



STATE OF NEW MEXICO  
 ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
 HOBBS DISTRICT OFFICE

BRUCE KING  
 GOVERNOR

October 25, 1993

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

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

*R-6856-B*

RE: Proposed:

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

Gentlemen:

E.Vacuum GB/SA Ut.Tr3333 #2-F 33-17-35  
 E.Vacuum GB/SA Ut.Tr0524 #129-E 5-18-35  
 E.Vacuum GB/SA Ut.Tr3202 #33-B 32-17-35

I have examined the application for the:

E.Vacuum GB/SA Ut.Tr3315 #1-1 33-17-35

Phillips Petroleum Co.  
 Operator

E.Vacuum GB/SA Ut.Tr3202 #1-1 32-17-35

| Lease & Well No. | Unit | S-T-R |
|------------------|------|-------|
|------------------|------|-------|

and my recommendations are as follows:

*OK*

Yours very truly,

*Jerry Sexton*  
 Jerry Sexton  
 Supervisor, District 1

## APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose:  Secondary Recovery  Pressure Maintenance  Disposal  Storage  
Application qualifies for administrative approval?  yes  no
- II. Operator: Phillips Petroleum Company  
Address: 4001 Penbrook St., Odessa, Texas 79762  
Contact party: Jim Stevens Phone: 915/368-1376
- III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project?  yes  no  
If yes, give the Division order number authorizing the project R-6856.
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- \* VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
  2. Whether the system is open or closed;
  3. Proposed average and maximum injection pressure;
  4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
  5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- \* XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification
- I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- Name: L. M. Sanders Title Supv. Reg. Affairs  
Signature: *L. M. Sanders* Date: 10/20/93
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. October 25, 1978, Case 6367 (Order No. R-5897-Approved 1-16-79)
- amended 11-19-81, Case #7426 (Order No. R-6856-approved 12-16-81) & amended 1-11-90  
DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate Division district office.