



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

March 14, 2005

State of New Mexico  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, New Mexico 87505

Re: Blinebry Drinkard SWD Well #20  
Section 20, T22S-R37E  
Lea County, New Mexico

Please find enclosed Form C-108, Application for Authorization to Inject along with the required attachments to permit the above mentioned saltwater disposal well on behalf of Rice Operating Company, 122 W. Taylor, Hobbs, NM 88240.

If you have questions, please contact Jo Ann Johnson at 432/631-0529.

Thanks.

Sincerely,

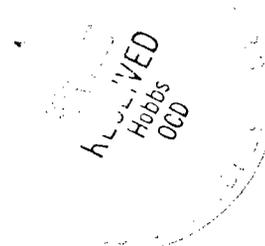
A handwritten signature in cursive script that reads 'Jo Ann Johnson'.

Jo Ann Johnson  
Right of Way Agent  
3907 Placid Ct.  
Midland, TX

RECEIVED

MAR 16 2005

Oil Conservation Division  
1220 S. Saint Francis Drive  
Santa Fe, NM 87505



**APPLICATION FOR AUTHORIZATION TO INJECT**

- I. PURPOSE: \_\_\_\_\_ Secondary Recovery \_\_\_\_\_ Pressure Maintenance \_\_\_\_\_ X \_\_\_\_\_ Disposal \_\_\_\_\_ Storage  
Application qualifies for administrative approval? \_\_\_\_\_ X \_\_\_\_\_ Yes \_\_\_\_\_ No
- II. OPERATOR: Rice Operating Company  
ADDRESS: 122 W. Taylor, Hobbs, NM 88240  
CONTACT PARTY: Scott Curtis PHONE: 505-393-9174
- 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:
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 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: Scott Curtis TITLE: Operations Manager  
SIGNATURE:  DATE: 2-28-05  
E-MAIL ADDRESS: jscriceswd@leaco.net
- \* 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: \_\_\_\_\_

### III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

### XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

**NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.**

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**NOTICE:** Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

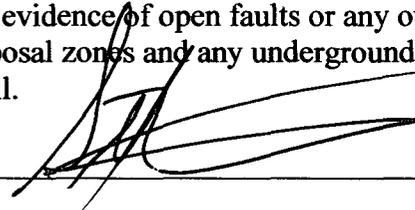
## Attachments to Application C-108

BLINEBRY DRINKARD SWD Well No. D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

- III. Well Date
  - A.1) See injection well data sheet.
  - 2) See injection well data sheet.
  - 3) 5 ½" Rice Duoline.
  - 4) Baker Model "D" Packer or equivalent.
  
  - B.1) Injection formations – San Andres.
  - 2) Injection interval – 3900' to 5000'.
  - 3) Original purpose of well is for salt water disposal.
  - 4) N/A
  - 5) Next higher producing zone is the Grayburg.  
Next lower producing zone is the Glorieta.
- IV. No.
- V. Attached.
- VI. Attached – list of wells and data.
- VII. Proposed Operations.
  - 1) 20,000 bls. per day of produced water.
  - 2) Closed.
  - 3) Average pressure is 1600#, or whatever limit OCD allows.
  - 4) Attached.
  - 5) (See attached analysis.)
- VIII. The proposed disposal formation is interbedded shale and limestone. The primary geologic name is the San Andres which occurs from 3832' to 5000'. The fresh water formation in the area is the Ogallala and Alluvium which ranges in thickness from 20' to 60'. An analysis from a producing water well is attached.
- IX. Acid as needed.
- X. N/A

XI. Attached.

XII. I, Scott Curtis, have examined all available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zones and any underground source of drinking water pertaining to this well.



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XIII. Attached.



**INJECTION WELL DATA SHEET**

Tubing Size: 5 1/2" Lining Material: Rice duoline

Type of Packer: Baker Model D or equivalent

Packer Setting Depth: 3875'

Other Type of Tubing/Casing Seal (if applicable): \_\_\_\_\_

Additional Data

1. Is this a new well drilled for injection?  X  Yes   No

If no, for what purpose was the well originally drilled? \_\_\_\_\_

\_\_\_\_\_

2. Name of the Injection Formation: San Andres

3. Name of Field or Pool (if applicable): Arrowhead Grayburg

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used. N/A

\_\_\_\_\_

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area: \_\_\_\_\_

The upper zone is the Grayburg +/- 3632'

The lower zone is the Glorieta +/- 5286'

\_\_\_\_\_

# GENERALIZED SECTION

## PRODUCING FORMATIONS LEA COUNTY, NEW MEXICO

SYSTEM	SERIES	FORMATION	LEA COUNTY POOLS	
PERMIAN	OCHOA	SALADO	2500'± NONPRODUCTIVE BEDS ARE NOT INCLUDED	
	GUADALUPE	TANSILL		
		YATES		ARROW, BAISH, CORBIN, EAVES, EUMONT, GEM, HALFWAY, JALMAT LUSK, LYNCH, NORTH LYNCH, RHODES, SAN SIMON, TEAS, TONTO, WILSON, NORTH WILSON
		SEVEN RIVERS		ARROW, BOWERS, COOPER JAL, EAVES, EUMONT, SOUTH EUNICE, EAST HOBBS, JALMAT, LANGLIE MATTIX, LEONARD, TONTO, WATKINS, WEST WILSON
		QUEEN		ARROW, CAPROCK, NORTH CAPROCK, COOPER JAL, CORBIN, DOLLARHIDE, E.K. EUMONT, LANGLIE MATTIX, SOUTH LEONARD, PEARSALL, PENROSE SKELLY, YOUNG
		GRAYBURG		ARROWHEAD, EUNICE-MONUMENT, HARDY, HOBBS, MALJAMAR, EAST MALJAMAR, NORTH MALJAMAR, SOUTH MALJAMAR, PENROSE SKELLY, ROBERTS, SKAGGS, VACUUM, WATKINS
		SAN ANDRES		SOUTH CARTER, E.K. EIGHTY FOUR DRAW, EUNICE-MONUMENT, GARRETT, HOBBS, EAST HOBBS, HOUSE, LITTMAN, LOVINGTON, WEST LOVINGTON, MALJAMAR, EAST MALJAMAR, NORTH MALJAMAR, SAN MAL., SAWYER, VACUUM
	LEONARD	GLORIETA		JUSTIS, LOVINGTON, MONUMENT, MALJAMAR, PADDOCK
		YESO DRINKARD	LOWER MIDDLE UPPER	BLINEBRY, FOWLER, EAST HOBBS, LOVINGTON, MONUMENT, TERRY
				LOVINGTON, TUBB
			DOLLARHIDE, DRINKARD, FOWLER, HOBBS, HOUSE, NADINE, SKAGGS, WARREN, WEIR	
		WOLFCAMP	ABO-HUECO	ANDERSON RANCH, EAST BAGLEY, BAUM, BRONCO, BUFFALO, EAST CAPROCK, CAUDILL, DENTON, D-K, GLADIOLA, SOUTH GLADIOLA, KING, LANE, LOVINGTON, MOORE, TOWNSEND, TULK, WANTZ
PENNSYLVANIAN			ALLISON, BAGLEY, BOUGH, CASS, CROSSROADS, DEAN, EIDSON, HIGHTOWER, LAZY J, EAST LOVINGTON, MESCALERO, MOORE, SOUTH ROBERTS RANCH, SAUNDERS, SOUTH SAUNDERS, SHOE BAR, WILLIAMS	
MISSISSIPPIAN		MISS. LS. WOODFORD SH.	DENTON	
DEVONIAN			ANDERSON RANCH, BAGLEY, BRONCO, EAST CAPROCK, CAUDILL, CROSBY, CROSSROADS, SOUTH CROSSROADS, DEAN, DENTON, SOUTH DENTON, DOLLARHIDE, DUBLIN, ECHOL, NORTH ECHOL, FOWLER, GLADIOLA, HIGHTOWER, KNOWLES, SOUTH KNOWLES, MALJAMAR, MESCALERO, MOORE, SOUTH ROBERTS RANCH, SAWYER, SHOE BAR, TEAGUE	
SILURIAN		FUSSELMAN	DOLLARHIDE, FOWLER, MC CORMICK	
ORDOVICIAN	UPPER	MONTOYA	CARY	
	MIDDLE	SIMPSON	HARE, SOUTH HARE, TEAGUE, WARREN, NORTH WARREN	
	LOWER	ELLENBURGER	BRUNSON, DOLLARHIDE, DUBLIN, FOWLER, TEAGUE	
PRE-CAMBRIAN				



WELLS WITHIN ½ MILE OF THE PROPOSED BD SWD WELL D-20 WHICH PENETRATE THE PROPOSED INJECTION ZONE

Section 20, T22S, R37E											
API	OPERATOR	SPUD DATE	LEASE NAME	WELL #	TYPE	STATUS	TD	UL	LOCATION	FORMATION	
30-025-10376	Louis Dreyfus Natural Gas Inc. 11304 W IH 20E Midland, TX 79765	4/1/71	Tres State	1	Oil	P&A	4000'	D	660 FNL, 660 FWL	Attached schematic	
30-025-23804	Bettis,Boyle & Stoval P.O. Box 1240 Graham TX 76450	6/24/71	Patsy "B"	1	Oil	Active	4412'	C	990 FNL, 1980 FWL	Grayburg. See attached well completion report.	
Section 17, T22SS, R37E											
30-025-23925	Bettis,Boyle & Stoval		Patsy B	2	Oil	P&A	4030'	N	660 FSL, 1980 FWL	See attached schematic.	
30-025-23896	Campbell & Hedrick P.O. Box 401 Midland, TX 79702	10/8/71	Christmas	2	Oil	Active	3910'	O	330 FSL, 1980 FEL	Seven Rivers-Queen. See attached well completion report.	
Section 18, T22S, R37E											
30-025-31329	XTO Energy	9/6/91	AGU	242	Water Inj.	Active	3980'	O	560' FSL, 1980' FEL	Grayburg. See attached well completion report.	

# WELLBORE SCHEMATIC AND HISTORY

		COMPLETION SCHEMATIC	API NUM	30-025-10376		
FORM	DEPTH					

10 sx cmt Surface Plug

8 5/8" @ 291'

25 sx Plug @341'

Two Stage Tool @1150'

25 sx cmt Plug @1200'

25 sx cmt Plug @2600'

35 sx cmt Plug 3216'-3550'

5 1/2" @ 3450'

Perfs 3655'-3788'

Perfs 3865'-3909' squeezed w/60sx cmt May-71

4" FJ liner from 3286' to 4000'

OPERATOR		Louis Dreyfus Natural Gas Inc.			
LEASE NAME		Tres State No. 1			
LOCATION:	UL: D	SEC: 20	TWN: 22S	RNG: 37E	
	660 FNL		660 FWL		
TD	4000'	PBD	3954'	GL	3396' RKB
DHC					

CASING RECORD					
	SIZE	DEPTH	CMT	HOLE SIZE	TOC
SURF.	8 5/8"	291'	250 sx	12 1/4"	Circ'd 50 sx
INTER.	5 1/2"	3450'	300 sx	7 7/8"	3000' calculated
PROD.	4"	4000'	110 sx	4 3/4"	Top of liner

Prepared By:	Updated:
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OPERATOR		

Form C-105  
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	7. Unit Agreement Name
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____	8. Farm or Lease Name PATSY "B"

2. Name of Operator MILLARD DECK	9. Well No. 1
3. Address of Operator P.O. BOX 1047, EUNICE, NEW MEXICO 88231	10. Field and Pool, or Wildcat LANGLIE MATTIX

4. Location of Well UNIT LETTER <u>C</u> LOCATED <u>990</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE OF SEC. <u>20</u> TWP. <u>22S</u> RGE. <u>37E</u> NMPM	12. County LEA
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15. Date Spudded 6-24-71	16. Date T.D. Reached 7-9-71	17. Date Compl. (Ready to Prod.) 7-28-71	18. Elevations (DF, RKB, RT, GR, etc.) 3378' RKB	19. Elev. Casinghead 3368' GR
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20. Total Depth 4412	21. Plug Back T.D. 3800	22. If Multiple Compl., How Many	23. Intervals Drilled By Rotary Tools 0-4412 Cable Tools --
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24. Producing Interval(s), of this completion - Top, Bottom, Name 3451' - 3757' QUEEN	25. Was Directional S Made NO
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26. Type Electric and Other Logs Run GAMMA RAY - NEUTRON	27. Was Well Cored NO
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28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULL
8 5/8"	24#	300'	12 1/4"	250 SKS -CIRCULATED	
5 1/2"	15.50#	4225'	7 7/8"	500 SKS	

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SE
NONE					2 3/8"	3750'	NONE

31. Perforation Record (Interval, size and number) 4053'-93' W/8 HOLES, SQUEEZE CEMENTED 3973'-95' W/5 HOLES & 3821'-29' W/18HOLE SET CIBP AT 3800' 3657'-3757' W/15 HOLES & 3451' -3593'W/12 HOLES	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	4053'-93'	1000 GAL ACID-SQUEEZE ON W/1
	3973'-3821'	2000 GAL ACID-FIBP @ 3800'
	3451'-3757'	50,000 GAL GELLED BRINE W/ 1#SPG.

33. PRODUCTION							
Date First Production 8-1-71		Production Method (Flowing, gas lift, pumping - Size and type pump) FLOWING				Well Status (Prod. or Shut-in) PRODUCING	
Date of Test 8-3-71	Hours Tested 24	Choke Size 32/64"	Prod'n. For Test Period 90	Oil - Bbl. 90	Gas - MCF 289	Water - Bbl. 75	Gas - Oil Ratio 3210
Flow Tubing Press. 150	Casing Pressure 225	Calculated 24-Hour Rate 90	Oil - Bbl. 90	Gas - MCF 289	Water - Bbl. 75	Oil Gravity - API (Con) 36-1	

34. Disposition of Gas (Sold, used for fuel, vented, etc.) SOLD	Test Witnessed By A.O. SMITH
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35. List of Attachments INCLINATION SURVEY & GAMMA RAY - NEUTRON
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36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

----- Millard Deck ----- TITLE OWNER - OPERATOR DATE 8-6-71

# WELLBORE SCHEMATIC AND HISTORY

COMPLETION SCHEMATIC		API NUM	30-025-23925		
FORM	DEPTH				

OPERATOR		Bettis, Boyle and Stovall			
LEASE NAME		Patsy B #2			
LOCATION:	UL: N	SEC: 17	TWN: 22S	RNG: 37E	
	660 FSL		1980 FWL		
TD	4030'	PBD	3800'	GR	3370'
				RKB	3377'
DHC					

CASING RECORD					
	SIZE	DEPTH	CMT	HOLE SIZE	TOC
SURF.	8 5/8"	310	150 sx	11"	Circ'd 5 sx cmt
INTER.					
PROD.	5 1/2"	4030'	330 sx	7 7/8"	2200'

10 sx cmt Surface Plug

8 5/8" @ 310'

30 sx cmt Plug @209'-360'

25 sx cmt Plug @1114'-1250'  
Cut and pulled 5 1/2" csg @1200'

25 sx cmt Plug @1898'-2050'

TOC @2200'

25 sx cmt Plug 2398'-2650'

Perfs 2659'-3270'

CIBP @3450'

Perfs 3480'-3788'

CIBP @3800' w/  
2 sx cmt on top -  
January, 1972

Perfs 3914'-3986'

5 1/2 @4030'

Prepared By: \_\_\_\_\_

Updated: \_\_\_\_\_

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Form C-105  
Revised 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease  
State  Fee   
5. State Oil & Gas Lease No.

1a. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____	7. Unit Agreement Name
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> OTHER _____	8. Farm or Lease Name <b>Christmas</b>

2. Name of Operator <b>Campbell &amp; Hedrick</b>	9. Well No. <b>2</b>
3. Address of Operator <b>P. O. Box 401, Midland, Texas 79701</b>	10. Field and Pool, or Wildcat <b>Undesignated</b>

4. Location of Well UNIT LETTER <b>0</b> LOCATED <b>330</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE OF SEC. <b>17</b> TWP. <b>22-S</b> RGE. <b>37-E</b> NMPM	12. County <b>Lea</b>
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15. Date Spudded <b>10/8/71</b>	16. Date T.D. Reached <b>10/19/71</b>	17. Date Compl. (Ready to Prod.) <b>Oct. 25, 1971</b>	18. Elevations (DF, RKB, RT, GR, etc.) <b>Not known</b>	19. Elev. Casinghead
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20. Total Depth <b>3910</b>	21. Plug Back T.D. <b>3889</b>	22. If Multiple Compl., How Many <b>-</b>	23. Intervals Drilled By <b>Rotary Tools</b>	23. Intervals Drilled By <b>3910</b>	Cable Tools <b>None</b>
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24. Producing Interval(s), of this completion - Top, Bottom, Name <b>3460-3694 Seven Rivers-Queens</b>	25. Was Directional Sit Made <b>No</b>
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26. Type Electric and Other Logs Run <b>Gamma Ray - Neutron</b>	27. Was Well Cored <b>No</b>
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28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULL
<b>8 5/8</b>	<b>24#</b>	<b>310</b>	<b>12 1/4</b>	<b>200 sacks w/2% CaCl<sub>2</sub></b>	<b>None</b>
<b>5 1/2</b>	<b>15.5</b>	<b>3910</b>	<b>7 7/8</b>	<b>400 sacks w/4% gel and 200 sacks type C</b>	<b>None</b>

29. LINER RECORD				30. TUBING RECORD			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
<b>None</b>					<b>2 3/8 EUE</b>	<b>3799</b>	<b>No</b>

31. Perforation Record (Interval, size and number) <b>3460-3518, 3529-64, 3583-3664 and 3679-3694 37 holes</b>	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL <b>3460-3694</b> AMOUNT AND KIND MATERIAL USED <b>Acidize w/2000 gal 15% DS 3 Treat w/40,000 gal gelled brine and 36000# 20/40 sand and 36000# 10/20 sand.</b>
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33. PRODUCTION							
Date First Production <b>Oct. 26, 1971</b>	Production Method (Flowing, gas lift, pumping - Size and type pump) <b>pumping - 1 1/2" x 6" pacific</b>					Well Status (Prod. or Shut-in) <b>in rod.</b>	
Date of Test <b>Dec. 2, 1971</b>	Hours Tested <b>24</b>	Choke Size <b>Open</b>	Prod'n. For Test Period <b>72</b>	Oil - Bbl. <b>72</b>	Gas - MCF <b>123.7</b>	Water - Bbl. <b>100</b>	Gas-Oil Ratio <b>1,718</b>
Flow Tubing Press. <b>30</b>	Casing Pressure <b>30</b>	Calculated 24-Hour Rate <b>72</b>	Oil - Bbl. <b>72</b>	Gas - MCF <b>123.7</b>	Water - Bbl. <b>100</b>	Oil Gravity - API (Corr.) <b>35.2</b>	

34. Disposition of Gas (Sold, used for fuel, vented, etc.) <b>Skelly Oil Company</b>	Test Witnessed By <b>Wm. R. Dean</b>
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35. List of Attachments  
**Slope test data - Electric Log Services**

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED *Olex F. Hedrick* TITLE Partner DATE 12-6-71

**INSTRUCTIONS**

This form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, Items 30 through 34 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

**INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE**

**Southeastern New Mexico**

**Northwestern New Mexico**

T. Anhy _____	T. Canyon _____	T. Ojo Alamo _____	T. Penn. "B" _____
T. Salt _____	T. Strawn _____	T. Kirtland-Fruitland _____	T. Penn. "C" _____
B. Salt <u>2450</u>	T. Atoka _____	T. Pictured Cliffs _____	T. Penn. "D" _____
T. Yates _____	T. Miss _____	T. Cliff House _____	T. Leadville _____
T. 7 Rivers <u>2820</u>	T. Devonian _____	T. Menefee _____	T. Madison _____
T. <del>Orange</del> <u>3472</u>	T. Silurian _____	T. Point Lookout _____	T. Elbert _____
T. Grayburg <u>3634</u>	T. Montoya _____	T. Mancos _____	T. McCracken _____
T. San Andres _____	T. Simpson _____	T. Gallup _____	T. Ignacio Qtzite _____
T. Glorieta _____	T. McKee _____	Base Greenhorn _____	T. Granite _____
T. Paddock _____	T. Ellenburger _____	T. Dakota _____	T. _____
T. Blinebry _____	T. Gr. Wash _____	T. Morrison _____	T. _____
T. Tubb _____	T. Granite _____	T. Todilto _____	T. _____
T. Drinkard _____	T. Delaware Sand _____	T. Entrada _____	T. _____
T. Abo _____	T. Bone Springs _____	T. Wingate _____	T. _____
T. Wolfcamp _____	T. _____	T. Chinle _____	T. _____
T. Penn. _____	T. _____	T. Permian _____	T. _____
T. Cisco (Bough C) _____	T. _____	T. Penn. "A" _____	T. _____

**FORMATION RECORD (Attach additional sheets if necessary)**

From	To	Thickness in Feet	Formation	From	To	Thickness in Feet	Formation
0	320	320	Surface and Red Bed				
320	1020	700	Red Bed				
1020	1149	129	Anhydrite				
1149	2450	1301	Anhydrite and Salt				
2450	2567	117	Anhydrite				
2567	2660	93	Anhydrite and Sand				
2660	2901	341	Lime and anhydrite				
2901	3910	1009	Lime and sandy dol				

**RECEIVED**

OCT 1971

OIL CONSERVATION COMM.  
HOUSTON, TEXAS

Submit to Appropriate District Office  
 State Leases - 6 copies  
 Fee Leases - 5 copies  
**DISTRICT I**  
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
 Energy, Minerals and Natural Resources Department

Form C-105  
 Revised 1-1-89

**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

**DISTRICT II**  
 P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
 1000 Rio Brazos Rd., Aztec, NM 87410

WELL AP NO.  
 30-025-31329

5. Indicate Type of Lease  
 STATE  PER

6. State Oil & Gas Lease No.

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

1a. Type of Well:  
 OIL WELL  GAS WELL  DRY  OTHER Injector

b. Type of Completion:  
 NEW WELL  WORK OVER  DEEPEN  PLUG BACK  DEEP RESERV  OTHER

7. Lease Name or Unit Agreement Name

Arrowhead Grayburg Unit

2. Name of Operator  
 Chevron U.S.A., Inc.

8. Well No.  
 242

3. Address of Operator  
 P.O. Box 1150 Midland, TX 79702

9. Pool name or Wildcat  
 Arrowhead Grayburg

4. Well Location  
 Unit Letter 0 : 560 Feet From The South Line and 1980 Feet From The East  
 Section 18 Township 22S Range 37E NMPM Lea Con

10. Date Spudded 9/6/91 11. Date T.D. Reached 9/21/91 12. Date Compl. (Ready to Prod.) 10/26/91 13. Elevations (DFA & RKB, RT, GR, etc.) 3411.7' GE 14. Elev. Casinghead --

15. Total Depth 3980' 16. Plug Back T.D. 3903' 17. If Multiple Compl. How Many Zones? 1 18. Intervals Drilled By Rotary Tools  Cable Tools

19. Producing Interval(s), of this completion - Top, Bottom, Name  
3663'-3782' Grayburg 20. Was Directional Survey Made  
Yes

21. Type Electric and Other Logs Run  
DEN-CNL-GR-CAL-MLL-FMT-CBL-CCL-CET 22. Was Well Cored  
Yes

**CASING RECORD (Report all strings set in well)**

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PU
8-5/8"	29#	1155'	12-1/2"	700 sx	128 sx
5-1/2"	15.5#	3980'	7-7/8"	630 sx	70 sx

24. LINER RECORD					25. TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER
					2-3/8"	3612'	3612'

26. Perforation record (interval, size, and number)	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, E	
3663'-3782' 4" 180 deg 2 JHPF (154 holes)	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
	3663-3782'	1200 gals 15% NEFE

**PRODUCTION**

28. Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Conv.)	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)  
 Test Witnessed By

30. List Attachments

31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief

# **RICE Operating Company**

122 West Taylor • Hobbs, New Mexico 88240  
Phone: (505)393-9174 • Fax: (505) 397-1471

## Statement of Compatibility:

Water analysis of the blended injection water and a sample of San Andres formation water, taken from a producing well approximately one and a half miles from the proposed disposal well D-20, appears to be compatible. Considering the fact that a similar disposal well N-18, has been injecting this same blended water into the San Andres formation, (approximately one half mile to the west of this proposed site) for roughly 30 years, (without any formation problems) there is no doubt that the two waters are in fact compatible.

Scott Curtis



Operation Manager



# MITCHELL ANALYTICAL LABORATORY

2638 Faudree  
Odessa, Texas 79765-8538  
561-5579

Company: **Nalco Energy Services**

Well Number:	BD SWD N18	Sample Temp:	70
Lease:	Rice Oper.	Date Sampled:	3/1/2005
Location:		Sampled by:	Mike Carson
Date Run:	3/2/2005	Employee #:	
Lab Ref #:	05-mar-n24290	Analyzed by:	COM

### Dissolved Gases

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide	(H <sub>2</sub> S)	148.00	16.00	9.25
Carbon Dioxide	(CO <sub>2</sub> )	<b>NOT ANALYZED</b>		
Dissolved Oxygen	(O <sub>2</sub> )	<b>NOT ANALYZED</b>		

### Cations

Calcium	(Ca <sup>++</sup> )	1,929.60	20.10	96.00
Magnesium	(Mg <sup>++</sup> )	439.20	12.20	36.00
Sodium	(Na <sup>+</sup> )	15,667.33	23.00	681.19
Barium	(Ba <sup>++</sup> )	<b>NOT ANALYZED</b>		
Manganese	(Mn <sup>+</sup> )	.09	27.50	.00

### Anions

Hydroxyl	(OH <sup>-</sup> )	.00	17.00	.00
Carbonate	(CO <sub>3</sub> <sup>=</sup> )	.00	30.00	.00
BiCarbonate	(HCO <sub>3</sub> <sup>-</sup> )	1,881.88	61.10	30.80
Sulfate	(SO <sub>4</sub> <sup>=</sup> )	1,025.00	48.80	21.00
Chloride	(Cl <sup>-</sup> )	27,029.70	35.50	751.40
Total Iron	(Fe)	0.23	18.60	.01
Total Dissolved Solids		48,121.04		
Total Hardness as CaCO <sub>3</sub>		6,624.72		
Conductivity MICROMHOS/CM		90,000		

pH	7.220	Specific Gravity 60/60 F.	1.033
CaSO <sub>4</sub> Solubility @ 80 F.	47.11	MEq/L, CaSO <sub>4</sub> scale is unlikely	

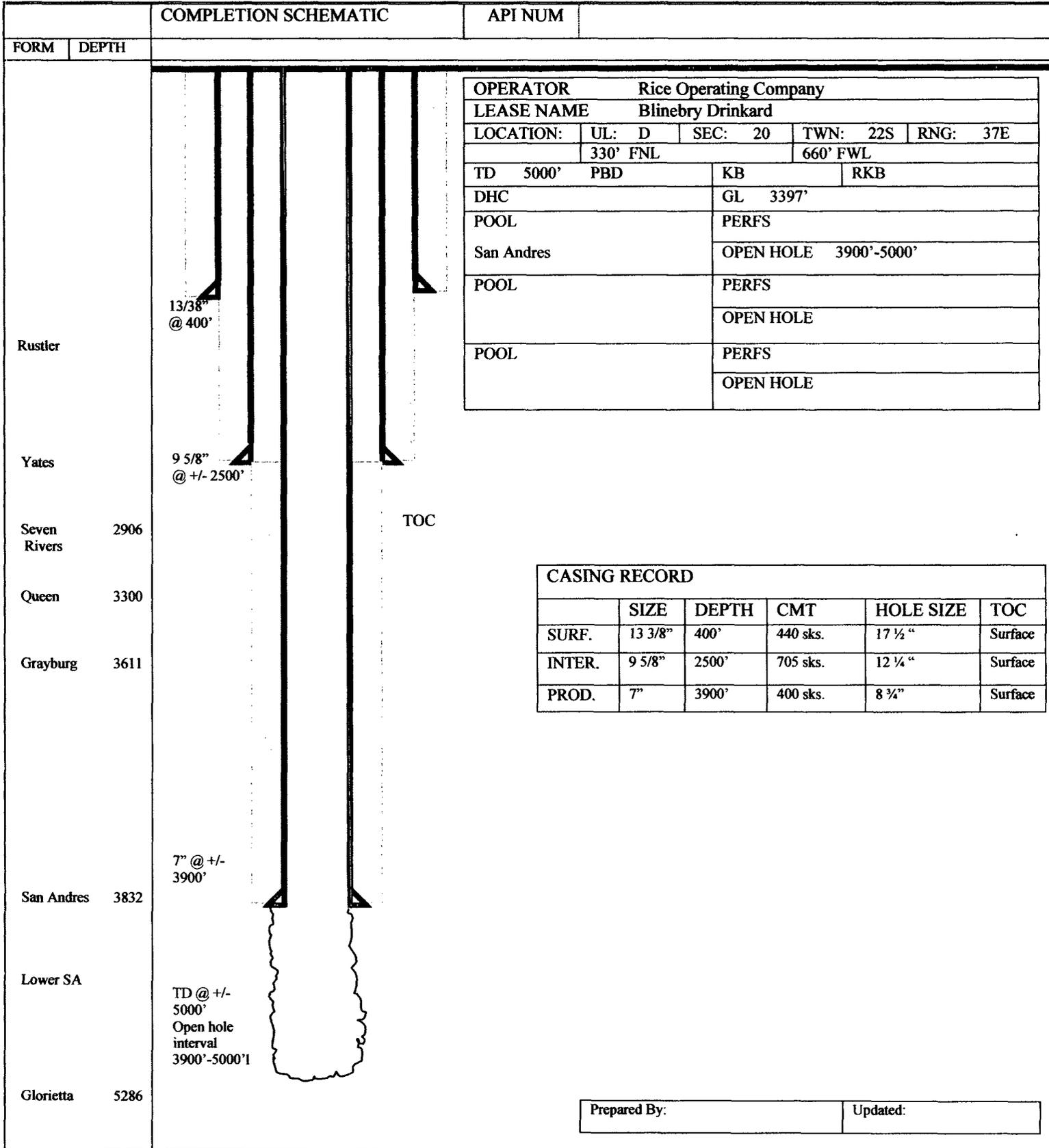
#### CaCO<sub>3</sub> Scale Index

70.0	.953	100.0	1.303	130.0	1.903
80.0	1.093	110.0	1.553	140.0	1.903
90.0	1.303	120.0	1.553	150.0	2.233

**Nalco Energy Services**



# PROPOSED WELLBORE SCHEMATIC AND DISPOSAL INTERVAL



	SIZE	DEPTH	CMT	HOLE SIZE	TOC
SURF.	13 3/8"	400'	440 sks.	17 1/2"	Surface
INTER.	9 5/8"	2500'	705 sks.	12 1/4"	Surface
PROD.	7"	3900'	400 sks.	8 3/4"	Surface

Prepared By:	Updated:
--------------	----------

**BLINEBRY-DRINKARD SWD WELL D-20**  
**330' FNL and 660' FWL, Sec 20, T22S, R37E, Lea Co. New Mexico**

GL 3396.5'

17 1/2" Hole

Surface Casing 13 3/8" 48# set @ 400'  
 Cmt Circ to Surface

12 1/4" Hole

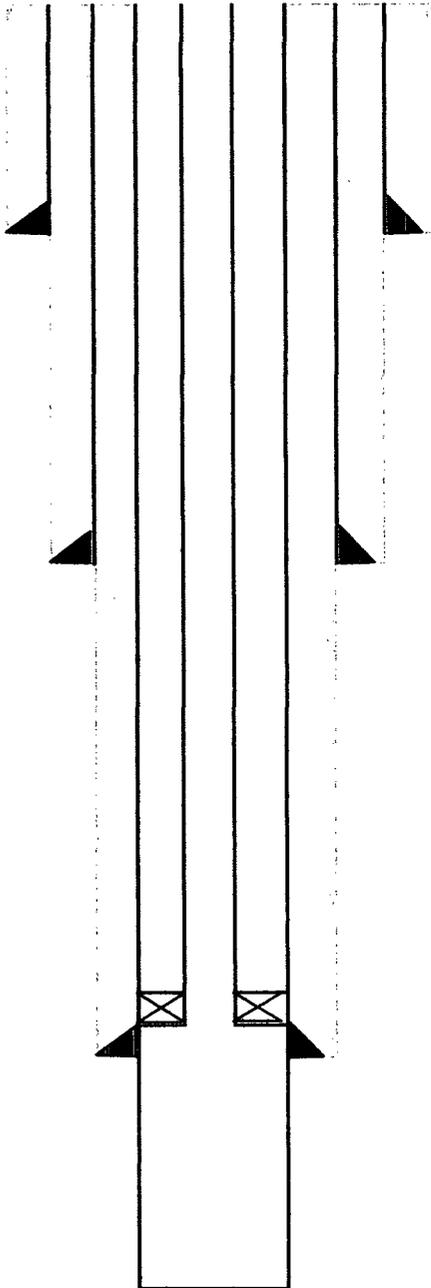
Intermediate Casing 9 5/8" 36# set @ 2500'  
 Cmt Circ to Surface

TBG 5 1/2" with Injection Packer set @ 3875'

8 3/4" Hole

Production Casing 7" 23# set @ 3900'  
 Cmt Circ to Surface

Open Hole from 3900' to 5000'



Drawn	BY
2/2/2005	JSC

RICE OPERATING COMPANY  
 122 W. TAYLOR  
 Hobbs, New Mexico 88240

**BD SWD D-20**  
**PROPOSAL**

# HALLIBURTON

---

## Job Information

## Surface Casing

---

Blinebry Drinkard SWD	#D-20
17-1/2" Hole	0 - 400 ft (MD)
Inner Diameter	17.500 in
Job Excess	100 %
13-3/8" Surface Casing	0 - 400 ft (MD)
Outer Diameter	13.375 in
Inner Diameter	12.715 in
Linear Weight	48 lbm/ft

## Calculations

---

Cement : (400.00 ft fill)	
$400.00 \text{ ft} * 0.6946 \text{ ft}^3/\text{ft} * 100 \%$	= 555.71 ft <sup>3</sup>
Primary Cement	= 555.71 ft <sup>3</sup>
	= 98.98 bbl
Shoe Joint Volume: (40.00 ft fill)	
$40.00 \text{ ft} * 0.8818 \text{ ft}^3/\text{ft}$	= 35.27 ft <sup>3</sup>
	= 6.28 bbl
Tail plus shoe joint	= 590.98 ft <sup>3</sup>
	= 105.26 bbl
Total Tail	= 440 sks

Install floating equipment, run casing to bottom, and circulate minimum of 2-3 hole volumes prior to cementing as follows:

### Fluid Instructions

Fluid 1: Precede cement with 20 bbls  
Fresh Water

Fluid Volume: 20 bbl

Fluid 2: Mix and pump 440 sks

Premium Plus Cement

94 lbm/sk    Premium Plus Cement (Cement)  
2 %        Calcium Chloride (Accelerator)

Fluid Weight    14.80 lbm/gal

Slurry Yield:    1.34 ft<sup>3</sup>/sk

Total Mixing Fluid: 6.34 Gal/sk

Top of Fluid:    0 ft

Calculated Fill: 400 ft

Volume:        105.26 bbl

Calculated Sacks: 440.05 sks

Proposed Sacks: 440 sks

## Job Information

## Intermediate Casing

---

Blinebry Drinkard SWD

#D-20

13-3/8" Surface Casing	0 - 400 ft (MD)
Outer Diameter	13.375 in
Inner Diameter	12.715 in
Linear Weight	48 lbm/ft
Job Excess	10 %
12-1/4" Hole	400 - 2500 ft (MD)
Inner Diameter	12.250 in
Job Excess	100 %
9-5/8" Intermediate Casing	0 - 2500 ft (MD)
Outer Diameter	9.625 in
Inner Diameter	8.921 in
Linear Weight	36 lbm/ft

## Calculations

---

Cement : (2102.00 ft fill)  
400.00 ft \* 0.3765 ft<sup>3</sup>/ft \* 10 % = 165.66 ft<sup>3</sup>  
1702.00 ft \* 0.3132 ft<sup>3</sup>/ft \* 100 % = 1066.09 ft<sup>3</sup>  
Total Lead Cement = 1231.75 ft<sup>3</sup>  
= 219.38 bbl  
Sacks of Cement = 503 sks

Cement : (398.00 ft fill)  
398.00 ft \* 0.3132 ft<sup>3</sup>/ft \* 100 % = 249.30 ft<sup>3</sup>  
Tail Cement = 249.30 ft<sup>3</sup>  
= 44.40 bbl

Shoe Joint Volume: (40.00 ft fill)  
40.00 ft \* 0.4341 ft<sup>3</sup>/ft = 17.36 ft<sup>3</sup>  
= 3.09 bbl  
Tail plus shoe joint = 266.66 ft<sup>3</sup>  
= 47.49 bbl  
Total Tail = 200 sks

## Job Recommendation

## Intermediate Casing

---

Install floating equipment, run casing to bottom, and circulate minimum of 2-3 hole volumes prior to cementing as follows:

### Fluid Instructions

Fluid 1: Precede cement with 20 bbls  
Fresh Water

Fluid Volume: 20 bbl

Fluid 2: Lead with 505 sks  
Interfill "C" Cement

Fluid Weight 11.90 lbm/gal  
Slurry Yield: 2.45 ft<sup>3</sup>/sk  
Total Mixing Fluid: 14.12 Gal/sk  
Top of Fluid: 0 ft  
Calculated Fill: 2102 ft  
Volume: 219.36 bbl  
Calculated Sacks: 502.90 sks  
Proposed Sacks: 505 sks

Fluid 3: Tail-in with 200 sks  
Premium Plus Cement  
94 lbm/sk Premium Plus Cement (Cement)  
1 % Calcium Chloride (Accelerator)

Fluid Weight 14.80 lbm/gal  
Slurry Yield: 1.33 ft<sup>3</sup>/sk  
Total Mixing Fluid: 6.33 Gal/sk  
Top of Fluid: 2102 ft  
Calculated Fill: 398 ft  
Volume: 47.52 bbl  
Calculated Sacks: 200 sks  
Proposed Sacks: 200 sks

# HALLIBURTON

---

## Job Information

## Production Casing

---

Blinebry Drinkard SWD	#D-20
9-5/8" Intermediate Casing	0 - 2500 ft (MD)
Outer Diameter	9.625 in
Inner Diameter	8.921 in
Linear Weight	36 lbm/ft
8-3/4" Hole	2500 - 3900 ft (MD)
Inner Diameter	8.750 in
Job Excess	50 %
7" Production Casing	0 - 3900 ft (MD)
Outer Diameter	7.000 in
Inner Diameter	6.366 in
Linear Weight	23 lbm/ft

## Calculations

---

Cement : (2900.00 ft fill)	
2500.00 ft * 0.1668 ft <sup>3</sup> /ft * 10 %	= 458.73 ft <sup>3</sup>
400.00 ft * 0.1503 ft <sup>3</sup> /ft * 50 %	= 90.20 ft <sup>3</sup>
Total Lead Cement	= 548.93 ft <sup>3</sup>
	= 97.77 bbl
Sacks of Cement	= 224 sks

Cement : (1000.00 ft fill)	
1000.00 ft * 0.1503 ft <sup>3</sup> /ft * 50 %	= 225.50 ft <sup>3</sup>
Tail Cement	= 225.50 ft <sup>3</sup>
	= 40.16 bbl

Shoe Joint Volume: (40.00 ft fill)	
40.00 ft * 0.221 ft <sup>3</sup> /ft	= 8.84 ft <sup>3</sup>
	= 1.57 bbl
Tail plus shoe joint	= 234.34 ft <sup>3</sup>
	= 41.74 bbl
Total Tail	= 173 sks

## Job Recommendation

## Production Casing

Install floating equipment, run casing to bottom, and circulate minimum of 2-3 hole volumes prior to cementing as follows:

### Fluid Instructions

Fluid 1: Precede cement with 20 bbls  
Fresh Water

Fluid Volume: 20 bbl

Fluid 2: Lead with 225 sks  
Interfill "C" Cement

Fluid Weight 11.90 lbm/gal  
Slurry Yield: 2.45 ft<sup>3</sup>/sk  
Total Mixing Fluid: 14.12 Gal/sk  
Top of Fluid: 0 ft  
Calculated Fill: 2900 ft  
Volume: 97.77 bbl  
Calculated Sacks: 224.14 sks  
Proposed Sacks: 225 sks

Fluid 3: Tail-in with 175 sks  
Premium Plus Cement

94 lbm/sk Premium Plus Cement (Cement)  
2 lbm/sk Salt (Salt)  
0.4 % LAP-1 (Low Fluid Loss Control)  
0.3 % CFR-3 (Dispersant)  
0.25 lbm/sk D-AIR 3000 (Defoamer)

Fluid Weight 14.80 lbm/gal  
Slurry Yield: 1.36 ft<sup>3</sup>/sk  
Total Mixing Fluid: 6.40 Gal/sk  
Top of Fluid: 2900 ft  
Calculated Fill: 1000 ft  
Volume: 41.74 bbl  
Calculated Sacks: 172.69 sks  
Proposed Sacks: 175 sks

## **LEASE OWNER, SURFACE OWNER AND OFFSET OPERATORS**

### Surface Owner

State of New Mexico  
Commissioner of Public Lands  
P.O. Box 1148  
Santa Fe, NM 87504

### Grazing Lessee

Millard Deck Estate  
Harding & Carbone  
3903 Bel Air Blvd.  
Houston, TX 77025

### Lease Holder

Exxon Mobil Corporation  
800 Bell St.  
Houston, TX 77002

### Offset Operators

Louis Dreyfus Natural Gas Inc.  
11304 W IH 20E  
Midland, TX 79765

Zia Energy, Inc.  
P.O. Box 2510  
Hobbs, NM 88241

Bettis, Boyle & Stoval  
P.O. Box 1240  
Graham, TX 76450

Campbell & Hedrick  
P.O. Box 401  
Midland, TX 79702

Finley Resources Inc.  
1308 Lake Street, Suite 200  
Ft. Worth, TX 76105

GP II Energy, Inc.  
P.O. Box 50682  
Midland, TX 79710

XTO Energy  
3000 N. Garfield, Suite 175  
Midland, TX 79705



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

State of New Mexico  
Commissioner of Public Lands  
P.O. Box 1148  
Santa Fe, NM 87504

Attn: Cody Morrow

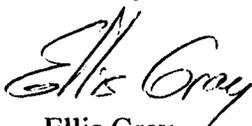
RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

Dear Cody:

In accordance with the Rules and Regulations of the Oil Conservation Division of the State of New Mexico, you are being provided a copy of the C-108 Application for Authorization to Inject into the above captioned well.

Any questions about the permit can be directed to Ellis Gray, 432-685-9158. Any objections or request for hearing must be filed with the Oil Conservation Division within fifteen (15) days from the date received. The OCD address is P.O. Box 6429, 1220 S. Saint Francis Drive, Santa Fe, NM 87504, 505-476-3440.

Thank you,

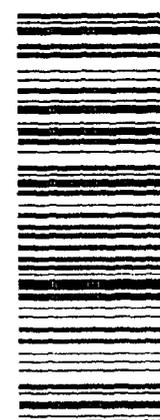
  
Ellis Gray

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <b>X</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>	
1. Article Addressed to:  <p style="text-align: center;">State of New Mexico Commissioner of Public Lands P.O. Box 1148 Santa Fe, NM 87504</p>	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span>		

7004 1160 0000 4470 5124

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS AND ABOVE POSTAGE

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Sent To  
 STATE OF NEW MEXICO / Commissioner of P.L.  
 Street, Apt. No.:  
 or PO Box No. P.O. Box 1148  
 City, State, ZIP+4  
 Santa Fe, NM 87504

PS Form 3800, June 2002 See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

Millard Deck Estate  
Harding & Cargone  
3903 Bel Air Blvd.  
Houston, TX 77025

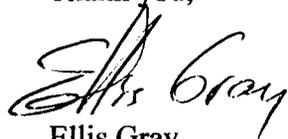
RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

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Thank you,

  
Ellis Gray

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<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p>
<p>1. Article Addressed to:</p> <p>Millard Deck Estate Harding + Carbone 3903 Bel Air Blvd. Houston, TX 77025</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7004 1160 0000 4470 5131</b></p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 200px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

7004 1160 0000 4470 5131  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**



7004 1160 0000 4470 5131  
 7004 1160 0000 4470 5131

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Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
**Millard Deck Estate / Harding + Carbone**  
 Street, Apt. No. or PO Box No. **3903 Bel Air Blvd.**  
 City, State, ZIP+4  
**Houston, TX 77025**

PS Form 3800, June 2002 See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

Exxon Mobil Corporation  
800 Bell St.  
Houston, TX 77002

RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

In accordance with the Rules and Regulations of the Oil Conservation Division of the State of New Mexico, you are being provided a copy of the C-108 Application for Authorization to Inject into the above captioned well.

Any questions about the permit can be directed to Ellis Gray, 432-685-9158. Any objections or request for hearing must be filed with the Oil Conservation Division within fifteen (15) days from the date received. The OCD address is P.O. Box 6429, 1220 S. Saint Francis Drive, Santa Fe, NM 87504, 505-476-3440.

Thank you,

Ellis Gray

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>Exxon Mobil Corporation 800 Bell St. Houston, Tx 77002</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7004 1160 0000 4470 5056</i></p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>	

7004 1160 0000 4470 5056

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT NOTCHED LINE

**CERTIFIED MAIL™**



7004 1160 0000 4470 5056  
7004 1160 0000 4470 5056

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
*Exxon Mobil Corporation*  
 Street, Apt. No.,  
 or PO Box No. *800 Bell St.*  
 City, State, ZIP+4  
*Houston, TX 77002*

PS Form 3800, June 2002 See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

Louis Dreyfus Natural Gas Inc.  
11304 W. IH 20E  
Midland, TX 79765

RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

In accordance with the Rules and Regulations of the Oil Conservation Division of the State of New Mexico, you are being provided a copy of the C-108 Application for Authorization to Inject into the above captioned well.

Any questions about the permit can be directed to Ellis Gray, 432-685-9158. Any objections or request for hearing must be filed with the Oil Conservation Division within fifteen (15) days from the date received. The OCD address is P.O. Box 6429, 1220 S. Saint Francis Drive, Santa Fe, NM 87504, 505-476-3440.

Thank you

A handwritten signature in black ink, appearing to read 'Ellis Gray', is written over the typed name below.

Ellis Gray

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <b>X</b> _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  <p>Louis Dreyfus Natural Gas Inc.            11304 W. IH 20E            Midland, Tx            79705</p>	B. Received by (Printed Name) _____ C. Date of Delivery _____
2. Article Number (Transfer from service label) <b>7004 1160 0000 4470 5148</b>	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, August 2001	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7004 1160 0000 4470 5148 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE. <b>CERTIFIED MAIL™</b>		7004 1160 0000 4470 5148 7004 1160 0000 4470 5148	<b>U.S. Postal Service™</b> <b>CERTIFIED MAIL™ RECEIPT</b> <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>										
			For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> <b>OFFICIAL USE</b>										
			<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Total Postage &amp; Fees</td> <td>\$</td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		Total Postage & Fees	\$
Postage	\$												
Certified Fee													
Return Receipt Fee (Endorsement Required)													
Restricted Delivery Fee (Endorsement Required)													
Total Postage & Fees	\$												
			Postmark Here										
			Sent To <b>Louis Dreyfus Natural Gas Inc.</b> Street, Apt. No. _____ or PO Box No. <b>11304 W. IH 20E</b> City, State, ZIP+4 <b>Midland, Tx 79705</b>										
			PS Form 3800, June 2002 See Reverse for Instructions										



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

Bettis, Boyle & Stoval  
P.O. Box 1240  
Graham, TX 76450

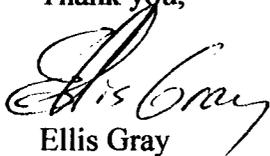
RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

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Thank you,



Ellis Gray

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<p>1. Article Addressed to:</p> <p>Bettis, Boyle, and Storal P.O. Box 1240 Graham, Tx 76450</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7004 1160 0000 4470 5063</b></p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

7004 1160 0000 4470 5063

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS AND ATTACHED MAIL

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7004 1160 0000 4470 5063

7004 1160 0000 4470 5063

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**CERTIFIED MAIL™ RECEIPT**

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**OFFICIAL USE**

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To Bettis, Boyle, and Storal

Street, Apt. No., or PO Box No. P.O. Box 1240

City, State, ZIP+4 Graham, Tx 76450

PS Form 3800, June 2002 See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

Finley Resources Inc.  
1308 Lake Street, Suite 200  
Ft. Worth, TX 76105

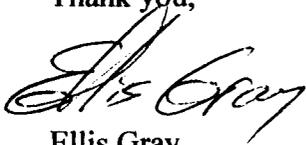
RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

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Any questions about the permit can be directed to Ellis Gray, 432-685-9158. Any objections or request for hearing must be filed with the Oil Conservation Division within fifteen (15) days from the date received. The OCD address is P.O. Box 6429, 1220 S. Saint Francis Drive, Santa Fe, NM 87504, 505-476-3440.

Thank you,



Ellis Gray

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<p>1. Article Addressed to:</p> <p><i>Finley Resources Inc. 1308 Lake Street, Suite 200 Ft. Worth, Tx 76105</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7004 1160 0000 4470 5070</i></p>	
<p>PS Form 3811, August 2001 <span style="margin-left: 150px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

7004 1160 0000 4470 5070  
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD ALONG DOTTED LINE.  
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 7004 1160 0000 4470 5070

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Finley Resources Inc.*

Street, Apt. No., or PO Box No. *1308 Lake Street, Suite 200*

City, State, ZIP+4 *Ft. Worth, TX 76105*

PS Form 3800, June 2002 See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

GP II Energy, Inc.  
P.O. Box 50682  
Midland, TX 79710

RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

In accordance with the Rules and Regulations of the Oil Conservation Division of the State of New Mexico, you are being provided a copy of the C-108 Application for Authorization to Inject into the above captioned well.

Any questions about the permit can be directed to Ellis Gray, 432-685-9158. Any objections or request for hearing must be filed with the Oil Conservation Division within fifteen (15) days from the date received. The OCD address is P.O. Box 6429, 1220 S. Saint Francis Drive, Santa Fe, NM 87504, 505-476-3440.

Thank you,

A handwritten signature in black ink, appearing to read 'Ellis Gray', is written over the typed name.

Ellis Gray

**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:

GP II Energy, Inc.  
P.O. Box 50682  
Midland, Tx  
79710

2. Article Number

(Transfer from service label)

7004 1160 0000 4470 5087

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

7004 1160 0000 4470 5087

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE  
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7004 1160 0000 4470 5087

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Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
GP II Energy, Inc.  
Street, Apt. No., or PO Box No.: P.O. Box 50682  
City, State, ZIP+4: Midland, Tx 79710

PS Form 3811, June 2002

See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

XTO Energy  
3000 N. Garfield, Suite 175  
Midland, TX 79705

RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

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<p>1. Article Addressed to:</p> <p style="text-align: center;"><i>XTO ENERGY 300 N. Garfield Suite 175 Midland, Tx 79705</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7004 1160 0000 4470 5094</i></p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1160 0000 4470 5094

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To  
*XTO Energy*  
 Street, Apt. No.,  
 or PO Box No. *300 N. GARFIELD SUITE 175*  
 City, State, ZIP+4  
*MIDLAND TX 79705*

PS Form 3800, June 2002 See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

Zia Energy, Inc.  
P.O. Box 2510  
Hobbs, NM 88241

RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

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Thank you,

A handwritten signature in cursive script that reads 'Ellis Gray'.

Ellis Gray

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<p>1. Article Addressed to:</p> <p><i>Zia Energy Inc. P.O. Box 2510 Hobbs, NM 88241</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7004 1160 0000 4470 5100</i></p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
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7004 1160 0000 4470 5100

7004 1160 0000 4470 5100

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To *Zia Energy Inc.*

Street, Apt. No. or PO Box No. *P.O. Box 2510*

City, State, ZIP+4 *Hobbs, NM 88241*

PS Form 3800, June 2002 See Reverse for Instructions



303 Skywood Circle  
Midland, TX 79705  
Tel: (432) 685-9158

February 23, 2005

Campbell & Hedrick  
P.O. Box 401  
Midland, TX 79702

RE: Blinebry Drinkard SWD D-20  
Unit D, Section 20, T-22-S, R-37-E  
Lea Co., NM

To Whom It May Concern:

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Thank you,

Ellis Gray

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- 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:

Campbell + Hedrick  
P.O. Box 401  
Midland, TX  
79702

2. Article Number

(Transfer from service label)

7004 1160 0000 4470 5117

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

7004 1160 0000 4470 5117



7004 1160 0000 4470 5117

7004 1160 0000 4470 5117

U.S. Postal Service™

**CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

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

Postmark Here

Sent To  
Campbell + Hedrick  
Street, Apt. No. or PO Box No. P.O. Box 401  
City, State, ZIP+4  
Midland, TX 79702

AFFIDAVIT OF PUBLICATION

State of New Mexico,  
County of Lea.

I, KATHI BEARDEN

Publisher

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of 1

weeks.

Beginning with the issue dated

March 2 2005

and ending with the issue dated

March 2 2005

*Kathi Bearden*

Publisher

Sworn and subscribed to before

me this 2nd day of

March 2005

*Dora Montz*  
Notary Public.

My Commission expires  
February 07, 2009

(Seal)



OFFICIAL SEAL  
DORA MONTZ  
NOTARY PUBLIC  
STATE OF NEW MEXICO

My Commission Expires: 2/7/09

LEGAL NOTICE

March 2, 2005

Pursuant to the rules and regulations of the Oil Conservation Division of the State of New Mexico, Rice Operating Company, 122 West Taylor, Hobbs, NM 88240, is filing a C-108, Application for a Commercial Salt Water Disposal. The well being applied for is the BDSWD D#20, located in Unit D, Section 20, Township 22 South, Range 37 East, Lea Co., NM. The injection formation is the San Andres located from 3000' to 6000' below surface. Expected maximum injection rate is 20,000 bpd. The expected maximum injection pressure is 1600 lbs. Any questions about the application can be directed to Ellis Gray, 432-885-9158, or any objections or request for hearing must be directed to the Oil Conservation Division, 505-476-3440, Box 6429, 1220 South Saint Francis Drive, Santa Fe, NM 87504, within fifteen (15) days.  
#21382

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

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Rice Operating Company  
122 West Taylor  
Hobbs, NM 88240