]
LL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
HER: [ ]		OTHER: [ ]	

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.

RUN IN HOLE AND REMOVE PACKER AT 5,922'.
ADD PERFORATIONS FROM ABOUT 5906' TO 5978'.
RUN IN HOLE WITH TUBING AND ROD STRING TO SURFACE.
PUT WELL ON PUMP IN BOTH THE BLINEBRY AND TUBB FORMATIONS.

NOTE:
WE WILL PURSUE A DOWNHOLE COMMINGLING PERMIT FOR THIS WELL.

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

GNATURE [signature] TITLE Sr. Regulatory Specialist DATE 02/02/99

YPE OR PRINT NAME J. R. Ward (713) 431-1024 TELEPHONE NO.

This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

PPROVED BY _____ TITLE _____ DATE FEB 09 1999

ONDITIONS OF APPROVAL, IF ANY:

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 87410-1693

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 S. Pacheco
Santa Fe, New Mexico 87505-6429

APPLICATION FOR DOWNHOLE COMMINGLING

Form C-107-A
New 3-12-96

APPROVAL PROCESS:
X Administrative __Hearing

EXISTING WELLBORE
X YES __ NO

Exxon Corp.	P.O. Box 4358	Houston, TX 77210
Operator	Address	

New Mexico S State	12	A 2 22S 37E	Lea
Lease	Well No	Unit Ltr. - Sec - Twp - Rge	County

Spacing Unit Lease Types (check 1 or more)

OGRID NO. 007673 Property Code 004198 API NO. 3002509961 Federal ___ State X Fee ___

The following facts are submitted in support of downhole commingling:	Upper Zone	Intermediate Zone	Lower Zone
1. Pool Name and Pool Code	Blinebry		Tubb
2. Top and Bottom of Pay Section (Perforations)	5450-5862		5906-6245
3. Type of production (Oil or Gas)	Oil & Gas		Gas
4. Method of Production (Flowing or Artificial Lift)	Artificial Lift		Artifial Lift (flowing in most similiar cases)
5. Bottomhole Pressure Oil Zones - Artificial Lift: Estimated Current Gas & Oil - Flowing: Measured Current All Gas Zones: Estimated Or Measured Original	a. (Current) depleted ~ 500psi	a.	a. ~ 800 psi
	b. (Original)	b.	b.
6. Oil Gravity (°API) or Gas BTU Content	~ 40° API		~ 41° API
7. Producing or Shut-in?	Shut-in squeezed		Producing
Production Marginal? (yes or no)	Yes		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: 2/98 Rates: 1bopd 10kcfpd 1bwpd	Date: Rates:	Date: Rates:
• If Producing, give date and oil/gas/ water rates of recent test (within 60 days)	Date: Rates:	Date: Rates:	Date: 2/22/99 Rates: 8.2 bopd 45 bwpd 39 kcfp
8. Fixed Percentage Allocation Formula - % for each zone	Oil: 1.20 % Gas: 0.51 %	Oil: % Gas: %	Oil: 98.80 Gas: 99.49

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? X 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? X Yes __ No

11. Will cross-flow occur? __ Yes X 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? X Yes __ No N/A

13. Will the value of production be decreased by commingling? __ Yes X 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. X 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 Sr. Regulatory Spec. DATE 5-27-99

TYPE OR PRINT NAME J. R. Ward TELEPHONE NO. (713) 431-1024

:t I
x 1980, Hobbs, NM 88241-1980

:t II
awer DD, Artesia, NM 88211-0719

:t III
Rio Brasos Rd., Aztec, NM 87410

:t IV
x 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-10:
Revised February 10, 199-
Submit to Appropriate District Office
State Lease -4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025-09961	72480	BLINEBRY OIL & GAS POOL

Property Code	Property Name	Well Number
004198	NEW MEXICO "S" STATE	12

OGRID No.	Operator Name	Elevation
007673	EXXON CORP.	± 3370

Surface Location

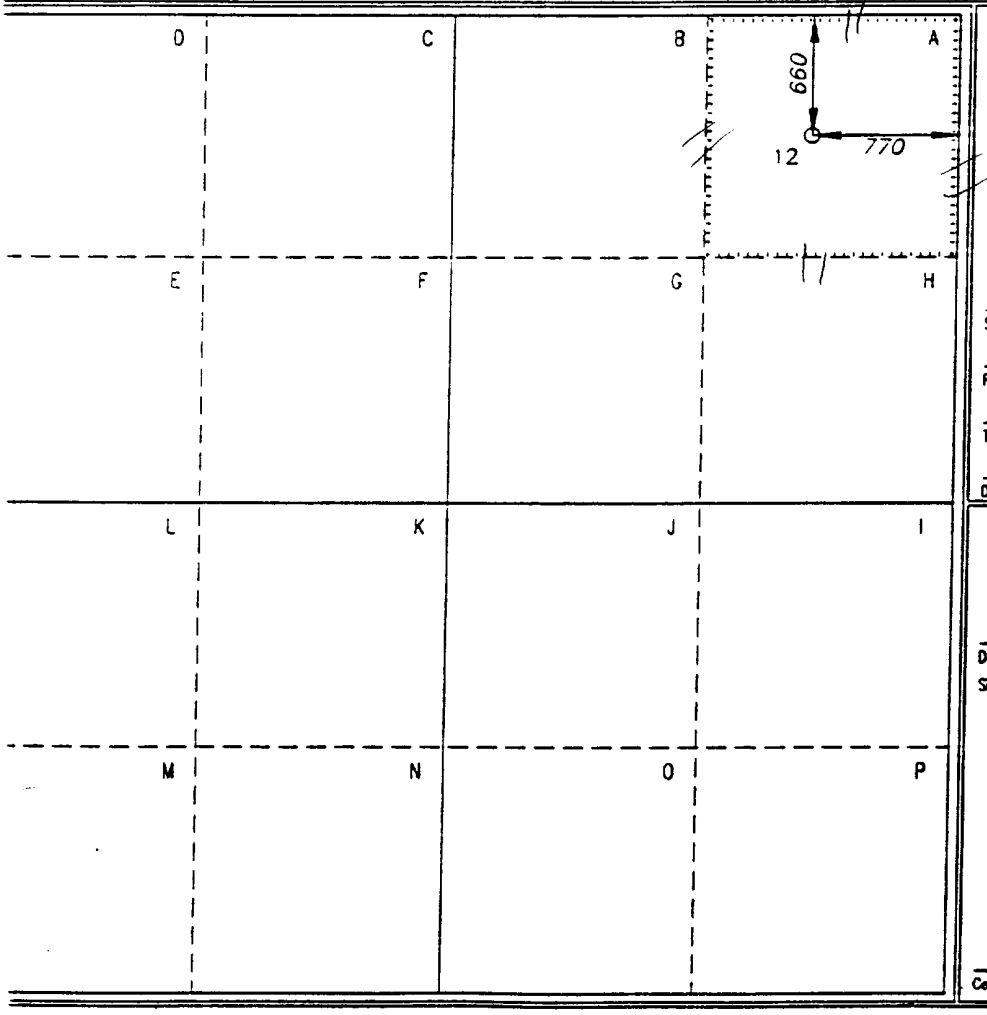
t no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	2	22-S	37-E		660'	NORTH	770'	EAST	LEA

Bottom Hole Location If Different From Surface

t no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

d Acres	Joint or Infill	Consolidation Code	Order No.
40			

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



OPERATOR CERTIFICATION

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

Signature

C.H. Harper

Printed Name

Permits Supervisor

Title

Date

SURVEYOR CERTIFICATION

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.

6-6-74

Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

ct I
ox 1980, Hobbs, NM 88241-1980

ct II
rawer DD, Artesia, NM 88211-0719

ct III
Rio Brasos Rd., Aztec, NM 87410

ct IV
ox 2088, Santa Fe, NM 87504-2088

State of New Mexico
gy, Minerals & Natural Resources Dep. ient

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-10
Revised February 10, 199
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
30-025-09961	060240	TUBB OIL AND GAS POOL

Property Code	Property Name	Well Number
004198	NEW MEXICO "S" STATE	12

OGRID No.	Operator Name	Elevation
007673	EXXON CORP.	± 3370

Surface Location

lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	2	22-S	37-E		660'	NORTH	770'	EAST	LEA

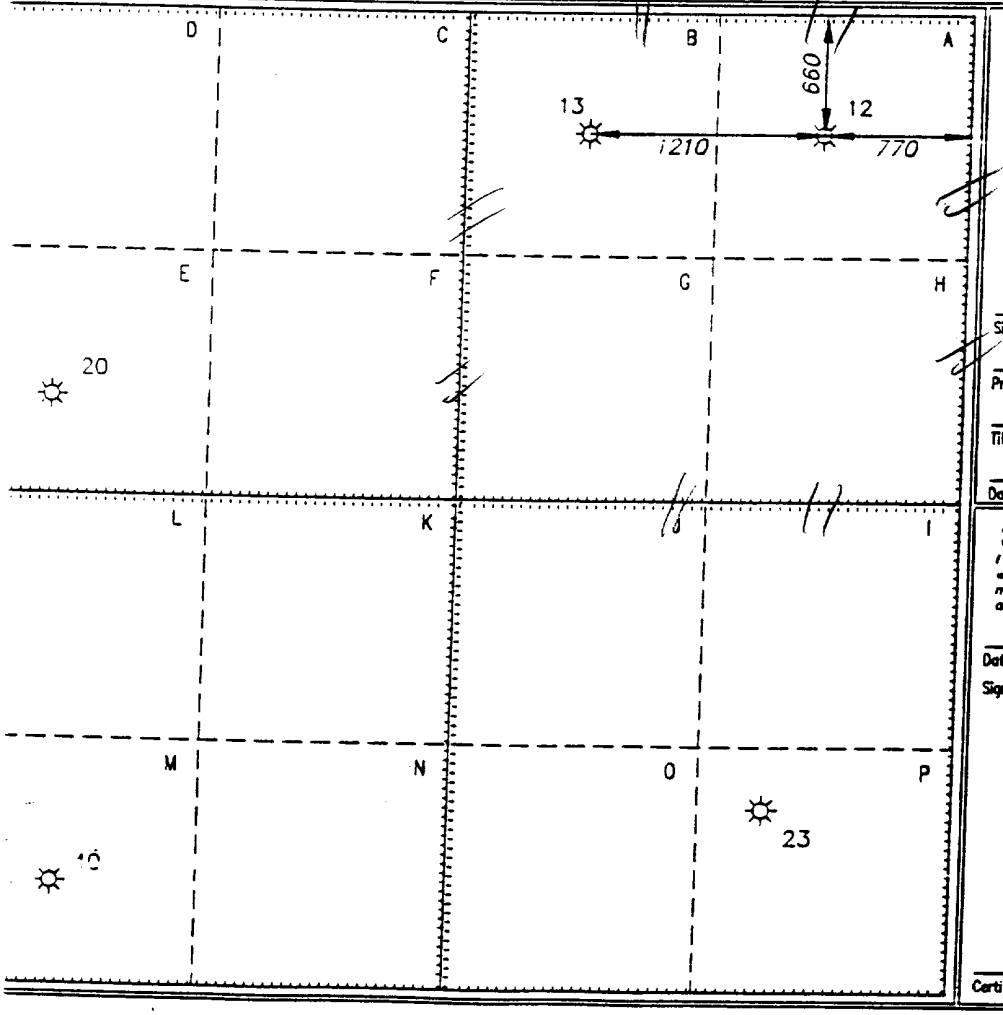
Bottom Hole Location If Different From Surface

lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

ed Acres	Joint or Infill	Consolidation Code	Order No.
160			

159.5

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



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C.H. Harper

Signature

C.H. Harper

Printed Name

Permits Supervisor

Title

Date

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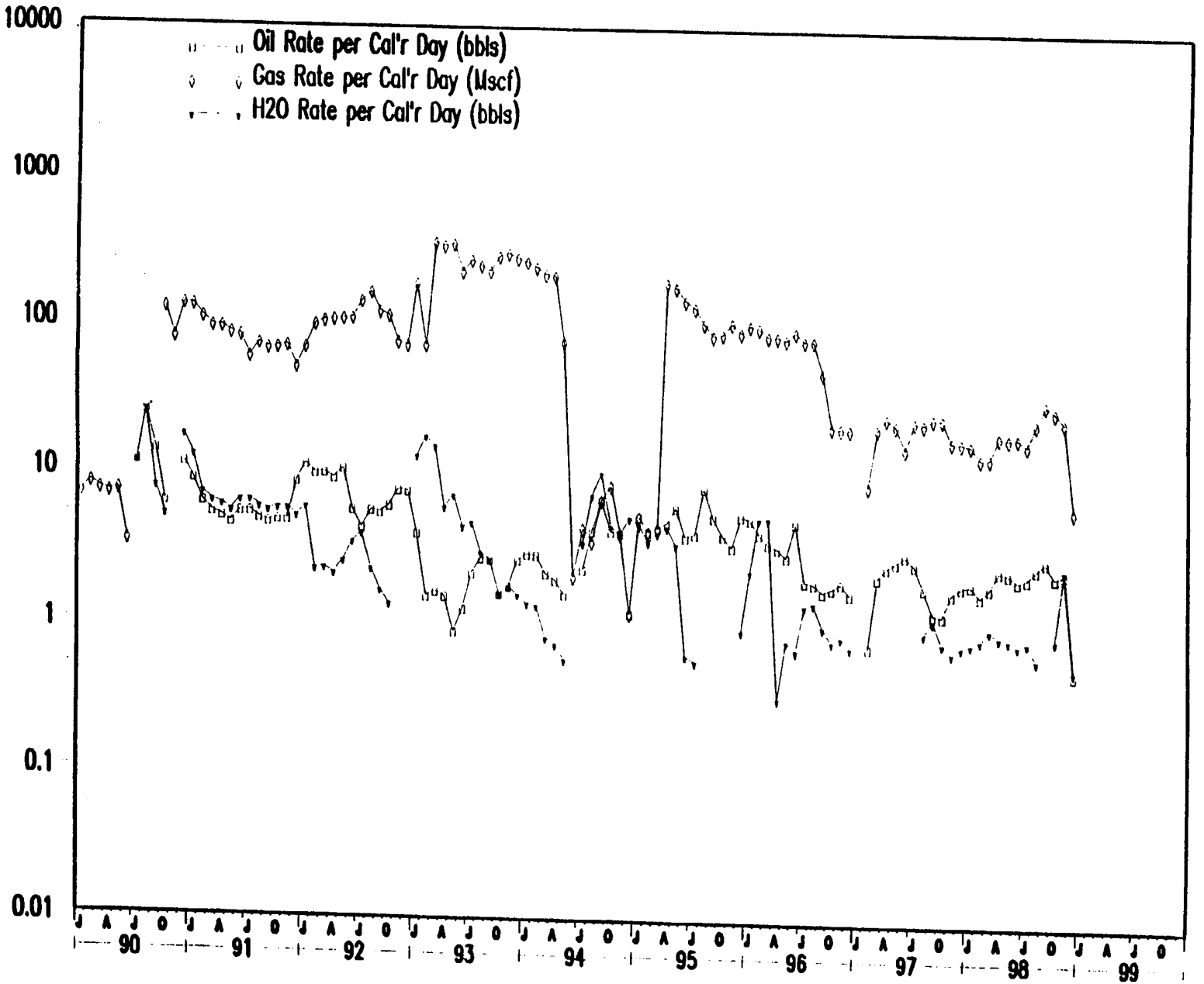
6-6-74

Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

Distance to nearest Town	Drawn By	Date	Drawing File Name


Oil Rate per Cal'r Day (bbls)
Gas Rate per Cal'r Day (Mscf)
H2O Rate per Cal'r Day (bbls)
10000
1000
100
10
1
0.1
0.01
J A J O J A J O J A J O J A J O J A J O J A J O J A J O J A J O J A J O
90
91
92
93
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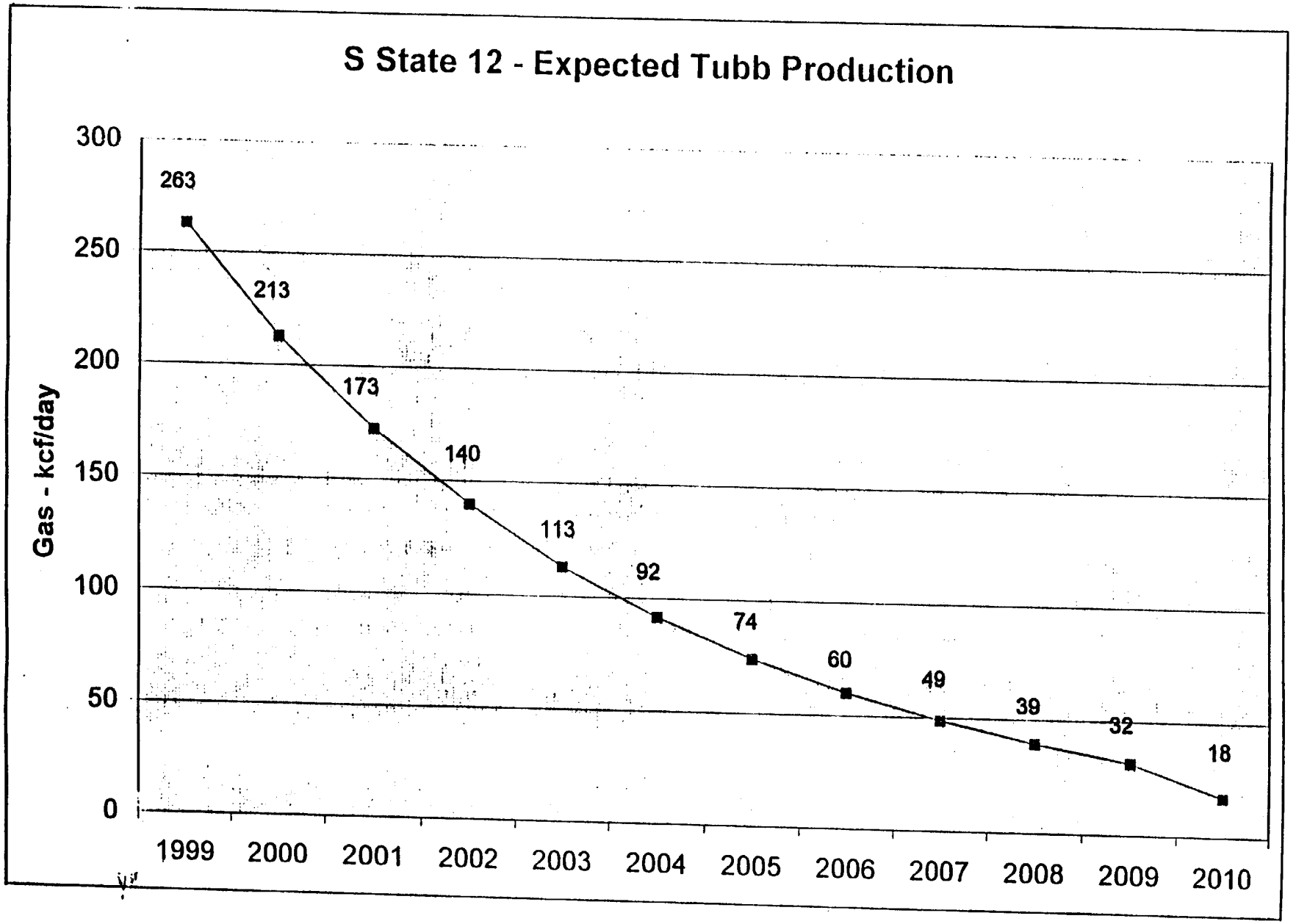
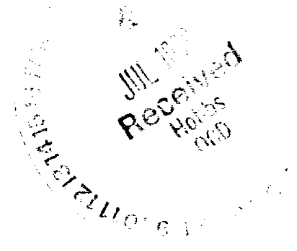
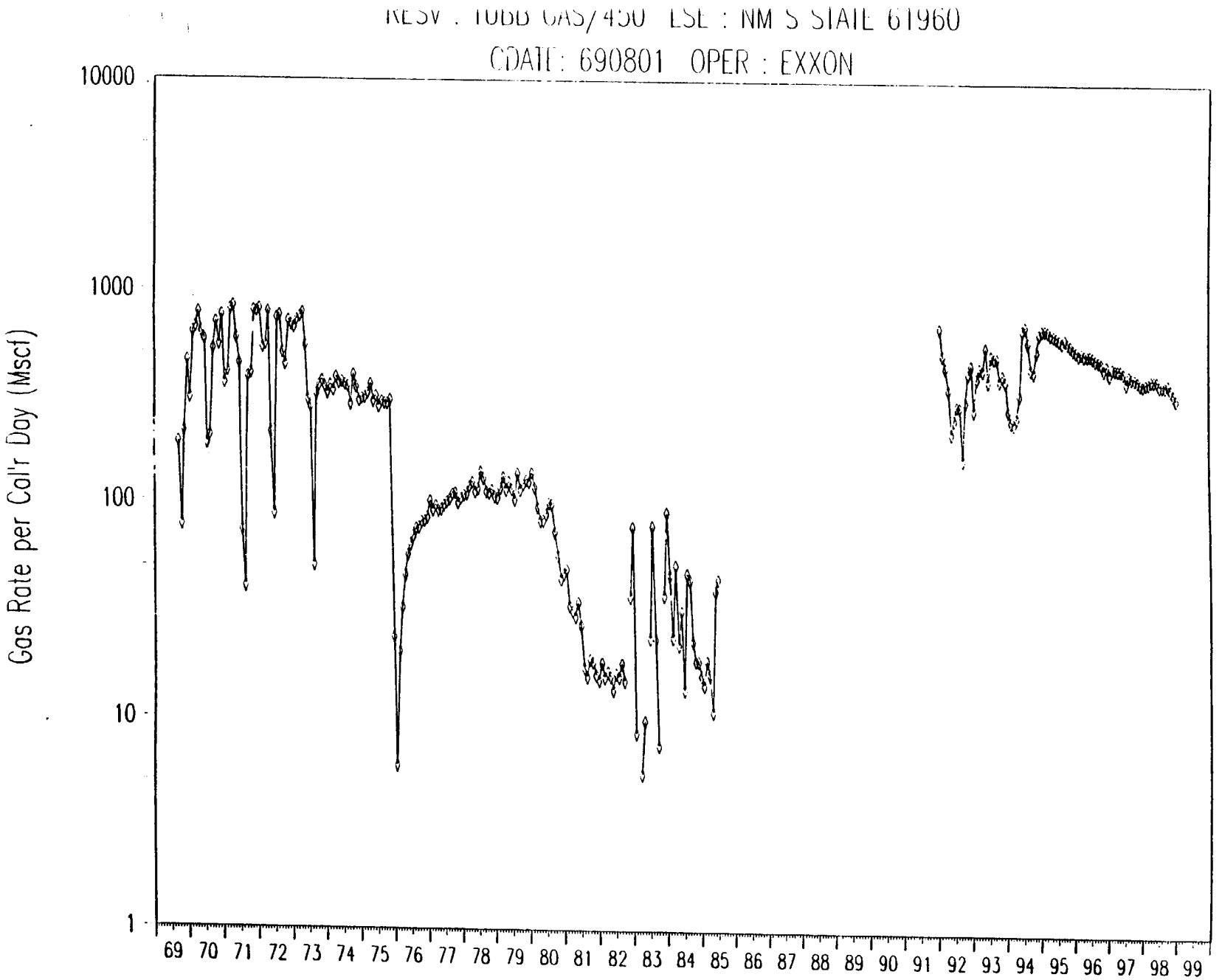
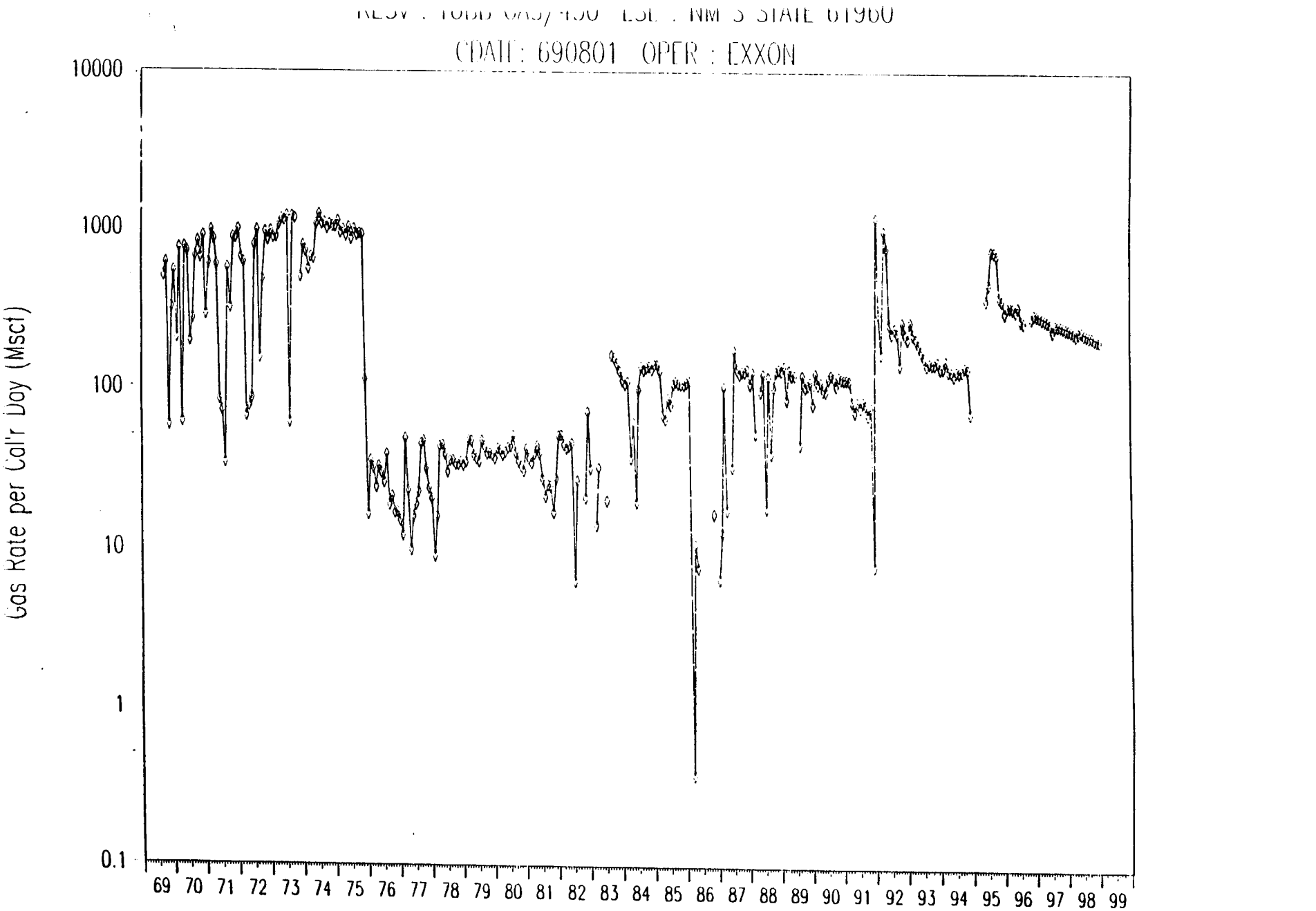
96
97
98
99


S State 12 - Expected Tubb Production
Gas - kcf/day
300
250
200
150
100
50
0
263
213
173
140
113
92
74
60
49
39
32
18
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010

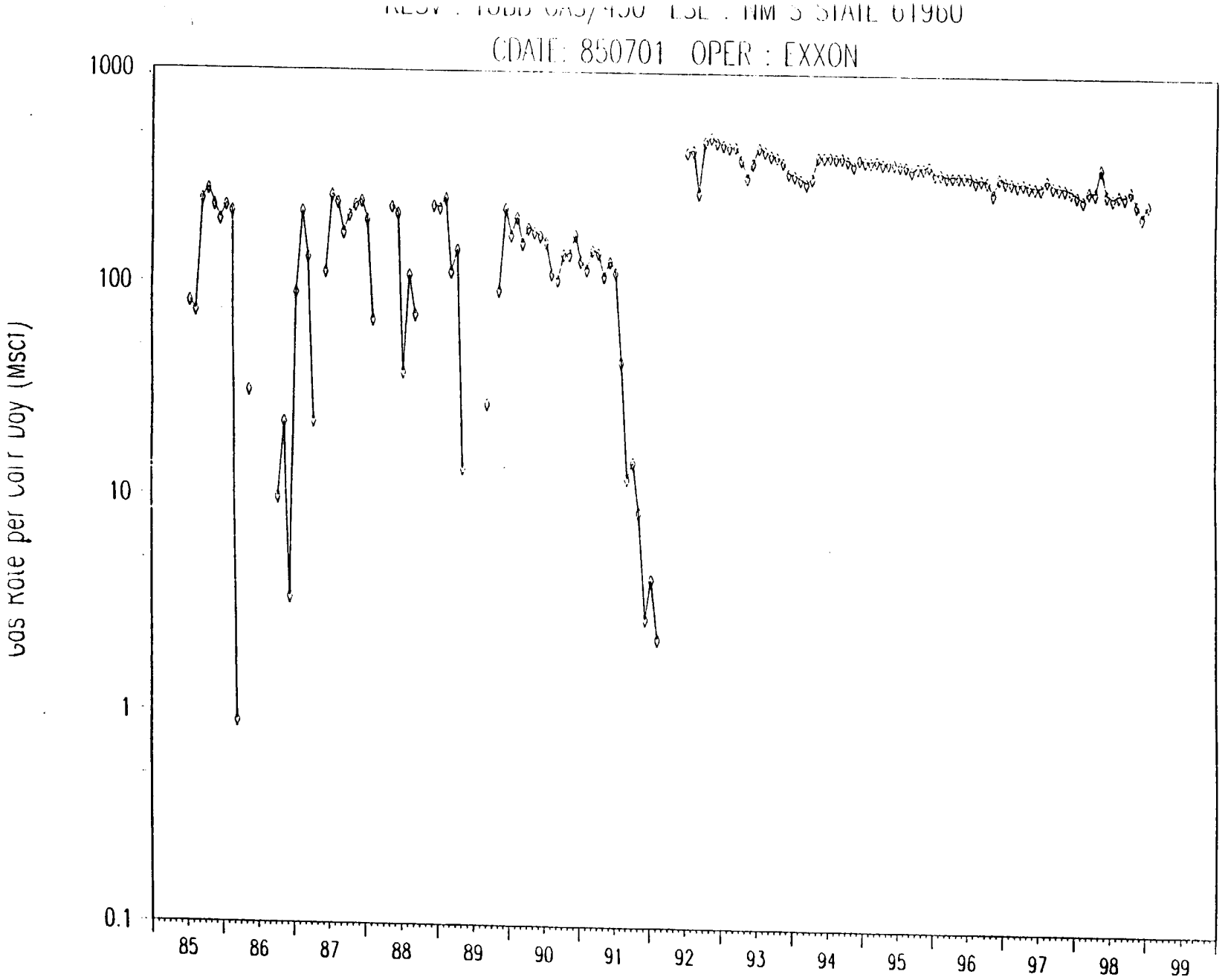

Received
Hobbs



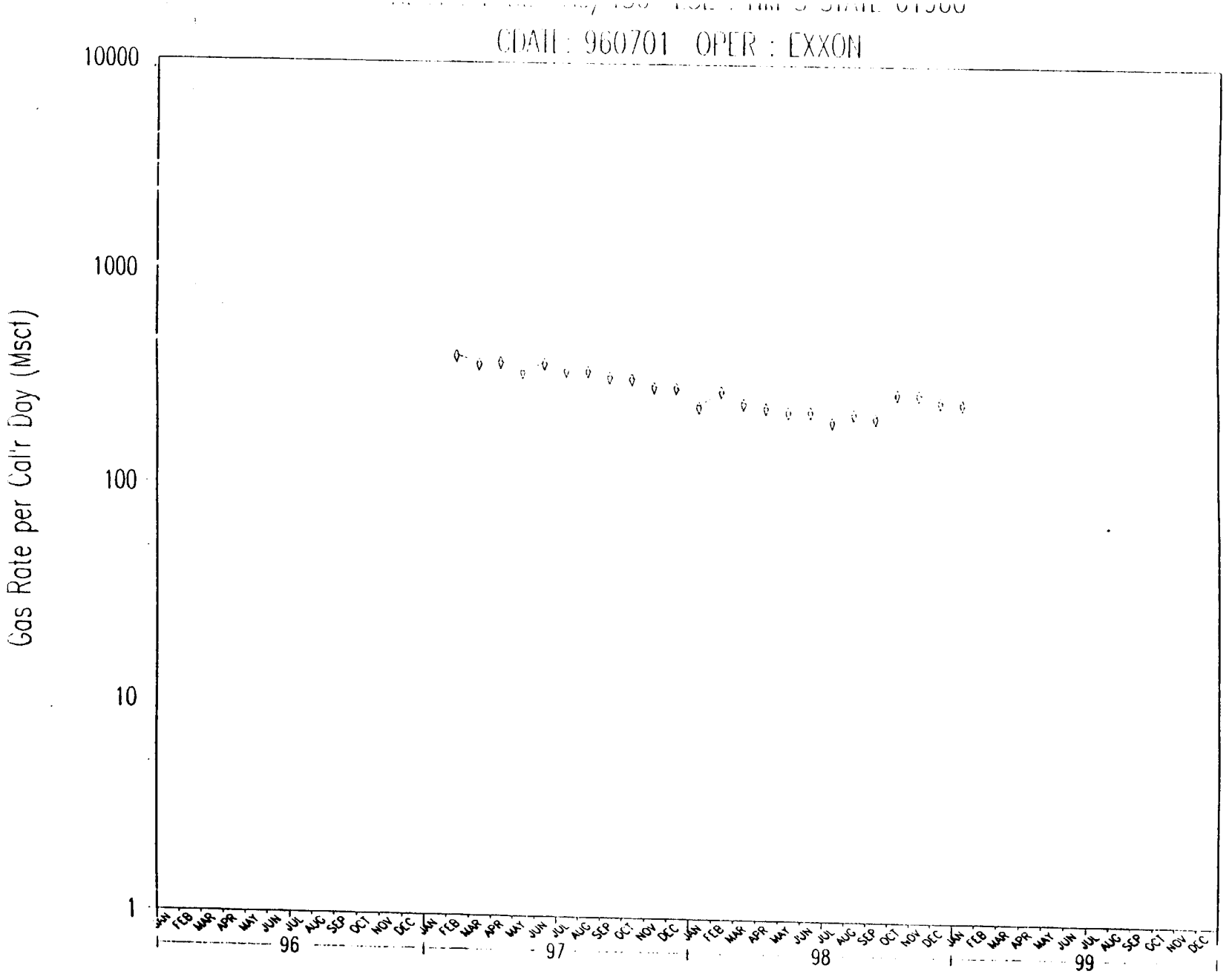
BJC Fri Mar 12 09:08:27 1999



BJC Fri Mar 12 09:07:55 1999



BJC Fri Mar 12 09:06:28 1999



BJC Fri Mar 12 09:08:46 1999

BDT Field. New Mexico S State #12 Blinebry/Tubb Allocation

	Oil (b/d)	Gas (kcf/d)	Water (b/d)
12/98 Blinebry Production:	0.52	6.26	0.55
@ 90% squeezed:	*0.05*	*0.63*	*0.06*
3/99 Tubb FRW Production:	4.1	123	51
CUM PRODUCTION ESTIMATE:	**4.15**	**123.63**	**51.06**

ALLOCATION:		**BLINEBRY**	**TUBB**
Oil	*05*/**4.15**	1.20%	98.80%
Gas	*63*/**123.63**	0.51%	99.49%
Water	*06*/**51.06**	0.12%	99.88%

New Mexico "S" State
Well No. 12

OFFSET OPERATOR LIST

Apache Corporation
Attn: Jackie Chessher
2000 Post Oak Blvd. Suite 100
Houston, TX 77056
713-296-6000

Chevron USA, Inc.
P.O. Box 1150
Midland, TX 79702
915-687-7100

Cross Timbers Oil Company
Attn: Land Management (Win Ryan)
810 Houston Street, Suite 2000
Fort Worth, TX 76102
817-870-2800

El Paso Natural Gas
P.O. Box 1492
El Paso, TX 79901
915-496-2600
Tom Trujillo

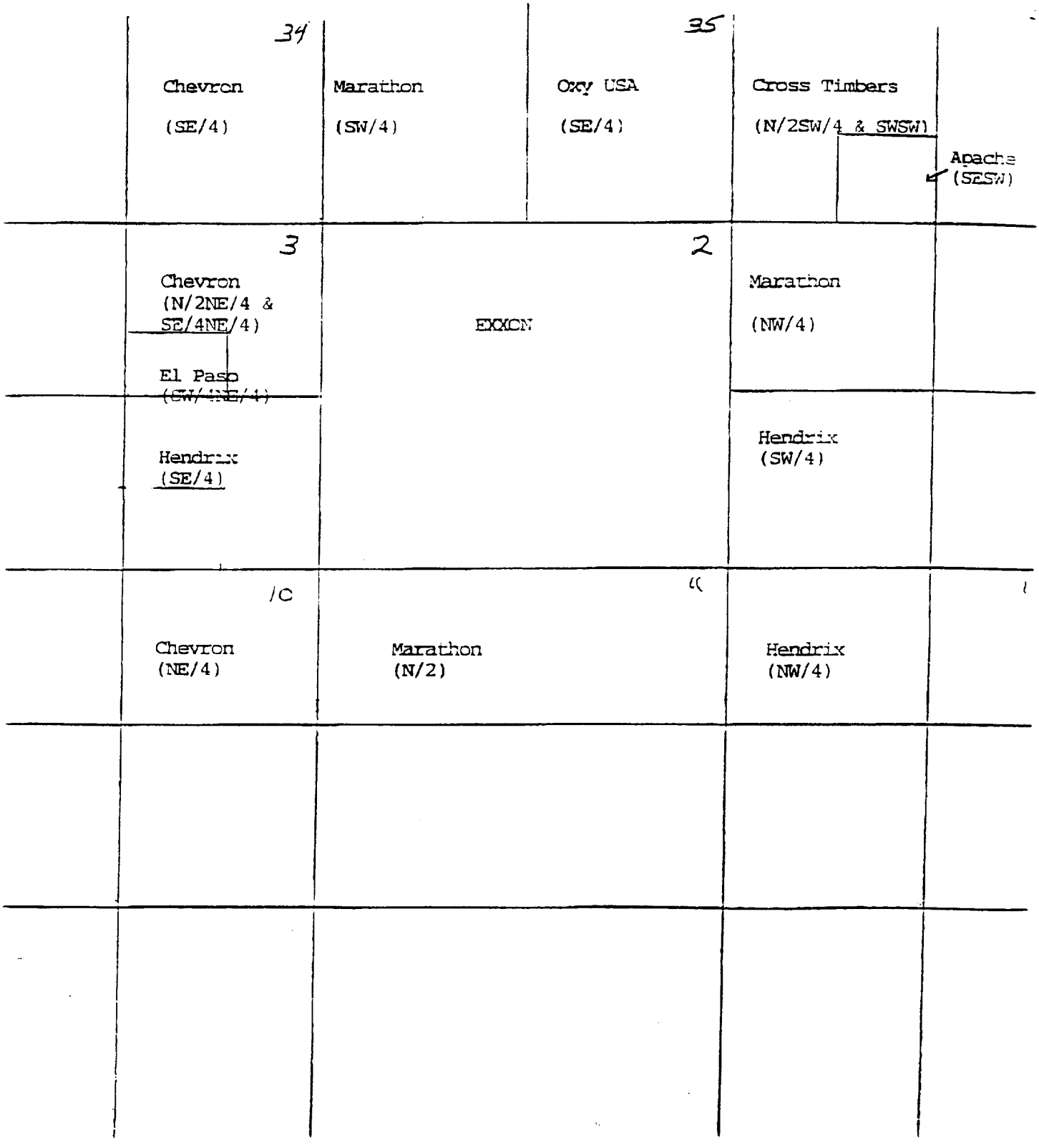
John H. Hendrix Corporation
Attn: Tammy Thomas
P.O. Box 3040
Midland, TX 79701
915-684-6631

Marathon Oil Company
Attn: Land Department
P.O. Box 552
Midland, TX 79702
915-687-8494

OXY USA Inc.
Attn: Kent Woolley
P.O. Box 50250
Midland, TX 79710
915-685-5600

N. M. "S" State Offsets

Section 2, T-22-S, R-37-E



SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

OXY USA, INC.
P.O. Box 50250
Midland, TX 79710
ATTN: Kent Woolley

4a. Article Number
Z 146 630 645

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
5-27-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

6. Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CROSS TIMBERS OIL COMPANY
810 Houston Street, Suite 2000
Fort Worth, TX 76102
ATTN: Land Management (Win Ryan)

4a. Article Number
Z 146 629 457

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
5/27/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARATHON OIL COMPANY
P.O. Box 552
Midland, TX 79702
ATTN: Land Department

4a. Article Number
Z 146 629 340

4b. Service Type
☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☑ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
MAY 28 1999

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service.

6. Is your RETURN ADDRESS completed on the reverse side?

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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

APACHE CORPORATION
2000 Post Oak Blvd., Suite 100
Houston, TX 77056
ATTN: Jackie Chessher

4a. Article Number: Z 146 628 535

4b. Service Type:
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 5-17-99

5. Received by: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [signature]

PS Form 3811, December 1994 — Domestic Return Receipt

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CHEVRON USA, INC.
P.O. Box 1150
Midland, TX 79702

4a. Article Number: Z 146 628 526

4b. Service Type:
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 5-13-99

5. Received by: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [signature]

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN H. HENDRIX CORPORATION
P.O. Box 3040
Midland, TX 79702
ATTN: Tammy Thomas

4a. Article Number: Z 146 628 439

4b. Service Type:
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☒ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 5-13-99

5. Received by: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X [signature]

Thank you for using Return Receipt Service.

Your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1, 2, 3, or 4 for additional services.
- Complete items 1, 3a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

EL PASO NATURAL GAS
P.O. Box 1492
El Paso, TX 79901
ATTN: Tom Trujillo

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

4a. Article Number

Z 146 628 435

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☑ Certified
- ☑ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

7. Date of Delivery

MAY 2 4 1999

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Domestic Return Receipt