

APPLICATION FOR AUTHORIZATION TO INJECT

I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No

II. OPERATOR: Fasken Oil and Ranch, Ltd.

ADDRESS: 303 West Wall, Suite 1800 Midland, TX 79701

CONTACT PARTY: Jimmy D. Carlile

PHONE: 432 687-1777

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 X No
If yes, give the Division order number authorizing the project: _____

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:

- Proposed average and maximum daily rate and volume of fluids to be injected;
- Whether the system is open or closed;
- Proposed average and maximum injection pressure;
- Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
- 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 geologic data on the injection zone including appropriate lithologic detail, geologic 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 sources 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 sources 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: Jimmy D. Carlile

TITLE: Regulatory Affairs Coord.

SIGNATURE: Jimmy D. Carlile

DATE: 9/13/05

E-MAIL ADDRESS: jimmyc@forl.com

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office

3/10/05

AR = OK checked 12/19/05

Notice of all Tracts?

Productive in upper Permian? Permian well?

SE Permian = ~ 1.2 mi SW

Need logs on District # 11 or District # 12

after con on W&A

Swab 26 ft water cycle of inj zone

Repair

Run Profiles

Get INITIAL Pressure

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [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 Oil Recovery Certification] [PPR-Positive Production Response]

RECEIVED

SEP 19 2005

OIL CONSERVATION
DIVISION

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

[D] Other: Specify _____

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Jimmy D. Carlile
Print or Type Name

Jimmy D. Carlile
Signature

Reg. Affairs Coord.
Title

9/13/05
Date

jimmyc@forl.com
e-mail Address

Fasken Oil and Ranch, Ltd.

Denton Nos. 1, 5 and 11

Salt Water Disposal Application

Affected Parties to this Application

Offset Operators

Americo Energy Resources, LLC
P. O. Box 19163
Houston, TX 77224

Journey Oil & Gas, LLC
1201 Louisiana, Suite 1040
Houston, TX 77002

Polaris Production Company
415 W. Wall
Midland, TX 79701

Brother Production Company
303 West Wall, Suite 1600
Midland, TX 79701

ARCO/BP
600 N. Marienfeld
Midland, TX 79701

Surface Owner

Mr. Darr Angell
P. O. Box 190
Lovington, NM 88260

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.88



Sent To **ARCO/BP**
 Street, Apt. No., or PO Box No. **600 N MARIENFELD**
 City, State, ZIP+4 **MIDLAND TX 79701**

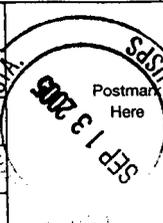
PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3745 2516

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.88



Sent To **AMERICO ENERGY RESOURCES**
 Street, Apt. No., or PO Box No. **PO BOX 19163**
 City, State, ZIP+4 **HOUSTON TX 77224-9163**

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3745 2427

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.88



Sent To **JOURNEY OIL & GAS LLC**
 Street, Apt. No., or PO Box No. **1201 LOUISIANA STE 1040**
 City, State, ZIP+4 **HOUSTON TX 77002**

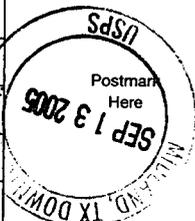
PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3745 2488

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.88



Sent To **BROTHER PRODUCTION CO**
 Street, Apt. No., or PO Box No. **303 W WALL ST STE 1600**
 City, State, ZIP+4 **MIDLAND TX 79701**

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3745 2502

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.88



Sent To **POLARIS PRODUCTION CO**
 Street, Apt. No., or PO Box No. **415 W WALL ST**
 City, State, ZIP+4 **MIDLAND TX 79701**

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3745 2495

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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OFFICIAL USE

Postage	\$0.83
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$4.88



Sent To **DARR ANGELL**
 Street, Apt. No., or PO Box No. **PO BOX 190**
 City, State, ZIP+4 **LOVINGTON NM 88260-0190**

PS Form 3800, January 2001 See Reverse for Instructions

7001 0320 0004 3745 2464

FASKEN OIL AND RANCH, LTD.

303 WEST WALL AVENUE, SUITE 1800
MIDLAND, TEXAS 79701-5116

(432) 687-1777
jimmyc@forl.com

RECEIVED
SEP 22 2005
OIL CONSERVATION
DIVISION

Jimmy D. Carlile
Regulatory Affairs Coordinator

September 20, 2005

Mr. Will Jones
New Mexico Oil Conservation Division
1220 South Saint Francis Drive
Santa Fe, NM 87505

Dear Mr. Jones,

Re: Fasken Oil and Ranch, Ltd.
Application for Salt Water Disposal
Form C-108
Denton Nos. 1, 5 and 11
Denton Field, Lea County, New Mexico

Attached are copies of proof of notification of offset operators and the surface owner. Should there be any questions concerning our application, please give me a call.

Yours truly,

Jimmy D. Carlile
Regulatory Affairs Coordinator

*Ammonia well
Lea County
and also to
Brothers Machine
Co. Denton well 1, 9*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BROTHER PRODUCTION CO
303 W WALL ST STE 1600
MIDLAND TX 79701

2. Article Number
(Transfer from service label)

7001 0320 0004 3745 2501

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Robert Newton* Agent
 Addressee

B. Received by (Printed Name) *Robert Newton* C. Date of Delivery *9-14-05*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DARR ANGELL
PO BOX 190
LOVINGTON NM 88260-0190

2. Article Number
(Transfer from service label)

7001 0320 0004 3745 2464

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *D. Angell* Agent
 Addressee

B. Received by (Printed Name) *D. Angell* C. Date of Delivery *9-14-05*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

POLARIS PRODUCTION CO
415 W WALL ST
MIDLAND TX 79701

2. Article Number
(Transfer from service label)

7001 0320 0004 3745 2495

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9-14-05*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JOURNEY OIL & GAS LLC
1201 LOUISIANA STE 1040
HOUSTON TX 77002**

2. Article Number

(Transfer from service label)

7001 0320 0004 3745 2488

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Amanda Dickes* Agent Addressee

B. Received by (Printed Name)

A. Dickes

C. Date of Delivery

9/16/05

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**AMERICO ENERGY RESOURCES
PO BOX 19163
HOUSTON TX 77224-9163**

2. Article Number

(Transfer from service label)

7001 0320 0004 3745 2471

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mary Ann* Agent Addressee

B. Received by (Printed Name)

Mary Ann

C. Date of Delivery

9-15-05

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ARCO/BP
600 N MARIENFELD
MIDLAND TX 79701**

2. Article Number

(Transfer from service label)

7001 0320 0004 3745 2518

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *MG Canasco* Agent Addressee

B. Received by (Printed Name)

MG CARASCO

C. Date of Delivery

9-14-05

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes