GOVERNOR

## STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

Û

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC\_\_\_\_\_\_ DHC\_\_\_\_\_\_ NSL\_\_\_\_\_ NSP\_\_\_\_\_ SWD\_\_\_\_\_\_ WFX\_\_\_\_\_ PMX

Gentlemen:

I have examined the application for the:

# 9-225-37e xon ρ Operator Unit -T-R .ease

and my recommendations are as follows:

Yours very truly,

OK.

UÐ []

Chris Williams Supervisor, District 1

/ed

# EXCN COMPANY, U.S.A.

POST OFFICE BOX 4358 • HOUSTON, TEXAS 77210-4358

HOUSTON PRODUCTION ORGANIZATION PERMITTING

August 25, 1999

J. L.Greenwood, Well No. 8 Downhole Commingling Request Blinebry Oil and Gas Pool Paddock Pool Lea County, New Mexico

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

Dear Ms. Wrotenberry,

Exxon requests approval to downhole commingle production from the J. L. Greenwood, Well No. 8, located at Unit K, Section 9, 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 Paddock Pool.

The Offset Operators have been notified and return receipts are included in this package. We would appreciate your approval of this request. If there are questions, call Bob Ward at 713-431-1024.

Sincerely,

Charlotte Larper

Charlotte Harper

/slf New Mexico DHC dot 1625 N. French, Hobbs, NM 88240

District II 811 South First, Artesia, NM 88210

District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Sante Fe, NM 87505

Revised March 12, 1999

#### **OIL CONSERVATION DIVISION 2040** South Pacheco Santa Fe, NM 87505

Submit to Appropriate District Office State Lease - 6 Copies Fee Lease - 5 Copies

AMENDED REPORT 

APPLICA	TION	FOR P	ERMIT	TO DI	RILL, RE-	-ENTER, D	EEP	EN, PLUC	BAC	K, OR	ADD A Z
Exxon Cor	n			Operator N	ame and Address	S.					GRID Number
P. O. Box 4	•									*	07673 API Number
Houston	550		Тх	77210							-025-10129
	rty Code	1				<sup>5</sup> Property Name					<sup>6</sup> Well No.
04179		J. 1	L. Greer	wood		1 2					8
	_				<sup>7</sup> Surface	e Location	<u> </u>			1	
UL or lot no.	Section	Township					Feet from the	eet from the East/W		County	
K	9	225	37E		1980	South		1980	West	t	Lea
		8 Dr	onosad	Pottom	Uole Locat	tion If Differ	ent F	From Surfac	<u> </u>		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the		1	Feet from the		West line	County
	Section	Township	Kange			1 Holds Bouli I			Eust .		County
		9						<sup>10</sup> Proposed I			
			sed Pool 1					<sup>10</sup> Proposed I	2001 2		
Blinebry O	I & Gas	Pool		<u>-</u>							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
11 Work	Type Code	12	<sup>2</sup> Well Ty	a Cata	13 Cable	/Rotary	l4 T	ease Type Code		15 Group	d Level Elevation
A work	i ype Code		weii Tyj	pe Code	Cable	Rotary R		P		3416 DF	
16					18			19		20	
Multiple		Pr	roposed De	pth	Formatio	n Contractor Unknown		Contractor			Spud Date 09/02/1999
Y			6235		Blinebry						09/02/1999
			2	<sup>1</sup> Propos	ed Casing	and Cemen	t Pro	ogram			
Hole Siz	ze 🛛	Casin	g Size	Casi	ng weight/foot	Setting D	epth	Sacks of (	Cement	Es	timated TOC
15		13	3/8		48	349		35	0		Surface
9 7/8		9 5	5/8		36	2915			50	Surface	
7 7/8		51	1/2		17	8150		600		1495	
								_			
Move in ri 5736', 575 fracture st Return we	ig up wei 5' - 5765 fimulate ell to pro	ll service ( ', 5842' - perforation duction as	unit. Pu 5894'. E ons with s a Padd	ill out of h Freak dow 85,000 ga ock/Bline	ole with tub n and acidiz ls Delta Frac	CK give the data on ccessary. ing. Clean ou the perforations to 200 and 169, r. Put well on cation.	t well with ' 000# o	to 5900'. Pe 7644 gallons of 20/40 sand.	rforate 15% H Clear	e from ab CL. Rig n out wel	oout: 5616' - g up HES and l to 6000'.
<sup>3</sup> I hereby certif best of my kno Signature:			en above is	true and comp	plete to the	OI Approved by:	L CO	ONSERVA	TION	DIVIS	ION
Printed name:	R. Wa	urd				Title:					
		latory Spe	ecialist			Approval Date: Expiration Date:					
Date:			Pł	ione:		Conditions of App	proval:				
08	/25/1999			(713)	431-1024	Attached					

District I PO Box 1980, Hobbs, NM 88241-1980 En District II PO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION

District III 1000 Rio Brasos Rd., Aztec, NM 87410

District IV PO Box 2088, Santa Fe, NM 87504-2088

PO Box 2088 Santa Fe, NM 87504-2088

## □ AMENDED REPORT

			<u>N</u>	VELL LO	OCATI	ON AND	ACRE	LAGE DE	DICATIO	N PLAT		
30-	API NumberPool CodePool Name30-025-1012906660Binebry Oil & Gas (Oil)							NI)				
	y Code			<u>06660</u> Binebry Oil & Gas (Oil) Property Name J. L. Greenwood						Well Number 8		
0 <b>GRI</b> 007							Operator N					Elevation
	075							poration ocation				3,416' DF
UL or lot no.	Section	Т	ownahip	Range	Lotida	Feet from the		orth/South line	Feet from the	East A	est line	County
K	9		2/S	37/E		1980	"	South	1980	Ea		Lea
				L	L Hole	Location	If I	lifferent	From	Surfac		
UL or lot no.	Section	To	ownship	Range	Lot idn	Feet from the		orth/South line	Feet from the		est line	County
												county
Dedicated Acres	Joint	i or Infil	1	Consolidation C	ode	Order No.						
40												
NC	) ALLOW	ABLE	E WILL	BE ASSIG	NED TO	THIS COMPLE ARD UNIT HAS	TION U	NITL ALL INT	ERESTS HA	VE BEEN C	ONSOLID	ATED
			<del></del>		<u> </u>			T		7	ATOR	CERTIFICATION
		D	1		С		B	1	A	ll i		ify that the information
			1					1		contained	herein is	true and complete to the
								1		best of r	ny knowled	dge and belief.
			<b>I</b>									
			1					1				
		 Е	<u> </u>		- F		 G			1	()	
		Ľ					G		н	$\left\  \underbrace{\begin{array}{c} \underline{} \\ \underline{} \\ \underline{} \end{array} \right\ $	<u>J.                                    </u>	aper_
										Signature	С. Н. Н	larper
			<b> </b> 					1		Printed Name	ermits	Supervisor
										Title 2	1/ /	20
			 					1		Dote 0	X6-1	19
		L	<u></u>		к -	<u> </u>	J			SURVI		CERTIFICATION
			E F					1		I hereby cer was plotted	lify that the from field n	well location shown on this plat otes of actual surveys made by
	1980'		Ē	8				Ì	Ĩ	me or under and correct	my supervis to the best	sion, and that the same is true of my belief.
			E F					1		Date of Survey	9/13,	/45
		l	Ē					ĺ				ssional Surveyor.
L		ا ا ا						 				
		M			N		0	1	Р			
				1980'				I Î	1			
								1				
								i I				
								] †				
L		1 						L		Certificate Num	ber	
		Dis	tance to n	egrest Town		T		Drawn By		ote		Drawing File Name
Distance to nearest Town 2.75 Miles SW of Eunice , New Mexico.									.		File 1	No.: A10618a

District I PO Box 1980, Hobbs, NM 882411980			En	7,	State o Minerals & N	of New Natural Re		= .	Submit	Form C-102 Revised February 10, 1994 to Appropriate District Office	
District II PO Drawer DD,	Artesia,	NM 8821	-0719		OIL	CONSER	<b>VATIO</b>	N DIV	ISION		State Lease -4 Copies Fee Lease - 3 Copies
District III 1000 Rio Brasc	s Rd. , A	ztec, NM	87410		S	PO Santa Fe,	Box 20 NM 87		088		AMENDED REPORT
District IV PO Box 2088. :	Santa Fe,	NM 875									
			WELL	LO	CATI	ON AND	ACREA	GE DE	DICATION		
30-02	API Numbe				49210	Pool Code )			Paddock	Pool Name	
Property 0041	Code		I			Property Name J. L. Greenwood					Weil Number 8
00376						Operator Name Exxon Corporation					Elevation 3,416'DF
						Surfac	ce Loca	ation			
UL or lot no.	Section	Township	Range		Lot Idn	Feet from the	North/	South line	Feet from the	East/West line	County
к	9	22/S	37/8	ε		1980	S	outh	1980	East	Lea
<u></u>	Bottom Hole Location If Different From Surface										
UL or lot no.	Section	Township	Range		Lot Idn	Feet from the	North/	South line	Feet from the	East/West line	County
Dedicated Acres	Joint o	r Infill	Consolidatio	on Code		Order No.			<u> </u>	1	.1
40											

NO ALLOWABLE WILL BE	ASSIGNED TO THI	S COMPLETION UN	ITE ALL INTERESTS	HAVE BEEN CONSULIDATED
OR A	NON-STANDARD	UNIT HAS BEEN A	APPROVED BY THE	DIVISION

D	C	В	A	OPERATOR CERTIFICATION
U				I hereby certify that the information
	1			contained herein is true and complete to the
	1			best of my knowledge and belief.
	1			
	l			
	1			
	 			0 1 1
ε	F	G	н	C. D. Larper
	, 			Signature
	ł			C. H. Harper
				Printed Name Permits Supervisor
	1			
	1			8-26-49
	•			Date
L	E K	J		SURVEYOR CERTIFICATION
	Ę			I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys mode by
	E 8			me ar under my supervision, and that the same is true and carrect to the best of my belief.
1980'				9/13/45
	Ē			Date of Survey
	E E			Signature and Seal of Professional Surveyor.
	لعه نبه نبه نبه نبه نبه نبه نبه نبه ا		р Р	
M	И 15	U	1	
	1980			
	-			
	<u> </u>			Certificate Number

 Distance to nearest Town
 Drawn By
 Date
 Browing File Name

 2.75
 Miles
 SW of Eunice
 New Mexico.
 File No.: A10618a

J.L. Greenwood #8 Paddock Production





#### J. L. Greenwood #8:

#### ALLOCATION FORMULA

Paddock	<b>→</b>	12 bopd, 50 k	cfpd	-	actual volumes
Blinebry	<b>→</b>	28 bopd, 197 l	cfpd	-	predicted volumes
TOTAL		40 bopd, 247 l	kcfpd		

#### Paddock

 $\frac{12}{40} \times 100 = 30\%$ 

 $\frac{50}{247} \times 100 = 20\%$ 

### Blinebry

 $\frac{28}{40} \times 100 = 70\%$  $\frac{197}{247} \times 100 = 80\%$ 

#### **OFFSET OPERATOR LISTIN**

#### J. L. GREENWOOD WELL # 8

Amerada Hess Corporation P.O. Box 2040 Houston, TX 77252

Apache Corporation 2000 Post Oak Blvd, Suite 100 Houston, TX 77056-4400

Chevron USA Inc. P.O. Box 1150 Midland, TX 79702

John H. Hendrix Corporation P.O. Box 3040 Midland, TX 79702

ORYX Energy Company P.O. Box 2880 Dallas, TX 75221

Texaco E&P Inc. P.O. Box 3109 Midland, TX 79702

Titan Resources, Inc. 500 West Texas, Suite 500 Midland, TX 79701

Yarbarough Oil & Gas L.P. 200 North Loraine St. Midland, TX 79701

Zia Energy P.O. Box 2510 Hobbs, NM 88241 J. L. GREENWOOD SUCTION 9, T- 22-5, R-37-E, LEA CO.NM WELL NO.8

	Q Q	01 01			2
BEC CORP TITAN	BEL CORP TITAN 10	به	TEALD	John H. HENdrix C RYX	Anadaeko J. H. Hendreix
тињи	TITAN	9 Ealon	GREEN WOOD	Z IA Fanerøy	CHEURON
J. A. Hendray	ZIA J.H. ENERGY HENDINI	EAXON 9 9	·7 · 7·	ZIA	Church
HARboreugh 011+645	ZIA Eneray	8 Aprehe		Amerada ZIA HESS ENERGY	ZIA ENERGY JHAENDRIN
	<del>20</del> 27	8			

J.L. GREENWOODLEASE

OFFSET NOTIFICATION AREA FOR WELL NO.8

	·····
SENDER:     Complete items 1 and/or 2 for additional services.     Complete items 3, 4a, and 4b.	I also wish to receive the
<ul> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a, and 4b.</li> </ul>	following services (for an extra fee):
Attach this form to the front of the mailpiece, or on the back if space	does not 1. Addressee's Address
<ul> <li>permit.</li> <li>Write "Return Receipt Requested" on the mailpiece below the article</li> </ul>	
<ul> <li>The Return Receipt will snow to whom the article was delivered and delivered.</li> </ul>	Consult postmaster for fee.
5 3. Article Addressed to:	4a. Article Number
	2260 316266
à Upache Corp.	4b. Service Type
	Registered Certified
a 2000 Fost Oak Blud	Express Mail Insured
a Dunte	GReturn Receipt for Merchandise COD
a Houston Der 720-	7. Date of Delivery
Nouston, Dx 77056-44	
5. Received By: (Print Name)	8. Addressee's Address (Only if requested
The Return Receipt Helpesed white managed white anticle was delivered and delivered. 3. Article Addressed to: Description of the Corps 2000 Post Oak Blud Houston, Dr 77056-44 5. Received By: (Print Name) 6. Signature: (Addressee pr Agent)	and fee is paid)
6. Signature: (Addressee pr Agent)	
X Burbed, J.	
PS Form <b>3811</b> , December 1994 102	2595-98-B-0229 Domestic Return Receipt
<ul> <li>SENDER:</li> <li>Complete items 1 and/or 2 for additional services.</li> <li>Complete items 3, 4a. and 4b.</li> </ul>	t also wish to receive the following services (for an
card to you	
<ul> <li>Attach inis form to the front of the mailpiece, or on the back if space permit.</li> <li>Attach inis form to the front of the mailpiece below the article</li> </ul>	
The Return Receipt will snow to whom the article was delivered and	
elivered.	4a. Article Number
Jexaco Ed Pouc	4b. Service Type
E Defaco CATONC	□ Registered □ Certified
	Express Mail
\$ 4.0. Box 2101	Return Receipt for Merchandise COD
BUCK TO TO TO TO	
& Widland, Sx 79702	7. Date of Delivery JUL 0 2 1999
4	8. Addressee s Address (Only it requested
5. Received By: (Print Name) 6. Sign <b>At</b> /Ire: (Addressee or Agent)	and fee is paid)
	-
3 x1/kg how	
PS Form 3811, Degember 1994 10	2595-98-B-0229 Domestic Return Receipt
	Lates with to receive the
CENDED.	
SENDER: Complete items 1 and/or 2 for additional services.	I also wish to receive the following services (for an
Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.	following services (for an
	following services (for an extra fee):
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space armst a parmit</li> </ul>	following services (for an extra fee):       ce does not       1. Addressee's Address       0. Addressee's Address
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the artiility of the second secon</li></ul>	following services (for an extra fee):         ce does not       1. □ Addressee's Address         cle number.       2. □ Restricted Delivery
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the artiility of the second secon</li></ul>	tollowing services (for an extra fee):         ce does not       1. □ Addressee's Address         cle number.       2. □ Restricted Delivery         rd the date       Consult postmaster for fee.
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not       1. □ Addressee's Address         cle number.       2. □ Restricted Delivery         nd the date       Consult postmaster for fee.
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	following services (for an extra fee):         ce does not       1. □ Addressee's Address         cle number.       2. □ Restricted Delivery         no the date       Consult postmaster for fee.         44 Article Number       3/6 2.63
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not       1. □ Addressee's Address         cle number.       2. □ Restricted Delivery         not the date       Consult postmaster for fee.         4a Article Number       3/6 2.63         b. Service Type       5.0 3/6 2.63
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not         cie number.         nd the date         Aa Article Number         Ab O         Ab Co
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not         cle number.         nd the date         A Article Number         A Article Number         A Article Number         A. Service Type         Registered         Express Mail
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not         cie number.         nd the date         2       2         A Article Number         2       3         4a Article Number         2       3         4b. Service Type         1       Registered         1       Centified         1       Insured
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not         cle number.         nd the date         A Article Number         A Article Number         A Article Number         A. Service Type         Registered         Express Mail
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	te can return this       following services (for an extra fee):         ce does not       1. □ Addressee's Address         cle number.       2. □ Restricted Delivery         nd the date       Consult postmaster for fee.         4a. Article Number       316 263         b. Service Type       Certified         Captered       Certified         Registered       Certified         Return Receipt for Merchandise       COD         7. Date of Deliver       2.2 1999
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not         cie number.         nd the date         2       2         A Article Number         2       3         3       4         Article Number         2       3         4       6         4       Article Number         2       5         5       6         6       7         7       Date of Deliver         8       Addressee's Address (Only if requested
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	te can return this       following services (for an extra fee):         ce does not       1. □ Addressee's Address         cle number.       2. □ Restricted Delivery         nd the date       Consult postmaster for fee.         4a. Article Number       316 263         b. Service Type       Certified         Captered       Certified         Registered       Certified         Return Receipt for Merchandise       COD         7. Date of Deliver       2.2 1999
<ul> <li>Print your name and address on the reverse of this form so that w card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if space permit.</li> <li>Write "<i>Return Receipt Requested</i>" on the mailpiece below the arthine the form to the write the three the state of the</li></ul>	tollowing services (for an extra fee):         ce does not         cie number.         nd the date         2       2         A Article Number         2       3         2       3         3       4         4       Article Number         4       Article Number         4       Consult postmaster for fee.         4       Article Number         5       C         6       Certified         1       Express Mail         1       Insured         7       Date of Deliver         8       Addressee's Address (Only if requested
<ul> <li>Print your name and address on the reverse of this form so that we card to you.</li> <li>Attach this form to the front of the mailpiece, or on the back if spare permit.</li> <li>White "<i>Return Receipt Requested</i>" on the mailpiece below the article was delivered.</li> <li>3. Article Addressed to:</li> <li>ORYX Energy Co.</li> <li>P.O. Box 2880</li> <li>Daleas Dx 75221</li> <li>5. Received By: (<i>Print Name</i>)</li> </ul>	tollowing services (for an extra fee):         ce does not         cie number.         nd the date         2       Restricted Delivery         Consult postmaster for fee.         4a Article Number         2       316         3       6         4a Article Number         3       6         4a Article Number         3       6         4a Article Number         4

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 i	we can return this	extra fee;:	onin Address
card to you. Attach this form to the front of the mailplece, or on the back if spa	ace does not	1. Address	
permit. Write "Return Receipt Requested" on the malipiece below the ar The Return Receipt will show to whom the article was delivered i	ticle number and the date	Consult postmas	
Article Addressed to:	4a. Articie N		
		60 316	265
Chevron, USA Inc	4b. Service		Certified
	Express		Insured
P.O. Doy 1130		eceipt for Merchandise	
Mudland Dx 7970	7. Date of C	JUL 0	2 1999
. Received By: (PfInt Name)		ee's Address (Only	
	and fee i	is paid)	
Signature (Addessee gerij			
	102595-98-B-0229	Domestic Ret	turn Receipt
PS Form 3811, December 1994			
ENDER:		I also wish to re	
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	t we can return this	following servici extra feei:	es tror an
<ul> <li>Print your name and address on the reverse of any tors so that card to you.</li> <li>Attach this form to the front of the mailplece, or on the back if si</li> </ul>		1. C Address	
permit.	article number.	2. 🗌 Restrict	
The Return Receipt Hebbester on the manples boot with the The Return Receipt will show to whom the article was delivered gelivered.		Consult postma	ister for fee.
3. Article Addressed to:	4a. Article		867
and B. Hereland	4b. Service	146 628	<u> </u>
Umerada Aless Coge	Registe		Certifiea
PO Bar 2040	Expres		Insured
	🗖 Return F	Receipt for Merchandis	
Houston Dex 7720	7. Date o		
		-61-99 see's Address (Cni	v if requested
5. Received By: Print Name)		is paid)	,
6. Signature: (Addressee or Agen)			
X. X Josul A. Multerda			
PS Form <b>3811</b> , December 1994	102595-98-B-0229	Domestic Re	eturn Receip!
SENDER:		I also wish to re following service	eceive the
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	at we can return the	1 2 2	
<ul> <li>Print your name and address on the reverse of this form so the card to you.</li> <li>Attach this form to the front of the mailplece, or on the back if s</li> </ul>		1. L Addres	see's Address
permit.	article number.	2. 🗌 Restric	
Write 'Return Receipt Hequested' on the matiple of our will be a service was delivered the service of the service was delivered.		Consult postma	aster for fee.
3. Article Addressed to:	4a. Article	A	$\lambda = 0$
		260 310	0 060
yarbaraugh Vilts	⊖a ab. Servic		Certified
$\mathcal{N}$			Insured
2001 Josth Jorama		Receipt for Merchandis	e 🗆 COD
medeand, Dx 7970	7. Date of		a
- , - , - ,		see's Address (On	ly if requested
5. Received By: (Print Name)	8. Addres		

-



DISTRICT   P.O. Ber 1980, Hobbs, NM 88241-1980 DISTRICT !! 011 South First St., Arteans, NM 88210-2835 DISTRICT !!! 1000 Rie Brazes Rd, Aztec, NM 87410-1893	State of N Energy, Minerals and Nat OIL CONSERV 2040 S Santa Fe, New M APPLICATION FOR DOV	Form C-107-A New 3-12-96 APPROVAL PROCESS: X AdministrativeHearing EXISTING WELLBORE X YESNO	
Exxon Company U.S.A.		< 4358, Houston, TX 77	7210-4358
J. L. Greenwood	#8		Lea
OGRID NO. 007673 Property Cod		ur Sec - Two - Age 0251012900 Seecing Federal	County Unit Lesse Types: (check ) or morel X , 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	Paddock		Blinebry
2. Top and Bottom of Pay Section (Perforations)	5010' - 5132'		5616' - 5894'
3. Type of production (Oil or Gas)	0i1		0i1
4. Method of Production (Flowing or Artificial Lift)	Articifial Lift		Artificial Lift
5. Bottomhole Pressure Oil Zones - Artificial Lift: Gas & Oil - Elowing:	a. (Current) 570#	a.	• 670#
Gas & Oil - Flowing: Measured Current All Gas Zones: Estimated Or Measured Original	b. <sup>(Originel)</sup> N/A	b.	b. N/A
6. Oil Gravity ( <sup>®</sup> API) or Gas BTU Content	36.4° API		34.8° API
7. Producing or Shut-In?	Producing		N/A
Production Marginal? (yes or no)	Yes		
<ul> <li>If Shut-In, give date and oil/gas/ water rates of last production</li> <li>Note: For new zones with no production history, applicant shall be required to attach production</li> </ul>	Dete: Retse:	Dete: Astes:	Date: Rates:
estimates and supporting data • If Producing, give data andoil/gaa/ water rates of recent test (within 60 days)	Dete: May 4, 1999 Nete: 12 bopd, 50 kcfpd 5 bwpd	Deta Reze:	Date: Rates:
8. Fixed Percentage Allocation Formula -% for each zone	on: 30 ges: 20 ‰	/0ii: % Gas: %	он: 70 дее: 80 🖌

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.

ORDER NO(S).

Gas:

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? X Yes No Yes No Yes No

Will cross-flow occur? \_\_\_\_Yes  $\underline{x}$  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) 11. Will cross-flow occur? \_\_\_\_Yes \_\_\_\_No (If No, attach explanation)

12. Are all produced fluids from all commingled zones compatible with each other? X Yes No

13. Will the value of production be decreased by commingling? Yes <u>x</u> 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:

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. Reg. Specialist DATE 8-25-99
TYPE OR PRINT NAME J. R. WARD	TELEPHONE NO. (713) 431-1024