DATE IN	SUSPENSE	ENGINEER	LOGGED BY	~	ТҮРЕ	
ABOVE THIS LINE FOR DIVISION USE ONLY						
NEW MEXICO OIL CONSERVATION DIVISION						
ADMINISTRATIVE APPLICATION COVERSHEET						
THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS						
Application Acronyms: [NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location] [DD-Directional Drilling] [SD-Simultaneous Dedication] [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling] [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement] [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion] [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase] [EOR-Qualified Enhanced Oll Recovery Certification] [PPR-Positive Production Response]						
[1] TYPE OF AF [A]	PLICATION - Check Location - Spacing U NSL NSP		Drilling			
Check [B]	One Only for [B] and Commingling - Stora				ſ	
[C]	Injection - Disposal -		e - Enhanced Oi I IPI 🔲 EOR	Recovery		
 [2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply [A] Working, Royalty or Overriding Royalty Interest Owners 						
[B]	Offset Operators, Leascholders or Surface Owner					
[C]	Application is One Which Requires Published Legal Notice					
[D]	U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office					
[E]	D For all of the above, Proof of Notification or Publication is Attached, and/or,					
[F]	U Waivers are Attached					
[3] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding						

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

Boulue brocks Signature

BOBBIE BROOKS

Print or Type Name

PROD. ANALYST Title

<u>2/18/97</u> Date