

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
1825 N. French Dr.  
Hobbs, NM 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. 14080013527
2. Name of Operator ARCO Permian	6. If Indian, Allottee or Tribe Name 14080013527
3. Address and Telephone No. P.O. Box 1089, Eunice, NM 88231 505-394-1649	7. If Unit or CA, Agreement Designation NMNM71098
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Barber Gas Com #1 - UL: E,990 FWL,1650 FNL,SEC. 8,T20S,R37E #3 - UL: H, 1650 FNL, 330 FEL, SEC. 7, T20S, R37E #4 - UL: L,660 FWL,2310 FSL,SEC. 8,T20S,R37E	8. Well Name and No. Barber Gas Com Lease 9. API Well No. 30-025-06022 10. Field and Pool, or exploratory Area Eumont Yates SRQ Gas 11. County or Parish, State Lea nm

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

ARCO PERMIAN REQUESTS PERMISSION TO DISPOSE OF WATER FROM THE FOLLOWING LEASE:  
BARBER GAS COM LEASE BWPD: 245

THE FOLLOWING INFORMATION IS FURNISHED TO HANDLE, STORE OR DISPOSE OF WATER PRODUCED FROM OIL AND GAS WELLS ON SAID FEDERAL LEASES AS FOLLOWS:

THIS LEASE DISPOSES WATER TO:  
SWD SYSTEM: EME SWD SYSTEM M-9  
OPERATOR: RICE OPERATING COMPANY  
LOCATION OF DISPOSAL SITE: 100 FSL, 250 FWL, SEC. 9, T20S, R37E  
WATER IS TRUCKED AND INJECTED INTO EME SWD SYSTEM M-9.

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

BUREAU OF LAND MGMT  
CARLSBAD RESOURCE AREA  
RECEIVED  
2000 MAR 27 11 P 3 42

14. I hereby certify that the foregoing is true and correct

Signed *Alexis C. Swoboda* Title Administrative Assistant Date 3/24/00

(This space for Federal or State office use)  
Approved by (ORIG. SGD.) ALEXIS C. SWOBODA Title PETROLEUM ENGINEER Date 3/31/2000

Conditions of approval, if any: