



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT
OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE

TONY ANAYA
GOVERNOR

September 30, 1985

1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

Texaco, Inc.
Box EE
Cortez, CO 81321

Re: Santa Fe Barbs #1, M-10-21N-10W

Gentlemen:

NMOCD field inspection shows that salt water is being disposed of into the referenced well at 1350 psi. According to NMOCD Administrative Order No. SWD-213, the injection pressure is not to exceed 1080 psi. In order to inject at the present pressure of 1350 psi, you must apply with the Division Director for a pressure limit increase. A step rate test, witnessed by a NMOCD Representative, is required for the application. In July, 1983, Charles Gholson of NMOCD notified Dome Petroleum Corp. of injection pressures on the referenced well exceeding the pressure limit. A copy of this letter is enclosed for your referenced. You must apply for a pressure limit increase within 30 days or decrease the injection pressure to 1080 psi.

Field inspection of the flowline from the injection plant to the referenced well showed evidence of two leaks, which have been repaired. According to NMOCD Rule No. 116.2, a leak of 100 barrels or more of salt water is classified as a "major leak". This requires that the NMOCD receive immediate notification in person or by telephone and subsequent notification within ten days. Rule No. 116.3 classifies a leak of 25 barrels or more but less than 100 barrels of salt water as a "minor leak" and requires subsequent notification to NMOCD within ten days. Enclosed are some forms for notification of leaks for your convenience.

If you have any questions, please contact this office.

Your truly,

Carolyn J. Taplin
Field Representative

CJT/dj
Enclosure

xc: Prentiss Childs
UIC File
✓ Well File



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1000 RIO BRAZOS ROAD
AZTEC, NEW MEXICO 87410
(505) 334-6178

July 18, 1983

Dome Petroleum Corp.
1625 Broadway Suite 2900
Denver, CO 80202

Re: Santa Fe Barbs #1 M-10-21N-10W

Gentlemen:

NMOCD monthly production report (form C-115) shows salt water is being disposed of into the referenced well at 1300 PSI. As you are aware the pressure limit is 1080 PSI. I am aware that your application to inject into the Gallup Formation was denied. It is my recommendation that you apply with the Division Director for a pressure limit increase to 1300 PSI.

If you have any questions, please call.

Yours truly,

Charles Gholson
Deputy Oil & Gas Inspector

CG/ca

cc: Dick Stamets
Prentiss Childs
Judith Montoya, Inj. Control Coordinator, Santa Fe
Reading file
Well file
H. D. Hollingsworth, Dome Petroleum Corp., Farmington

NEW MEXICO OIL CONSERVATION COMMISSION

NOTIFICATION OF FIRE, BREAKS, SPILLS, LEAKS, AND BLOWOUTS

| | | | | | | | |
|---|-----------|------------|--------------|----------------------------|-----------------|------------------|--------|
| NAME OF OPERATOR | | | | | ADDRESS | | |
| REPORT OF | FIRE | BREAK | SPILL | LEAK | BLOWOUT | OTHER* | |
| TYPE OF FACILITY | DRLG WELL | PROD WELL | TANK BTY | PIPE LINE | GASO PLNT | OIL RFY | OTHER* |
| NAME OF FACILITY | | | | | | | |
| LOCATION OF FACILITY (QUARTER/QUARTER SECTION OR FOOTAGE DESCRIPTION) | | | | | SEC. | TWP. | RGE. |
| DISTANCE AND DIRECTION FROM NEAREST TOWN OR PROMINENT LANDMARK | | | | | | | |
| DATE AND HOUR OF OCCURENCE | | | | DATE AND HOUR OF DISCOVERY | | | |
| WAS IMMEDIATE NOTICE GIVEN? | YES | NO | NOT REQUIRED | | IF YES, TO WHOM | | |
| BY WHOM | | | | DATE AND HOUR | | | |
| TYPE OF FLUID LOST | | | | QUANTITY OF LOSS | | VOLUME RECOVERED | |
| DID ANY FLUIDS REACH A WATERCOURSE? | | YES | NO | QUANTITY | | | |
| IF YES, DESCRIBE FULLY** | | | | | | | |
| DESCRIBE CAUSE OF PROBLEM AND REMEDIAL ACTION TAKEN** | | | | | | | |
| DESCRIBE AREA AFFECTED AND CLEANUP ACTION TAKEN** | | | | | | | |
| DESCRIPTION OF AREA | FARMING | | GRAZING | | URBAN | | OTHER* |
| SURFACE CONDITIONS | SANDY | SANDY LOAM | CLAY | ROCKY | WET | DRY | SNOW |
| DESCRIBE GENERAL CONDITIONS PREVAILING (TEMPERATURE, PRECIPITATION, ETC.)** | | | | | | | |
| I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF | | | | | | | |
| SIGNED | | TITLE | | | DATE | | |

*SPECIFY

**ATTACH ADDITIONAL SHEETS IF NECESSARY