

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage
Application qualifies for administrative approval? ☐ Yes ☒ No
- II. Operator: Great Western Drilling Company
Address: P.O. Box 1659 Midland, Texas 79702
Contact party: Dennis L. Hendrix Phone: (915) 682-5241
- III. Well data: A. Well data for each injection well covered by this application has been provided in the attached table (**Attachment A**) and attached wellbore schematics (**Attachments B.1 thru B.5**).
B. Additional required information for each injection well covered by this application is provided in **Attachment C**.
- IV. Is this an expansion of an existing project? ☐ Yes ☒ No
- 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.
> > A map has been attached as **Attachment D** that identifies the area of review for all proposed injection wells.
- 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.
> > A table of data has been provided on the wells in the "area of review" as **Attachments E1 & E2**. Also, wellbore schematics have been provided of all plugged wells in this "area of review" and are **Attachments F.1 thru F.11**.
- VII. Attach data on the proposed operation. The appropriate data has been included as **Attachments G1 & G2**.
- 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.
> > The required geological data is included as **Attachment H**.
- IX. Describe the proposed stimulation program, if any.
> > The proposed stimulation program is described in **Attachment H**.
- X. Attach appropriate logging and test data on the well, if not on file with the Division. **All logs are on file.**
- 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.
> > The analyses are included as **Attachments I**, with the location map included as **Attachment J**.
- XII. Not applicable to this project.
- XIII. Applicants must complete "Proof of Notice" section. Proof is provided by certified receipt stubs included.
- 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: Dennis L. Hendrix Title: Operations Engineer

Signature:  Date: 08/30/94

If the information required under Section 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. _____