

October 31, 1985

File: JCA-986.51NM-6143

Re: Application for Salt Water Disposal Well  
Many Gates (Wolfcamp) Pool  
St. "DQ" Well No. 3  
Unit G, Section 32, T-9-S, R-30-E  
Chaves County, New Mexico

Exxon Company, U.S.A.  
Box 1600  
Midland, Texas 79702

Gentlemen:

By copy of this letter, Amoco is providing notice of the attached application to utilize the recently drilled Amoco State "DQ" Well No. 3 as a saltwater disposal well. Injection is proposed for the currently open Wolfcamp interval 7272' to 7304'; total production from this intended completion interval has been 4827 BW with no associated oil or gas. The subject well is located 2305' FWL and 2290' FEL (Unit G) Sec. 32, T-9-S, R-30-E, Chaves County, New Mexico. The application has been scheduled for the NMOCD Examiner Hearing on November 20, 1985. Any questions you have concerning this application should be directed to S. P. Scheffler at 713/556-3929.

Yours very truly,

*O/S REO  
by EPS*

SPS/rr

Attachments

bcc: C. A. Mote - 3.468

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
<i>AMOCO</i>	EXHIBIT NO. <u>1B</u>
CASE NO. <u>8767</u>	

PS Form 3811, July 1983 447-945

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1.  Show to whom, date and address of delivery.
- 2.  Restricted Delivery.

3. Article Addressed to:

Exxon Company, U.S.A.  
Box 1600  
Midland, TX 79702

4. Type of Service:

- Registered
- Certified
- Express Mail
- Insured
- COD

Article Number

P-172-682-306

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X Bill Henry

6. Signature - Agent

X

7. Date of Delivery

MAY 6 1988

8. Addressee's Address (ONLY if requested and fee paid)

WNY

DOMESTIC RETURN RECEIPT

October 31, 1985

File: JCA-986.51NM-6143

Re: Application for Salt Water Disposal Well  
Many Gates (Wolfcamp) Pool  
St. "DQ" Well No. 3  
Unit G, Section 32, T-9-S, R-30-E  
Chaves County, New Mexico

Texaco Inc.  
Box 728  
Hobbs, New Mexico 88240

Gentlemen:

By copy of this letter, Amoco is providing notice of the attached application to utilize the recently drilled Amoco State "DQ" Well No. 3 as a saltwater disposal well. Injection is proposed for the currently open Wolfcamp interval 7272' to 7304'; total production from this intended completion interval has been 4827 BW with no associated oil or gas. The subject well is located 2305' FWL and 2290' FEL (Unit G) Sec. 32, T-9-S, R-30-E, Chaves County, New Mexico. The application has been scheduled for the NMOCED Examiner Hearing on November 20, 1985. Any questions you have concerning this application should be directed to S. P. Scheffler at 713/556-3929.

Yours very truly,

*O/S DEO  
by SPS*

SPS/rr

Attachments

bcc: C. A. Mote - 3.468

PS Form 3811, July 1983 447-846

<b>SENDER: Complete items 1, 2, 3 and 4.</b> Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: <p style="text-align: center;">TEXACO Inc. BOX 728 Hobbs, NM 88240</p>	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number P-172-682-305
Always obtain signature of addressee or agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee X	
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery MIDLAND, TX MAY 15 1983 U.S.P.	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT

October 31, 1985

File: JCA-986.51NM-6143

Re: Application for Salt Water Disposal Well  
Many Gates (Wolfcamp) Pool  
St. "DQ" Well No. 3  
Unit G, Section 32, T-9-S, R-30-E  
Chaves County, New Mexico

Yates Petroleum Corporation  
207 S. Fourth Street  
Artesia, New Mexico 88210

Gentlemen:

By copy of this letter, Amoco is providing notice of the attached application to utilize the recently drilled Amoco State "DQ" Well No. 3 as a saltwater disposal well. Injection is proposed for the currently open Wolfcamp interval 7272' to 7304'; total production from this intended completion interval has been 4827 BW with no associated oil or gas. The subject well is located 2305' FWL and 2290' FEL (Unit G) Sec. 32, T-9-S, R-30-E, Chaves County, New Mexico. The application has been scheduled for the NMOCD Examiner Hearing on November 20, 1985. Any questions you have concerning this application should be directed to S. P. Scheffler at 713/556-3929.

Yours very truly,

*O/S HEO  
by SPS*

SPS/rr

Attachments

bcc: C. A. Mote - 3.468

PS Form 3811, July 1983 447-845

<p><b>SENDER: Complete items 1, 2, 3 and 4.</b></p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p>	
1. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Yates Petroleum Corporation 207 S. Fourth St. Artesia, NM 88210	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	Article Number P-172-682-303
Always obtain signature of addressee <u>or</u> agent and <b>DATE DELIVERED.</b>	
5. Signature - Addressee X	
6. Signature - Agent X <i>William Connelly</i>	
7. Date of Delivery <i>11-4-85</i>	
8. Addressee's Address ( <i>ONLY if requested and fee paid</i> )	

DOMESTIC RETURN RECEIPT

October 31, 1985

File: JCA-986.51NH-6143

Re: Application for Salt Water Disposal Well  
Many Gates (Wolfcamp) Pool  
St. "DQ" Well No. 3  
Unit G, Section 32, T-9-S, R-30-E  
Chaves County, New Mexico

Honorable Mr. Jim Baca  
Land Commissioner  
Box 1148  
State Land Office Building  
Santa Fe, New Mexico 87501

Dear Commissioner:

By copy of this letter, Amoco is providing notice of the attached application to utilize the recently drilled Amoco State "DQ" Well No. 3 as a saltwater disposal well. Injection is proposed for the currently open Wolfcamp interval 7272' to 7304'; total production from this intended completion interval has been 4827 BW with no associated oil or gas. The subject well is located 2305' FWL and 2290' FEL (Unit G) Sec. 32, T-9-S, R-30-E, Chaves County, New Mexico. The application has been scheduled for the NMOCD Examiner Hearing on November 20, 1985. Any questions you have concerning this application should be directed to S. P. Scheffler at 713/556-3929.

Yours very truly,

*O/S RFD  
by SPS*

SPS/rr

Attachments

bcc: C. A. Note - 3.468

PS Form 3811, July 1983 447-845

<p><b>SENDER: Complete items 1, 2, 3 and 4.</b></p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom, date and address of delivery.</p> <p>2. <input type="checkbox"/> Restricted Delivery.</p>	
<p>3. Article Addressed to:</p> <p>Honorable Mr. Jim Baca Land Commissioner Box 1188 State Land Office Building Santa Fe, NM 87501</p>	
<p>4. Type of Service:</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified    <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p>	<p>Article Number P-172-682-304</p>
<p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>	
<p>5. Signature - Addressee</p> <p>X <i>Jim Baca</i></p>	
<p>6. Signature - Agent</p> <p>X</p>	
<p>7. Date of Delivery                      <b>NOV 4 1985</b></p>	
<p>8. Addressee's Address (ONLY if requested and fee paid)</p>	

DOMESTIC RETURN RECEIPT

*State*

November 11, 1985

File: JCA-986.51NM-6143

Re: Application for Salt Water Disposal Well  
Many Gates (Wolfcamp) Pool  
St. "DQ" Well No. 3  
Unit G, Section 32, T-9-S, R-30-E  
Chaves County, New Mexico

Mr. Winfred E. Isler  
Box 1038  
Dunlap Street  
Roswell, New Mexico 88201

Dear Mr. Isler:

By copy of this letter, Amoco is providing notice of the attached application to utilize the recently drilled Amoco State "DQ" Well No. 3 as a saltwater disposal well. Injection is proposed for the currently open Wolfcamp interval 7272' to 7304'; total production from this intended completion interval has been 4827 BW with no associated oil or gas. The subject well is located 2305' FWL and 2290' FEL (Unit G) Sec. 32, T-9-S, R-30-E, Chaves County, New Mexico. The application has been scheduled for the NMOCD Examiner Hearing on November 20, 1985. Any questions you have concerning this application should be directed to S. P. Scheffler at 713/556-3929.

Yours very truly,

C/S REO  
by SPS

SPS/rr

Attachments

bcc: C. A. Mote - 3.468

PS Form 3811, July 1983 447-845

<p><b>SENDER: Complete items 1, 2, 3 and 4.</b></p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p>	
1. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Mr. Winfred E. Isler Box 1038 / Dunlap St. Roswell, NM 88201	
4. Type of Service: <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number <input type="checkbox"/> Insured <input type="checkbox"/> COD P-172-682-308
Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u>	
5. Signature - Addressee X <i>Mr. Winfred E. Isler</i>	
6. Signature - Agent X	
7. Date of Delivery 11-14-85	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT