

WFX 3/9/98



ENERGY CORPORATION

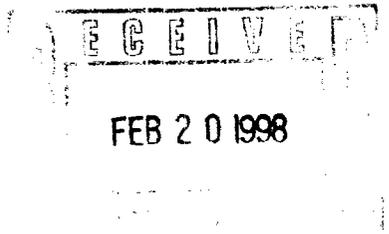
20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone 405/235-3611
FAX 405/552-4550

February 12, 1998

Certified Mail No. Z 397 639 971

STATE OF NEW MEXICO
Energy, Minerals and Natural Resources Dept.
Oil Conservation Division, District II
2040 South Pacheco
Santa Fe, NM 87505



RE: Conversion to Water Injection Wells
Mescalero Ridge 35 Unit #1
Mescalero Ridge 35 Unit #15
Section 35-19S-34E
Eddy County, NM

Gentlemen:

Concerning the referenced enclosed please find our Application for Authorization to Inject (C108 with attachments) and one copy of same. A copy of this submittal is being sent to the NMOCD office in Artesia.

Please direct inquiries concerning these reports to Wally Frank at (405) 235-3611, X4595.

Yours truly,

DEVON ENERGY CORPORATION (NEVADA)

Candace R. Graham

Candace R. Graham
Engineering Tech.

/cg
Enclosures

copy: NMOCD, Artesia
file, WF, foreman, offset operators, area interest owners

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

ADMINISTRATIVE APPLICATION COVERSHEET

THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS

Application Acronyms:

- [NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]
- [DD-Directional Drilling] [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]

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

- [A] Location - Spacing Unit - Directional Drilling
 NSL NSP DD 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

[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] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I further verify that all applicable API Numbers are included. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

Candace R. Graham
Print or Type Name

Candace R. Graham
Signature

Engineering Tech.
Title

Feb. 12, 1998
Date

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? Yes No
Convert Mescalero Ridge 35 Unit #1 and #15 wells to WIW's
- II. OPERATOR: Devon Energy Corporation (Nevada)
ADDRESS: 20 N. Broadway, Suite 1500, Oklahoma City, OK 73102-8260
CONTACT PARTY: Wally Frank X4595 PHONE: 405/235-3611
- III. WELL DATA: Complete the data required on the reverse side of this form for each well processed for injection. Additional sheets may be attached if necessary. See Attachments III (tabular and schematic)
- IV. Is this an expansion of an existing project: Yes No 4714 (10 wells) CS# 5150
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.
See Attachments V
- 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.
See Attachments VI (tabular and schematic)
- VII. Attach data on the proposed operation, including:
See Attachment VII
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.). See Attachment VII(B)
- *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 sources known to be immediately underlying the injection interval.
See Attachment VIII
- IX. Describe the proposed stimulation program, if any. Acidize Penrose ($\pm 4700'$ - $\pm 5000'$) with 2000 gals 10% HCL. Acidize Queen ($\pm 4500'$ - $\pm 4700'$) with 2000 gals 10% HCL. Swab back acid and FW until clean.
- * X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted.) Submitted by original operator at time of completion.
- * 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.
N/A
- 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 source of drinking water.
See Attachment XII
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
See Attachment XIII and XIII(B) and Proof of Publication
- 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: Candace R. Graham TITLE: Engineering Tech.
SIGNATURE: Candace R. Graham DATE: Feb. 12, 1998
- * 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 circumstance 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 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, PO Box 2088, Santa Fe, NM 87504-2088 within 15 days.

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

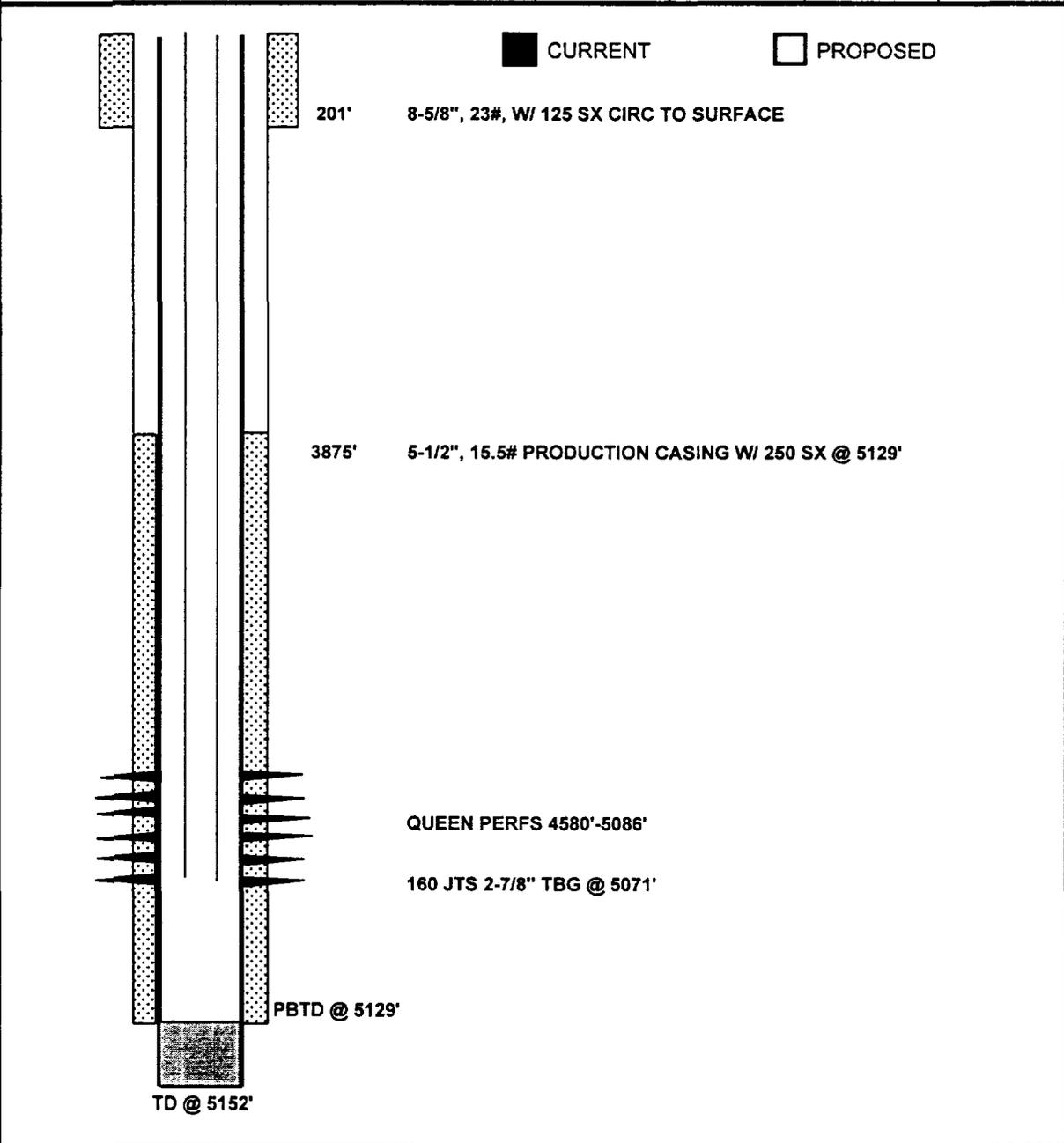
NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

WELL DATA

- A. (1) Mescalero Ridge 35 Unit #1
API 30-025-20302
Section I-35-T19S-R34
1980' FSL & 560' FEL
Lea County, New Mexico
- (2) Please refer to the wellbore schematic labeled Attachment III (Current).
Cement was circulated to surface on the surface string. Top of cement on the
production string is 3875 feet determined by Temperature Survey.
- (3) Please refer to the wellbore schematic labeled Attachment III (Proposed).
We will be using 2 3/8" IPC tubing. The tubing will be set at ± 4475 feet.
- (4) Please refer to the wellbore schematic labeled Attachment III (Proposed).
We will use a 5 1/2" x 2 3/8" IPC A-3 Loc-Set packer to be set at ± 4475 feet.
- B. (1) The injection formation will be the Queen in the Pearl (Queen) Field.
- (2) The injection intervals will be through existing perforations as follows.
- | | |
|------------|------------|
| Formation: | Depth: |
| Queen | 4580-5086' |
- (3) This well was originally drilled as a Pearl (Queen) oil well.
- (4) Please refer to the wellbore schematics labeled Attachment III (Current) and
Attachment III (Proposed).
- (5) There is one higher productive gas zone in the area of this well which is the Seven
Rivers at 3800 feet to 4000 feet. The next lower productive zone is the Delaware at
 ± 5800 feet.

DEVON ENERGY CORPORATION (NEVADA) WELLBORE SCHEMATIC

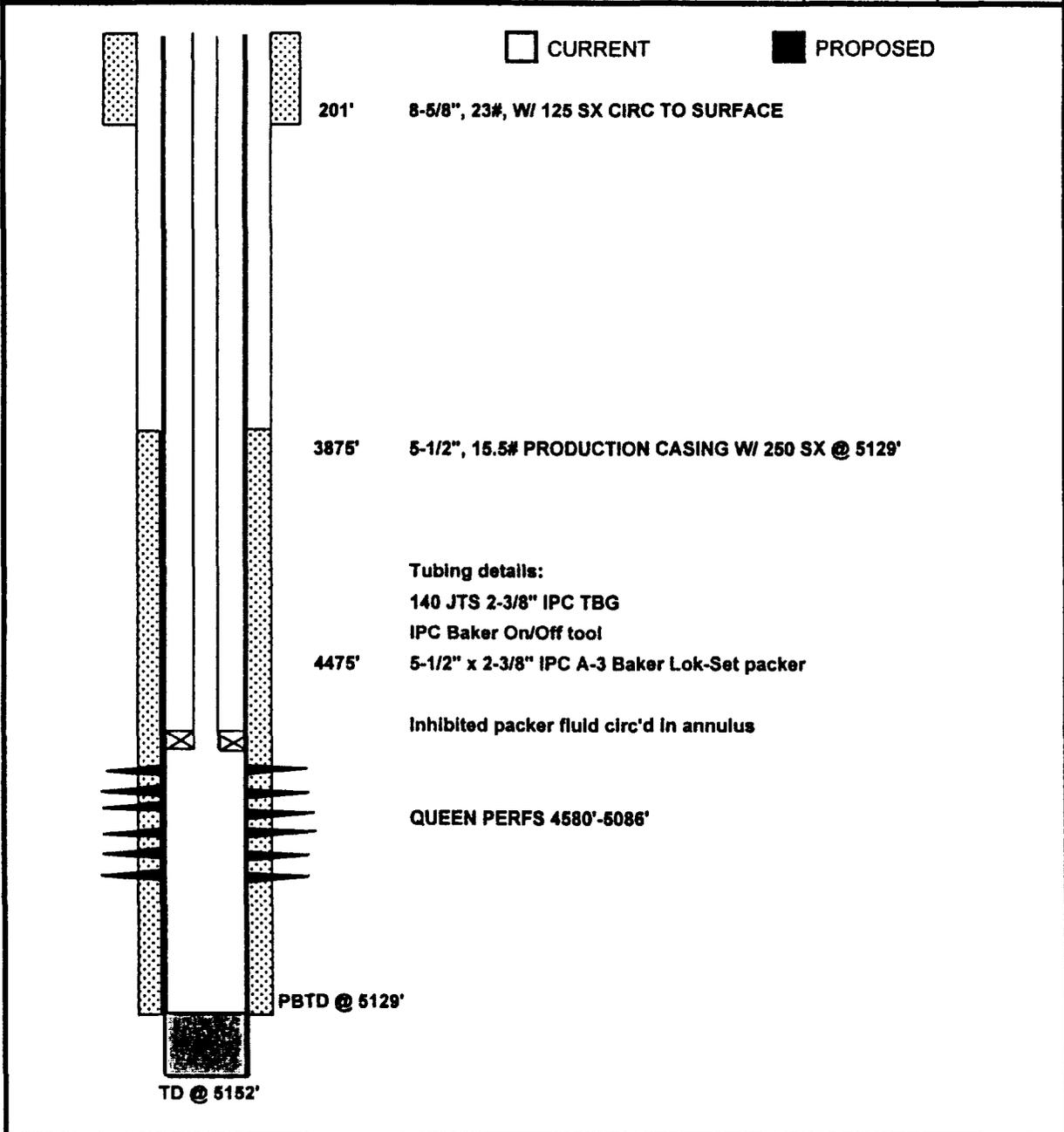
WELL NAME: Mescalero Ridge Unit #35-1			FIELD: PEARL QUEEN			
LOCATION: 1980 FSL, 560 FEL, SEC 35, T19S, R34E			COUNTY: LEA		STATE: NM	
ELEVATION: 3703' GL, 3712' DF			SPUD DATE: 11/16/63		COMP DATE: 12/12/63	
API#: 30-025-20302		PREPARED BY: CANDI GRAHAM			DATE: 2-5-98	
	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0-201'	8 5/8"	23#			10"
CASING:	0'-5129'	5 1/2"	15.5#			7 7/8"
CASING:						
TUBING:	5071'	2 7/8"				
TUBING:						



Mescalero Ridge 35 Unit #1 (Conversion) ATTACHMENT III (Proposed Schematic)

**DEVON ENERGY CORPORATION (NEVADA)
WELLBORE SCHEMATIC**

WELL NAME: Mescalero Ridge Unit #35-1			FIELD: PEARL QUEEN			
LOCATION: 1980 FSL, 560 FEL, SEC 35, T19S, R34E			COUNTY: LEA		STATE: NM	
ELEVATION: 3703' GL, 3712' DF			SPUD DATE: 11/16/63		COMP DATE: 12/12/63	
API#: 30-025-20302		PREPARED BY: CANDI GRAHAM			DATE: 2-5-98	
	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0-201'	8 5/8"	23#			10"
CASING:	0'-5129'	5 1/2"	15.5#			7 7/8"
CASING:						
TUBING:	5071'	2 7/8"				
TUBING:						

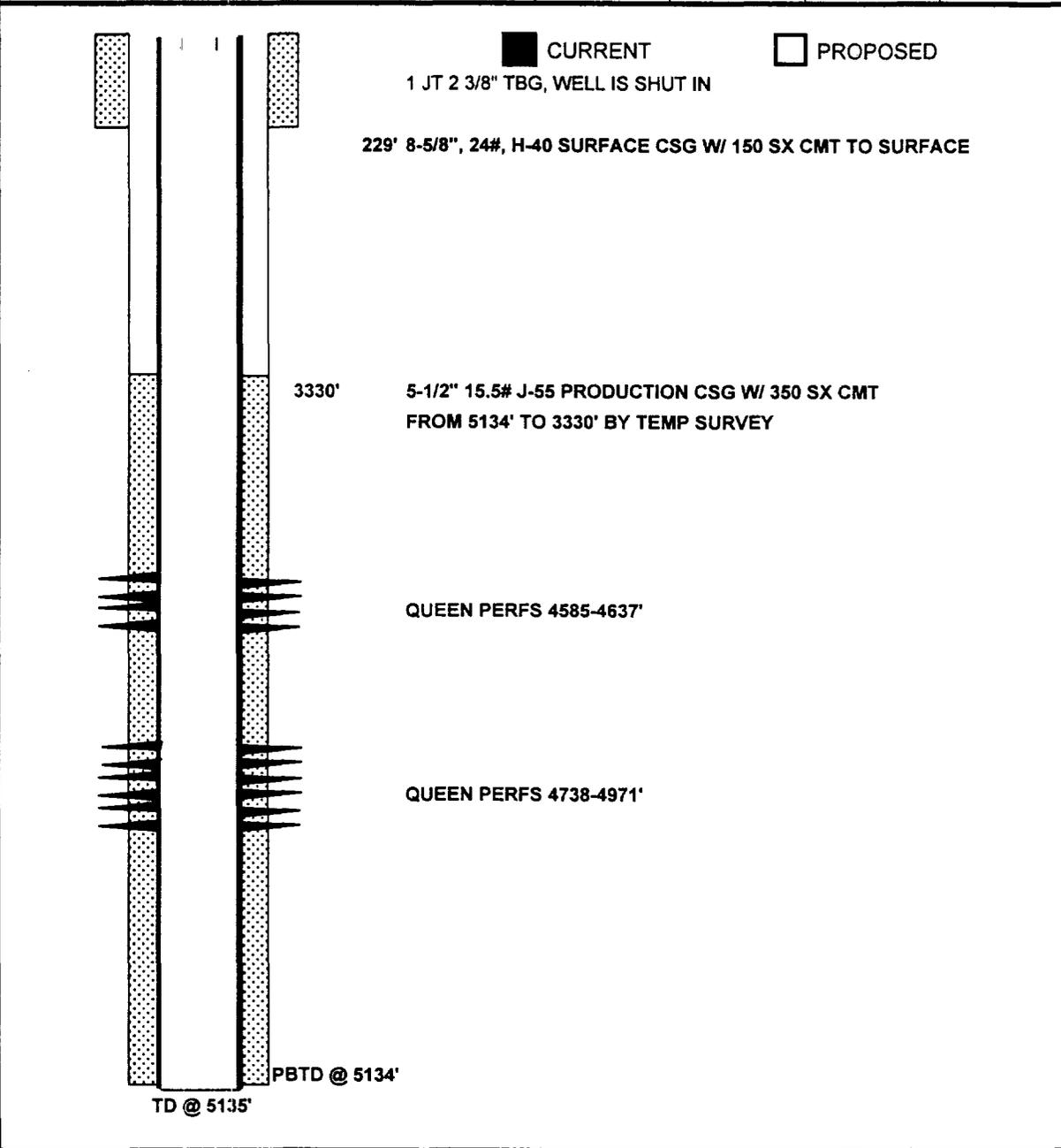


WELL DATA

- A. (1) Mescalero Ridge 35 Unit #15
API 30-025-21683
660' FNL & 660' FEL
Section A-35-T19S-R34
Lea County, New Mexico
- (2) Please refer to the wellbore schematic labeled Attachment III (Current).
Cement was circulated to surface on the surface string. Top of cement on the
production string is 3330 feet determined by Temperature Survey.
- (3) Please refer to the wellbore schematic labeled Attachment III (Proposed).
We will be using 2 3/8" IPC tubing. The tubing will be set at ± 4475 feet.
- (4) Please refer to the wellbore schematic labeled Attachment III (Proposed).
We will use a 5 1/2" x 2 3/8" IPC A-3 Loc-Set packer to be set at ± 4475 feet.
- B. (1) The injection formation will be the Queen in the Pearl (Queen) Field.
- (2) The injection intervals will be through existing perforations as follows.
- | Formation: | Depth: |
|------------|------------|
| Queen | 4585-4637' |
| | 4738-4971' |
- (3) This well was originally drilled as a Pearl (Queen) oil well.
- (4) Please refer to the wellbore schematics labeled Attachment III (Current) and
Attachment III (Proposed).
- (5) There is one higher productive gas zone in the area of this well which is the Seven
Rivers at 3800 feet to 4000 feet. The next lower productive zone is the Delaware at
 ± 5800 feet.

DEVON ENERGY CORPORATION (NEVADA) WELLBORE SCHEMATIC

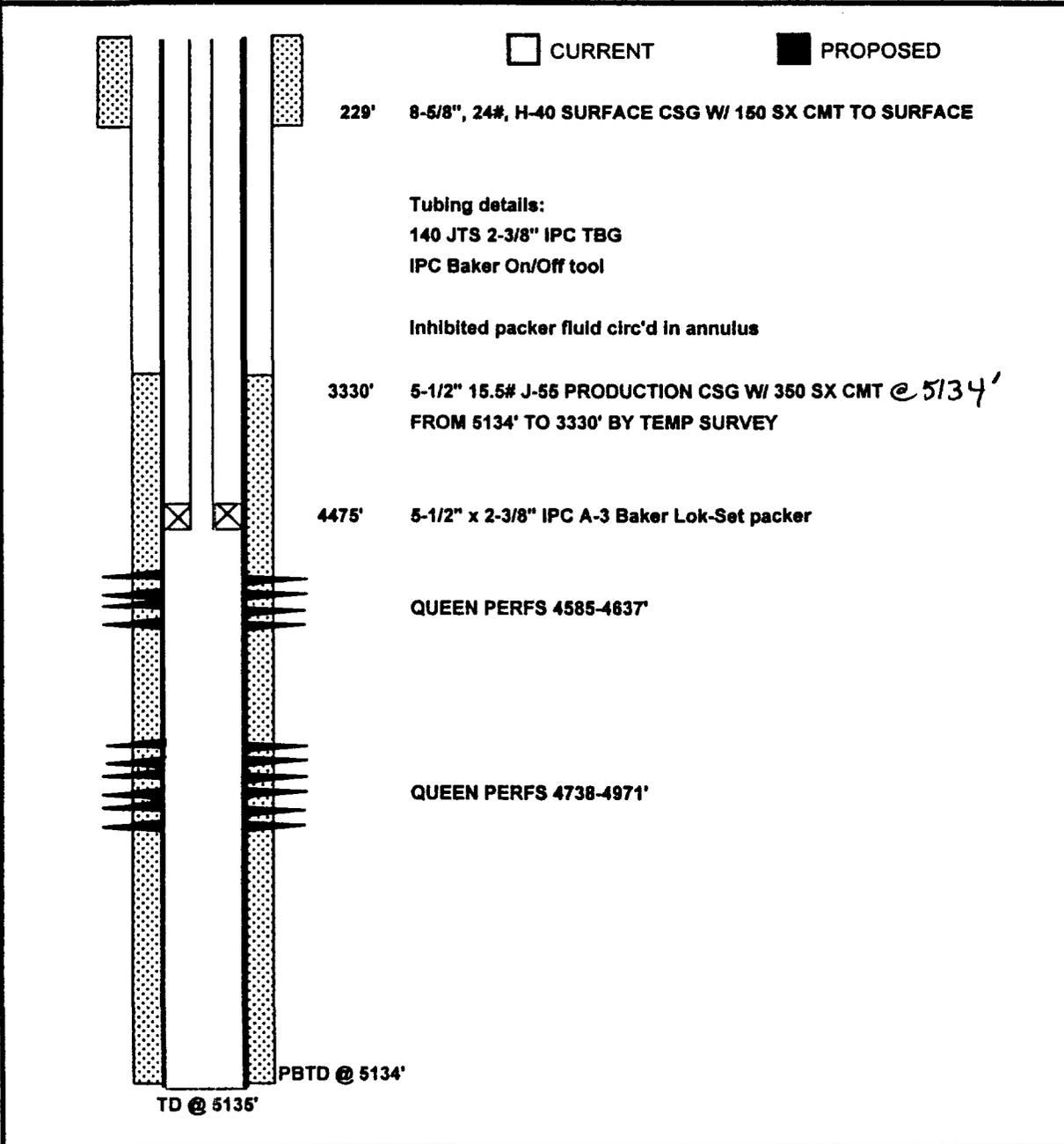
WELL NAME: Mescalero Ridge Unit #35-15		FIELD: PEARL QUEEN				
LOCATION: 660 FNL, 660 FEL, SEC 35-T19S-R34E		COUNTY: LEA		STATE: NM		
ELEVATION: 3732' KB, 3722' GL		SPUD DATE: 3/4/66		COMP DATE: 4/1/66		
API#: 30-025-21683	PREPARED BY: CANDI GRAHAM			DATE: 2-5-98		
	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0-229'	8 5/8"	24#	H-40		12 1/4"
CASING:	0-5134'	5 1/2"	15.5#	J-55		7 7/8"
CASING:						
TUBING:	AT SURFACE	2 3/8"	4.6#	J-55	EUE	
TUBING:						



**DEVON ENERGY CORPORATION (NEVADA)
WELLBORE SCHEMATIC**

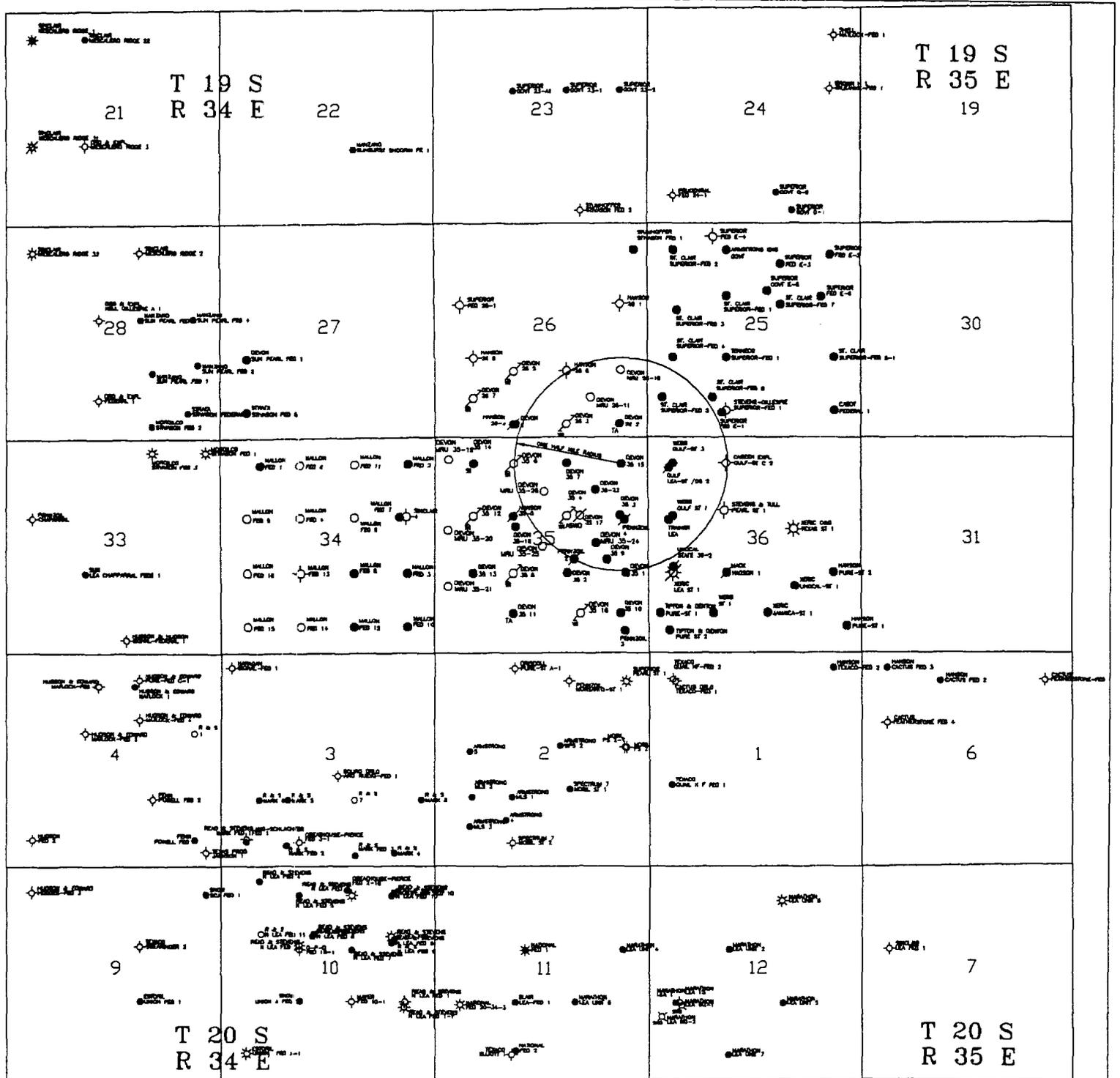
WELL NAME: Mescalero Ridge Unit #35-15		FIELD: PEARL QUEEN	
LOCATION: 660 FNL, 660 FEL, SEC 35-T19S-R34E		COUNTY: LEA	STATE: NM
ELEVATION: 3732' KB, 3722' GL		SPUD DATE: 3/4/66	COMP DATE: 4/1/66
API#: 30-025-21683	PREPARED BY: CANDI GRAHAM		DATE: 2-5-98

	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0-229'	8 5/8"	24#	H-40		12 1/4"
CASING:	0-5134'	5 1/2"	15.5#	J-55		7 7/8"
CASING:						
TUBING:	AT SURFACE	2 3/8"	4.6#	J-55	EUE	
TUBING:						



Mescalero Ridge 35 Unit #15 (Conversion)

ATTACHMENT V



DECON
MESCALERO RIDGE AREA
 LEA COUNTY, NEW MEXICO

WELL WITHIN ONE HALF MILE
MRU 35-15

Scale in Feet: 1000 2000 3000 4000

MRU-35-15

3/08

WELL NAME (Operator)	Lea Cnty, NM LOCATION	TD PRTD	SPUD DATE	CPLN DATE	WELL TYPE	CASING lbs	COMPLETION RECORD			PERFS	
							SET	sx cmt	TOC		
Mescalero Ridge 35 Unit #1 (Devon) 30-025-20302	1980' FSL & 560' FEL Sec. I-35-T19S-R34E	TD 5152' PB 5129'	11-16-63	12-12-63	OIL	8 5/8" 5 1/2"	23 15.5	201' 5129'	125 250	Surface 3875' (Temp Svy)	4580-5086'
Mescalero Ridge 35 Ut #15 (Devon) 30-025-21683	660' FNL & 660' FEL Sec. A-35-T19S-R34E	TD 5135' PB 5134'	03-04-66	04-01-66	OIL	8 5/8" 5 1/2"	24 15.5	229' 5134'	150 350	Surface 3330' (Temp Svy)	4585-4971'
Superior-Federal #5 (St. Clair Energy Corp) 30-025-21370	990' FSL & 400' FWL Sec. M-25-19S-34E	TD 5150' PB 5120'	10-06-65	10-25-65	OIL	8 5/8" 5 1/2"	24 15.5	241' 5146'	125 270	Surface 3609' (calc @ 75%)	4882-4986'
Mescalero Ridge 26 Unit #2 (Devon) 30-025-21798	330' FSL & 660' FEL Sec. P-26-T19S-R34E	TD 5150' PB 5147' PB 4573'	06-09-66	07-25-66 08-10-95	OIL TA	8 5/8" 5 1/2"	24 15.5	203' 5150'	150 350	Surface 3250' (Temp Svy) CIBP (no cement)	4623-4972'
Mescalero Ridge 26 Unit #3 (Devon) 30-025-21857	330' FSL & 1980' FEL Sec. O-26-T19S-R34E	TD 5150' PB 5145'	09-19-66	10-15-66 06-12-74	OIL WIW	8 5/8" 5 1/2"	24 15.5	208' 5145'	200 350	Surface 3920' (Temp Svy) packer @ 4543'	4630-4657' 4880-4886'
Mescalero Ridge 35 Unit #2 (Devon) 30-025-20565	1980' FSL & 1980' FEL Sec. J-35-T19S-R34E	TD 5268' PB 5150' PB 5009'	01-11-64	02-12-64 04-79	OIL	8 5/8" 5 1/2"	23 15.5	214' 5268'	125 350	Surface 3300' Temp Svy covered by BP covered by sand fill	5206-5219' (1964) 5035' (1979) 4915-4934' (1979) 4859-4997' (1964) open open 4722-4724' (1964) 4585-4590' (1964) 4559-4916' (1979) 3986-3992' (1964)
Mescalero Ridge 35 Unit #3 (Devon) 30-025-20691	1980' FNL & 660' FEL Sec. H-35-T19S-R34E	TD 5435' PB 5435'	02-01-64	03-01-64	OIL	8 5/8" 5 1/2"	23 15.5	215' 5228'	100 350	Surface 3200' (Temp Svy)	4569-5083'
Mescalero Ridge 35 Unit #4 (Devon) 30-025-20692	1980' FNL & 1980' FEL Sec. G-35-T19S-R34E	TD 5200' PB 5194'	02-21-64	03-15-64 06-12-74	OIL WIW	8 5/8" 5 1/2"	23 15.5	218' 5200'	100 350	Surface 3200' (Temp Svy) packer @ 4490'	4579-5190' 4562-5190'
Mescalero Ridge 35 Unit #6 (Devon) 30-025-20693	660' FNL & 1980' FWL Sec. C-35-T19S-R34E	TD 5250' PB 5250'	07-10-64	08-05-64 06-12-74	OIL WIW	8 5/8" 5 1/2"	23 15.5	212' 5250'	125 350	Surface 3310' (Temp Svy) packer @ 4465'	4591-5184'
Mescalero Ridge 35 Unit #7 (Devon) 30-025-20694	660' FNL & 1980' FEL Sec. B-35-T19S-R34E	TD 5250' PB 5222'	10-28-64	11-20-64	OIL	8 5/8" 5 1/2"	23 15.5	206' 5249'	125 350	Surface 3340' (Temp Svy)	4601-5209'

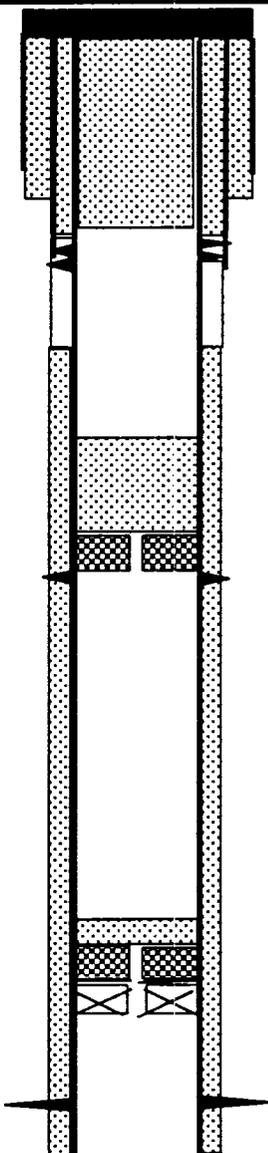
WELL NAME (Operator)	Lea Cnty, NM LOCATION	TD PRTD	SPUD DATE	CPLN DATE	WELL TYPE	CASING lbs	SET SET	COMPLETION RECORD			PERFS
								TOC	TOC	TOC	
Mescalero Ridge 35 Unit #9 (Devon) 30-025-21264	2310' FSL & 990' FEL Sec. I-35-T19S-R34E	TD 4023' PB 3976'	02-16-65	03-01-65 6-91	OIL OIL	8 5/8" 5 1/2"	24 15.5	215' 4023'	125 125	Surface 3440' (Temp Svy) cmt retainer @ 3976' new perfs	4003-4015' sqzd above perfs 3881-3944'
Mescalero Ridge 35 Ut #10 (Devon) 30-025-21265	990' FSL & 660' FEL Sec. P-35-T19S-R34E	TD 5180' PB 4534' TOC by CBL	03-04-65	04-01-65 12-28-83	OIL	8 5/8" 5 1/2"	24 15.5	235' 5102'	125 350	Surface 3740' (Temp Svy) cmt retainer @ 4544' new perfs	4595-4976' sqzd above perfs 3878-3993'
Mescalero Ridge 35 Ut #16 (Devon) 30-025-21858	990' FSL & 1650' FEL Sec. O-35-T19S-R34E	TD 5150' RPB 5098'	10-05-66	11-05-66 06-12-74	OIL WTW	8 5/8" 5 1/2"	24 15.5	217' 5150'	250 350	Surface 3910' (Temp Svy) packers 4510-4514'	4582-4607' 4864-4986'
Mescalero Ridge 35 Ut #17 (Devon) 30-025-21859	1980' FNL & 1650' FEL Sec. G-35-T19S-R34E	TD 4040' PB 4040' PB 4032'	04-25-67	05-12-67 1971 01-10-86	OIL SWD P&A	8 5/8" 5 1/2"	32 14	227' 4040'	200 200	Surface 3230' (calc)	4009-4024'
Mescalero Ridge 35 Ut #23 (Devon) 30-025-33660	1300' FNL & 1300' FEL Sec. A-35-T19S-R34E	TD 5215' PB 5136'	12-20-96	01-31-97	OIL	8 5/8" 5 1/2"	24 15.5	1493' 5215'	700 1600	Surface Surface (CBL)	4568-4986'
Mescalero Ridge 35 Ut #24 (Devon) 30-025-33661	2620' FNL & 1300' FEL Sec. H-35-T19S-R34E	TD 5200' PB 5177'	01-04-97	02-20-97	OIL	8 5/8" 5 1/2"	24 15.5	1514' 5200'	700 1550	Surface Surface (CBL)	4555-5106'
Pure State #1 (Tipton & Denton) 30-025-20291	990' FSL & 330' FWL Sec. M-36-19S-34E	TD 5230' PB 5050'	12-28-63	03-31-64	OIL	8 5/8" 5 1/2"	23 15.5	226' 5229'	175 450	Surface 2658' (calc @ 75%) covered by CIBP covered by CIBP covered by CIBP open	5150-5170' @ 5120' 5092-5103' @ 5050' 4605-4990'
Hadson #1 (Mack Energy) (orig Cabeen—Pure State 1) 30-025-02404	1980' FSL & 1980' FWL Sec. K-36-19S-34E	TD 5060' PB 5050'	04-25-60	05-10-60 02-22-96	OIL P&A	8 5/8" 5 1/2"	28 15.5	114' 5060'	100 350	Surface 3060' (calc @ 75%) set CIBP & cmt plugs	4936-4964' P&A marker

WELL NAME (Operator)	Lea Cnty, NM LOCATION	TD PRTD	SPUD DATE	CPLN DATE	WELL TYPE	COMPLETION RECORD				PERFS	
						CASING	lbs	SET	TOC		
Lea "K" State #1 (Xeric Oil & Gas) 30-025-02406	1980' FSL & 660' FWL Sec. L-36-19S-34E	TD 4980' PB 4895' PB 4702' PB 4682'	09-14-60	10-18-60	OIL	8 5/8"	24/32	120'	90	Surface	4952-4959'
						5 1/2"	20/14	4980'	380	3300' (Temp Svy)	4725-4853'
						/15.5				1960 set CIBP over 1982 set CIBP over	4583-4589'
Gulf-State #1 (Webb Oil Co) (orig Cabeen—State "E" #1) 30-025-02405	1980' FNL & 660' FWL Sec. E-36-19S-34E	TD 5050' PB 5011'	12-07-59	02-21-60	OIL	8 5/8"	28	114'	54	Surface	4752-4890'
						5 1/2"	15.5	5041'	300	3700' (Temp Svy)	
Minerals State #1 (Webb) (orig Mallard—State #1) 30-025-21281	990' FSL & 1650' FWL Sec. N-36-19S-34E	TTD 5327' PB 4988'	06-25-65	10-07-65	OIL	8 5/8"	24	212'	110	Surface	4604-4606'
						5 1/2"	14/	4988'	200	3740'	4894-4896'
				10-17-68	OIL		15.5				4731-4769'
Gulf-State #3 (Webb Oil Co) 30-025-21756	660' FNL & 660' FWL Sec. D-36-19S-34E	TD 5148' PB 5111'	04-08-66	05-27-66	OIL	8 5/8"	40	245'	125	Surface	4763-4996'
						4 1/2"	11.6	5137'	268	3606' (calc @ 75%)	4900-4964'

set CIBPs & cmt plugs P&A marker

**DEVON ENERGY CORPORATION
WELLBORE SCHEMATIC**

WELL: Mescalero Ridge 35 Unit #17			FIELD: Pearl (Queen)			
LOCATION: 1980' FNL & 1650' FEL, Sec. G-35-19S-34E			COUNTY: LEA		STATE: NM	
ELEVATION: DF 3717', GL 3713'			SPUD DATE: 04-25-67		COMP DATE: 05-12-67 OIL	
API#:30-025-21859		PREPARED BY: C. Graham		P&A DATE: 01-10-86		RECPLN: 1971 SWD
TUBULARS	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0' - 227'	8 5/8"	32	J-55		12 1/4"
CASING:	0' - 4040'	5 1/2"	14	J-55		7 7/8"
TUBING:						
TUBING:						



Installed P&A marker

Set cmt plug 320-0' (1986)

8 5/8" csg @ 227', cmt'd w/200 sx; TOC surface

Hole in 5 1/2" csg @ 490' cmt'd w/200 sx, circ'd
cmt to surf (8/81)

Hole in 5 1/2" csg @ 510' cmt'd w/300 sx (11/81)

Perf'd @ 1795', set cmt retainer @ 1695',
sqzd w/150 sx cmt, spotted 120' cmt on top (1986)

Cement retainer @ 3256', squeezed w/300 sx
w/35' cmt on top (1986)

Csg collapsed at 3338', Baker AD-1 tension injection
packer stuck @ 3338'; junked (1985)

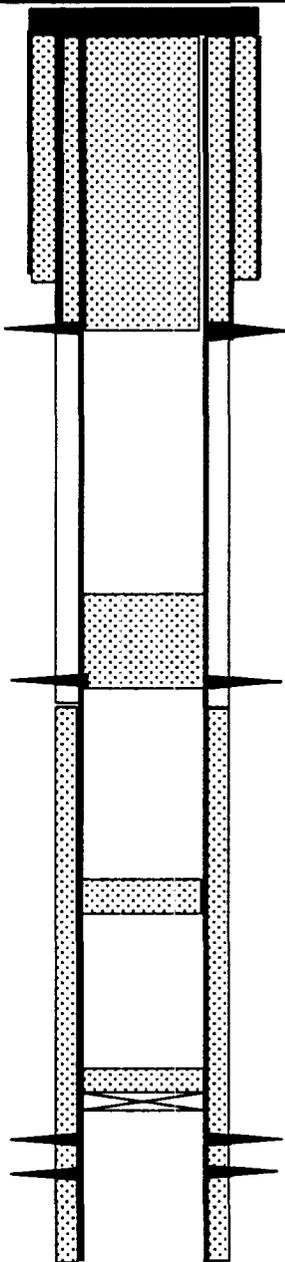
Seven Rivers perms: 4009-4024' (1967)

PBTD 4032' (1971)

5 1/2" csg @ 4040', cmt'd w/200 sx; TOC @ 3230' calc
TD 4040'

DEVON ENERGY CORPORATION WELLBORE SCHEMATIC

WELL: Mack Energy--Hadson #1 (orig: Cabeen--Pure St #1)			FIELD: Pearl (Queen)			
LOCATION: 1980' FSL & 1980' FWL, Sec. K-36-19S-34E			COUNTY: LEA		STATE: NM	
ELEVATION: GL 3717'			SPUD DATE: 04-25-60		COMP DATE: 05-10-60	
API#:30-025-02404		PREPARED BY: C. Graham		P&A DATE: 02-22-96		oil well
TUBULARS	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0' - 114'	8 5/8"	28			9"
CASING:	0' - 5060'	5 1/2"	15.5			7 7/8"
TUBING:						
TUBING:						



Installed P&A marker

8 5/8" csg @ 114', cmt'd w/100 sx; TOC est. @ surface

Perf'd @ 164' & circ'd 130 sx cmt to surface (1996)

Perf'd csg @ 2000' but found csg leak & were
unable to pump into formation
set 63 sx cmt plug @ 2053'; tagged cmt @ 1494' (1996)

Spotted 25 sx cmt plug @ 3420' (1996)

5 1/2" CIBP @ 4900' w/35' cmt on top (1996)

Penrose perms: 4936-4940' w/16 holes

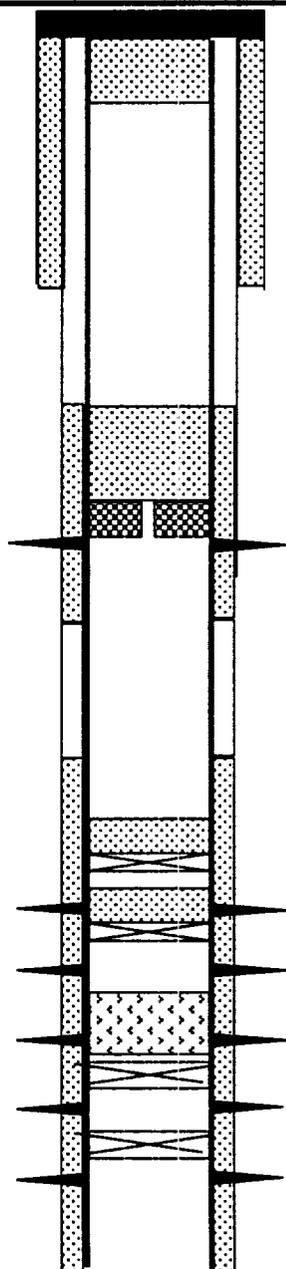
Penrose perms: 4958-4964' w/24 holes

PBTD 5050'

5 1/2" csg @ 5060', cmt'd w/350 sx; TOC @ 2393' calc w/100% fillup
TD 5060'

DEVON ENERGY CORPORATION WELLBORE SCHEMATIC

WELL: Xeric Oil & Gas--Lea K State #1			FIELD: Pearl (Queen)			
LOCATION: 1980' FSL & 660' FWL, Sec. L-36-19S-34E			COUNTY: LEA		STATE: NM	
ELEVATION: GL 3707'			SPUD DATE: 09-14-60		COMP DATE: 10-18-80 OIL	
API#:30-025-02406		PREPARED BY: C. Graham		P&A DATE: 10-31-91		RECPLN: 08-22-85 GAS & OIL
TUBULARS	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0' - 120'	8 5/8"	24 / 32			12 1/4"
CASING:	0' - 4980'	5 1/2"	14 / 15.5 / 20			7 7/8"
TUBING:						
TUBING:						



Installed P&A marker

Spotted 15 sx cmt plug 30' to surface (1991)

8 5/8" csg @ 120', cmt'd w/90 sx; TOC est. @ surface

Perf'd 1850', set cmt retainer & sqzd w/200 sx cmt,
unstung & capped w/100 sx cmt; TOC 1050' (1991)

5 1/2" CIBP @ 3850' w/35 sx, TOC 3500' (1991)

Seven Rivers perfs: 3927-4008' (1985)

5 1/2" CIBP @ 4250' w/35 sx cmt on top (1991)

Queen perfs: 4573-4579' (1985)

PBTD 4682' by sand fill (1985)

Queen perfs: 4583-4589' (1982)

PBTD 4702' CIBP (1982)

Queen perfs: 4725-4853' (1960)

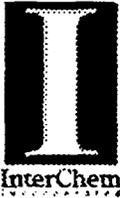
PBTD 4895' CIBP (1960)

Penrose perfs: 4952-4959' (1960)

5 1/2" csg @ 4980', cmt'd w/380 sx; TOC @ 3300' by Temp Svy
TD 4980'

PROPOSED OPERATION

1. Plans are to inject 500 bbls of produced water per day per well.
2. The injection system will not be a closed system. If necessary make-up water will be taken from the Marathon Oil Company Lea Unit Battery.
3. The proposed injection pressure is 2000 psig. Maximum pressure will be 2500 psig.
4. The injection fluid will be produced water from the Queen with make-up water coming from the Devonian.
5. A sample of produced water from the Mescalero Ridge 35 Unit SWD battery and the Marathon Lea Unit Battery was analyzed by the Pro-Kem, Inc. lab. Please refer to Attachment VII (B) for a copy of this analysis.

**InterChem, Inc.**

(915) 550-7027 P. O. Box 13166 Odessa, Tx. 79768

Comparison Between Two Waters

21-October-1997

Pro-Kem, Inc.
Devon Energy

The samples from the above-cited location showed the following conclusions:

Topic:

Combination of the Mescalero Ridge # 35 water with the Marathon Oil Co. water at various ratios:

Conclusions:

As the Marathon water increases, the calcium carbonate scaling tendency (Stiff & Davis Saturation Index) decreases to a mild to moderate level at 140° F and to a mild to marginal level at 80° F. In addition, as the Marathon water increases, the calcium sulfate scaling potential decreases to a mild to marginal level.

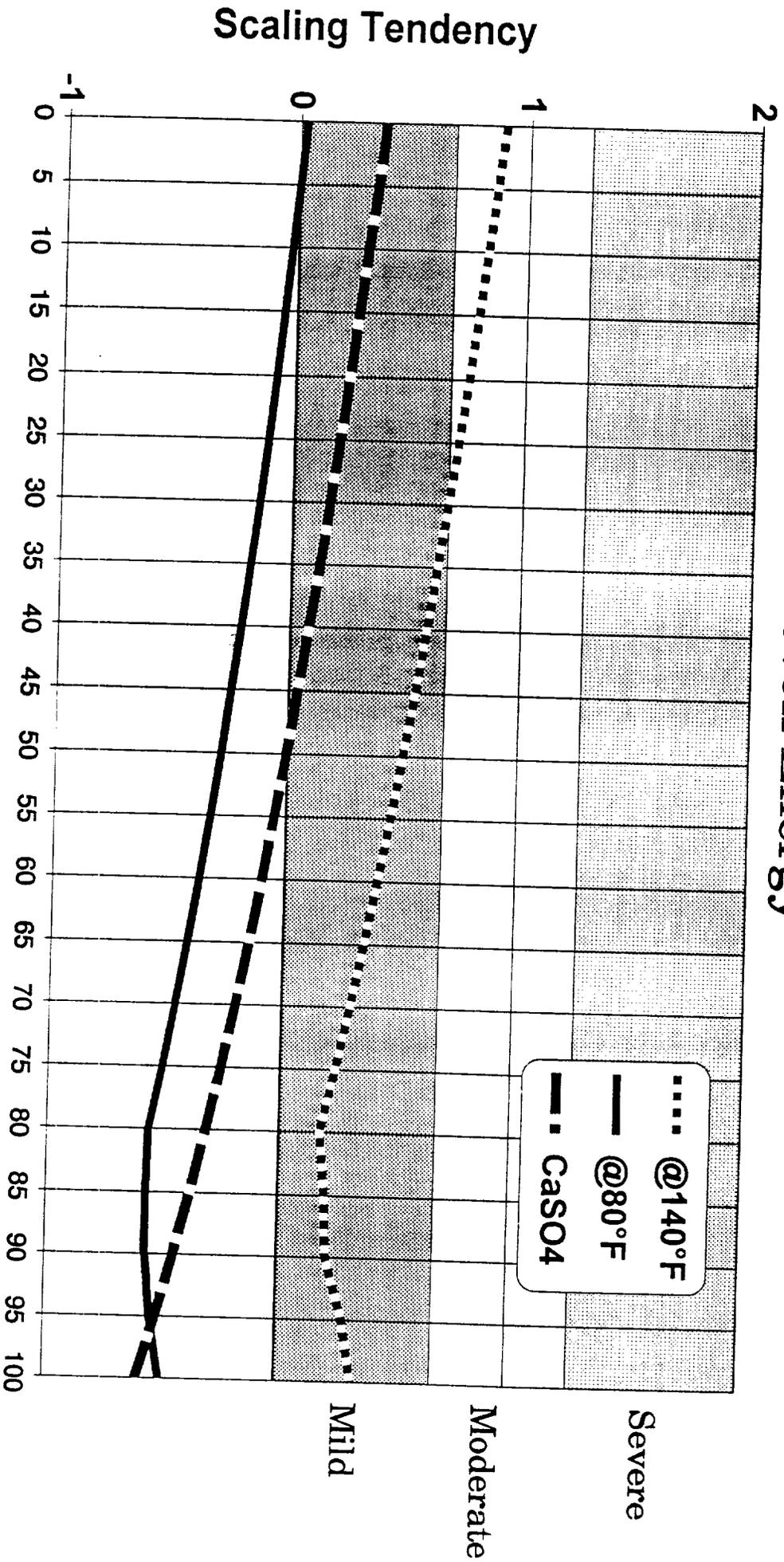
Attachments:

A graphical summary of the results is attached.

If we may further assist you in the interpretation of the above information, please call at your convenience.

Brad Mullins
Technical Services

Mixture of Two Waters Devon Energy



Percentage of Marathon Oil Co. Water

Pro-Kem, Inc.

WATER ANALYSIS REPORT

SAMPLE

Oil Co. : Devon Energy
 Lease : Mescalero Ridge
 Well No. : # 35
 Salesman:

Sample Loc. :
 Date Analyzed: 21-October-1997
 Date Sampled :

ANALYSIS

- 1. pH 6.060
- 2. Specific Gravity 60/60 F. 1.109
- 3. CaCO₃ Saturation Index @ 80 F. -0.038
 @ 140 F. +0.902

Dissolved Gasses

- | | MG/L | EQ. WT. | *MEQ/L |
|---------------------|----------------|---------|--------|
| 4. Hydrogen Sulfide | 0 | | |
| 5. Carbon Dioxide | 300 | | |
| 6. Dissolved Oxygen | Not Determined | | |

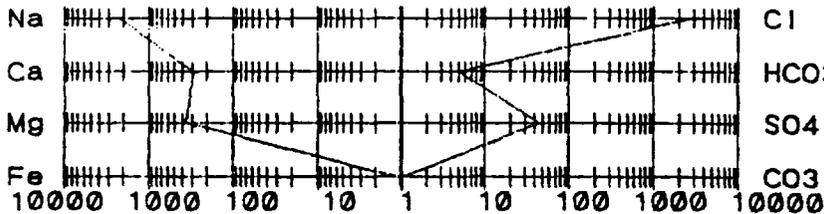
Cations

- | | | | |
|---|----------------|----------|----------|
| 7. Calcium (Ca ⁺⁺) | 5,669 | / 20.1 = | 282.04 |
| 8. Magnesium (Mg ⁺⁺) | 4,166 | / 12.2 = | 341.48 |
| 9. Sodium (Na ⁺) (Calculated) | 50,292 | / 23.0 = | 2,186.61 |
| 10. Barium (Ba ⁺⁺) | Not Determined | | |

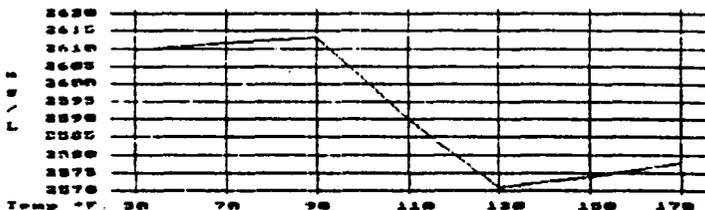
Anions

- | | | | |
|--|------------|----------|----------|
| 11. Hydroxyl (OH ⁻) | 0 | / 17.0 = | 0.00 |
| 12. Carbonate (CO ₃ ⁼) | 0 | / 30.0 = | 0.00 |
| 13. Bicarbonate (HCO ₃ ⁻) | 293 | / 61.1 = | 4.80 |
| 14. Sulfate (SO ₄ ⁼) | 2,150 | / 48.8 = | 44.06 |
| 15. Chloride (Cl ⁻) | 97,978 | / 35.5 = | 2,759.94 |
| 16. Total Dissolved Solids | 160,548 | | |
| 17. Total Iron (Fe) | 19 | / 18.2 = | 1.02 |
| 18. Total Hardness As CaCO ₃ | 31,308 | | |
| 19. Resistivity @ 75 F. (Calculated) | 0.027 /cm. | | |

LOGARITHMIC WATER PATTERN *meq/L.



Calcium Sulfate Solubility Profile



PROBABLE MINERAL COMPOSITION COMPOUND EQ. WT. X *meq/L = mg/L.

Na	Cl	Ca(HCO ₃) ₂	81.04	4.80	389
Ca	HCO ₃	CaSO ₄	68.07	44.06	2,999
Mg	SO ₄	CaCl ₂	55.50	233.19	12,942
Fe	CO ₃	Mg(HCO ₃) ₂	73.17	0.00	0
		MgSO ₄	60.19	0.00	0
		MgCl ₂	47.62	341.48	16,261
		NaHCO ₃	84.00	0.00	0
		NaSO ₄	71.03	0.00	0
		NaCl	58.46	2,185.28	127,752

*Milli Equivalents per Liter

This water is slightly corrosive due to the pH observed on analysis. The corrosivity is increased by the content of mineral salts, and the presence of, CO₂ in solution.

Pro-Kem, Inc.

WATER ANALYSIS REPORT

SAMPLE

Oil Co. : Marathon Oil Co.
 Lease :
 Well No. :
 Salesman :

Sample Loc. :
 Date Analyzed: 21-October-1997
 Date Sampled :

ANALYSIS

1. pH 8.220
2. Specific Gravity 60/60 F. 1.033
3. CaCO₃ Saturation Index @ 80 F. -0.628
 @ 140 F. +0.322

Dissolved Gasses

	MG/L	EQ. WT.	*MEQ/L
4. Hydrogen Sulfide	100		
5. Carbon Dioxide	65		
6. Dissolved Oxygen	Not Determined		

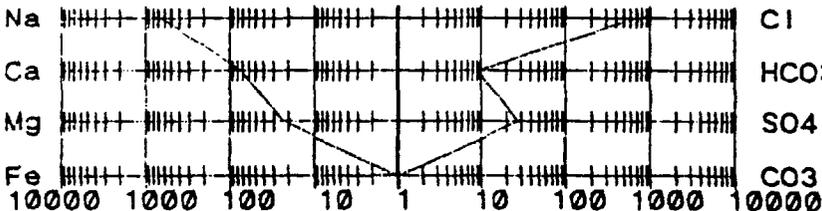
Cations

7. Calcium (Ca ⁺⁺)	1,417	/ 20.1 =	70.50
8. Magnesium (Mg ⁺⁺)	265	/ 12.2 =	21.72
9. Sodium (Na ⁺) (Calculated)	14,258	/ 23.0 =	619.91
10. Barium (Ba ⁺⁺)	Not Determined		

Anions

11. Hydroxyl (OH ⁻)	0	/ 17.0 =	0.00
12. Carbonate (CO ₃ ⁼)	0	/ 30.0 =	0.00
13. Bicarbonate (HCO ₃ ⁻)	537	/ 61.1 =	8.79
14. Sulfate (SO ₄ ⁼)	1,300	/ 48.8 =	26.64
15. Chloride (Cl ⁻)	23,995	/ 35.5 =	675.92
16. Total Dissolved Solids	41,772		
17. Total Iron (Fe)	10	/ 18.2 =	0.55
18. Total Hardness As CaCO ₃	4,628		
19. Resistivity @ 75 F. (Calculated)	0.210 /cm.		

LOGARITHMIC WATER PATTERN



PROBABLE MINERAL COMPOSITION

COMPOUND	EQ. WT. X	*meq/L	= mg/L.
Ca(HCO ₃) ₂	81.04	8.79	712
CaSO ₄	68.07	26.64	1,813
CaCl ₂	55.50	35.07	1,946
Mg(HCO ₃) ₂	73.17	0.00	0
MgSO ₄	60.19	0.00	0
MgCl ₂	47.62	21.72	1,034
NaHCO ₃	84.00	0.00	0
NaSO ₄	71.03	0.00	0
NaCl	58.46	619.12	36,194

Calcium Sulfate Solubility Profile



*Milli Equivalents per Liter

This water is slightly corrosive due to the pH observed on analysis. The corrosivity is increased by the content of mineral salts, and the presence of H₂S, CO₂ in solution.

Comparison Between Two Waters

21-October-1997

TO: Pro-Kem, Inc.

Company : Devon Energy

Sample # 1
Mescalero Ridge # 35

Sample # 2
Marathon Oil Co.

Percent of #1 & #2	pH	TDS mg/L	SpGr	Saturation Index @80°F.	Saturation Index @140°F.	Calcium Sulfate Scaling Potential
100 - 0	6.060	160548	1.109	+0.027	+0.895	Mild
95 - 5	6.068	154609	1.105	+0.002	+0.862	Mild
90 - 10	6.076	148670	1.101	-0.024	+0.828	Mild
85 - 15	6.084	142732	1.098	-0.051	+0.793	Marginal
80 - 20	6.092	136793	1.094	-0.080	+0.756	Marginal
75 - 25	6.100	130854	1.090	-0.110	+0.718	Marginal
70 - 30	6.108	124915	1.086	-0.141	+0.679	Marginal
65 - 35	6.116	118976	1.082	-0.174	+0.638	Marginal
60 - 40	6.124	113038	1.079	-0.209	+0.596	Marginal
55 - 45	6.132	107099	1.075	-0.245	+0.551	Marginal
50 - 50	6.140	101160	1.071	-0.283	+0.505	Nil
45 - 55	6.148	95,221	1.067	-0.323	+0.457	Nil
40 - 60	6.156	89,282	1.063	-0.365	+0.407	Nil
35 - 65	6.164	83,344	1.060	-0.410	+0.355	Nil
30 - 70	6.172	77,405	1.056	-0.457	+0.300	Nil
25 - 75	6.180	71,466	1.052	-0.507	+0.242	Nil
20 - 80	6.188	65,527	1.048	-0.560	+0.180	Nil
15 - 85	6.196	59,588	1.044	-0.566	+0.207	Nil
10 - 90	6.204	53,650	1.041	-0.564	+0.217	Nil
5 - 95	6.212	47,711	1.037	-0.540	+0.295	Nil
0 - 100	6.220	41,772	1.033	-0.496	+0.340	Nil

GEOLOGY AND LITHOLOGY

Injection Interval

The proposed intervals for injection are sandstones of the Queen formation. The gross depth interval is 4550 feet to 5000 feet.

Specifically the proposed intervals for disposal are as follows.

Formation:	Depth:	Footage:
Queen	4550-5000'	±450'

Fresh Water Zones

Base of near surface aquifer is estimated to be at approximately 80 feet.
No fresh water zones exist at or below the proposed disposal intervals.

AFFIRMATIVE STATEMENT

No evidence of fault communication between the shallow aquifers and the proposed disposal zones has been encountered as the result of studies of formations and field experience with the Mescalero Ridge 35 Unit lease.

PROOF OF NOTICE

Devon Energy Corporation (Nevada) operates wells in the Mescalero Ridge 35 Unit lease in Section 35 of T19S, R34E, Lea County, New Mexico.

Mack C. Chase, Tipton and Denton, St. Clair Energy Corporation, Xeric Oil and Gas Company and Webb Oil Company operate wells within the area of review .

Mallon Oil Company, Hyde Oil and Gas Corporation, Barbara Kelley Joste, Moncrief Trusts, Wilson Estates, CW Trainer, Thomas K. Scroggin, Stevens and Tull, Armstrong Energy Corporation, UNOCAL Corporation and Matador Petroleum are area interest owners.

All were provided a copy of our application by certified mail. Proof of notice is enclosed.

The Bureau of Land Management is the surface owner. They have been notified by BLM Form 3160-5 Sundry Notice.

PROOF OF PUBLICATION

Proof of publication from the Hobbs News Sun is enclosed.

AFFIDAVIT OF PUBLICATION

State of New Mexico,
County of Lea.

I, KATHI BEARDEN

Publisher

of the Hobbs Daily News-Sun, a daily 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 December 23 1997 and ending with the issue dated December 23 1997

Kathi Bearden by JH

Publisher

Sworn and subscribed to before

me this 23rd day of

December 1997

Jodi Benson

Notary Public.

My Commission expires
October 18, 2000
(Seal)

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.

LEGAL NOTICE
 December 17, 1997
 Revised
 December 23, 1997

Notice is hereby given that Devon Energy Corporation (Nevada) is applying to the New Mexico Oil Conservation to convert the following wells to water injection wells.

- Mescalero Ridge 35 Unit #1, 1980' FSL & 580' FEL, Section I-35-19-S-34E, Lea County, New Mexico.
- Mescalero Ridge 35 Unit #15, 660' FNL & 660' FEL, Section A-35-19S-34E, Lea County, New Mexico.

The intended purpose of these wells is to enhance secondary recovery by injecting produced saltwater from the Pearl field (from this waterflood unit) and the Devonian field (from surrounding wells) into the Pearl (Queen) sand. Maximum rates of 500 BWPD per well and a maximum pressure of 2500 psig are expected.

Interested parties must file objections or request for hearing within 15 days to the following commission:

New Mexico
 Oil Conservation Division
 2040 South Pacheco
 Santa Fe, New Mexico

Walter M. Frankford
 District Engineer
 Devon Energy Corporation (Nevada)
 20 North Broadway, Suite 1500
 Oklahoma City, Oklahoma 73102-8260
 (405)235-3611, ext 4595

03100039000 01515290
 Devon Energy Corporation (Neva
 20 N. Broadway, Suite 1500
 419397
 Oklahoma City, OK 73102



ENERGY CORPORATION

20 North Broadway, Suite 1500
Oklahoma City, Oklahoma 73102-8260

Telephone 405/235-3611
FAX 405/552-4550

February 12, 1998

To Whom It May Concern:

RE: Conversion to Water Injection Wells
Mescalero Ridge 35 Unit #1
Mescalero Ridge 35 Unit #15
Section 35-19S-34E
Lea County, New Mexico

Gentlemen:

Concerning the referenced, please find our Application for Authorization to Inject (Form C108 and attachments) as submitted to the NMOCD in Santa Fe and a copy of the BLM form 3160-5 Sundry notice of intent.

Please direct inquiries concerning this matter to Wally Frank at (405) 235-3611.

Sincerely,

Ms. Candace R. Graham
Engineering Tech.

Enclosures

copy: NMOCD (Santa Fe & Artesia), BLM (Roswell)
file, WF, foreman, offset operators, area interest owners

Conversion to Water Injection Wells
Mescalero Ridge 35 Unit #1 and #15
Lea County, New Mexico
February 12, 1998
Page 2

Working Interest and Offset Operator Address List

	Certified Mail No.
ARMSTRONG ENERGY CORP BOX 1973 ROSWELL NM 88201	Z 397 639 973
MICHAEL G. DENTON 1600 SAN JACINTO TWR, LB 71 2121 SAN JACINTO ST DALLAS TX 75200	Z 397 639 974
DWIGHT A. TIPTON PO BOX 1025 LOVINGTON NM 88260	Z 397 639 975
HYDE OIL & GAS CORP 6300 RIDGLEA PL STE 1018 FT. WORTH TX 76116	Z 397 639 711
BARBARA KELLEY JOSTE P O BOX 572765 HOUSTON TX 77257 2765	Z 397 639 712
MALLON OIL COMPANY 999 18 TH STREET STE 1700 DENVER CO 80202-2417	Z 397 639 713
W A MONCRIEF , JR TR LEE WILEY MONCRIEF MONCRIEF BLDG 9TH & COMMERCE FORT WORTH TX 76102	Z 397 639 714
MICHAEL J MONCRIEF RICHARD B MONCRIEF GRANTORS TRUST FT WORTH CLUB TOWER, STE 1030 777 TAYLOR FORT WORTH TX 76102	Z 397 639 715

Working Interest and Offset Operator Address List

	Certified Mail No.
THOMAS K. SCROGGIN BOX N ARTESIA NM 88210	Z 397 639 716
ST. CLAIR ENERGY CORP PO BOX 1392 MIDLAND TX 79702-1392	Z 397 639 717
STEVENS & TULL 3316 ANDREWS HWY MIDLAND TX 79703	Z 397 639 718
CW TRAINER 8090 EAST KALIL DR SCOTTSDALE AZ 85206	Z 397 639 719
UNOCAL CORPORATION 1004 BIG SPRING STE 300 MIDLAND TX 70702	Z 397 639 720
WEBB OIL COMPANY PO BOX 1124 ARTESIA NM 88211	Z 397 639 972
WILSON ESTATES P O BOX 771139 WICHITA KS 67277 1139	Z 397 639 721
XERIC OIL & GAS CO PO BOX 352 MIDLAND TX 79702	Z 397 639 722
MATADOR PETROLEUM CORP 8340 MEADOW ROAD SUITE 158 PECAN CREEK DALLAS TX 75231 3751	Z 397 639 723
MACK C. CHASE PO BOX 693 ARTESIA NM 88211	Z 397 639 724

Mescalero Ridge 35 Unit #1 and #15 (Conversion) ATTACHMENT XIII (B)

MRU 35-1 & 35-15 (2-12-98) C108 AAI & attachments

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: New Mexico Oil Conservation Principal Office 2040 S. Pacheco Santa Fe, NM 87505		4a. Article Number Z 397 639 971	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

MRU 35-15 & 35-1 (2-12-98) 3160-5 intent to convert to WIW

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BUREAU OF LAND MNGT 2909 WEST SECOND ST ROSWELL NM 88201		4a. Article Number Z 397639 970	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

MRU 35-1 & 35-15 (2-12-98) AAI

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: ARMSTRONG ENERGY CORP BOX 1973 ROSWELL NM 88201		4a. Article Number Z 397 639 973	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

MRU 35-15 & 35-1 (2-12-98) AAT

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:

MICHAEL G. DENTON
1600 SAN JACINTO TWR, LB 71
2121 SAN JACINTO ST
DALLAS TX 75200

4a. Article Number

Z 397 639 974

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

MRU 35-1 and 35-15 (2-12-98) convert to WTLU

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:

DWIGHT A. TIPTON
PO BOX 1025
LOVINGTON NM 88260

4a. Article Number

Z 397 639 975

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

MRU 35-1 and 35-15 (2-12-98) convert to WTLU

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:

HYDE OIL & GAS CORP
6300 RIDGLEA PL STE 1018
FT. WORTH TX 76116

4a. Article Number

Z 397 639 711

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

MRU 35-1 and 35-15 (2-12-98) Convert to WTLW

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: BARBARA KELLEY JOSTE P O BOX 572765 HOUSTON TX 77257 2765		4a. Article Number Z 397 639 712	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			

Thank you for using Return Receipt Service.

MRU 35-1 & MRU 35-15 (2-12-98) Convert to WTLW

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: MALLON OIL COMPANY 999 18 TH ST, STE 1700 DENVER CO 80202-2417		4a. Article Number Z 397 639 713	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			

Thank you for using Return Receipt Service.

MRU 35-1 and 35-15 (2-12-98) Convert to WTLW

Is your RETURN ADDRESS completed on the reverse side?

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: W A MONCRIEF, JR TR LEE WILEY MONCRIEF MONCRIEF BLDG 9TH & COMMERCE FORT WORTH TX 76102		4a. Article Number Z 397 639 714	
		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
		7. Date of Delivery	
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature: (Addressee or Agent) X			

Thank you for using Return Receipt Service.

MRU 35-1 and 35-15 (2-12-98) convert to WIW

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:
 RICHARD B MONCRIEF
 GRANTORS TRUST
 FT WORTH CLUB TOWER, STE 1030
 777 TAYLOR
 FORT WORTH TX 76102

4a. Article Number
Z 397-639-715

- 4b. Service Type
- Registered Certified
 - Express Mail Insured
 - Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

MRU 35-1 and 35-15 (2-12-98) convert to WIW

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:
 THOMAS K. SCROGGIN
 BOX N
 ARTESIA NM 88210

4a. Article Number
Z 397 639 716

- 4b. Service Type
- Registered Certified
 - Express Mail Insured
 - Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

MRU 35-1 and 35-15 (2-12-98) convert to WIW

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

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- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:
 ST. CLAIR ENERGY CORP
 PO BOX 1392
 MIDLAND TX 79702-1392

4a. Article Number
Z 397 639 717

- 4b. Service Type
- Registered Certified
 - Express Mail Insured
 - Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X

MRU 35-1 and 35-15 (2-12-98) convert to WILCO

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:

 STEVENS & TULL
 3316 ANDREWS HWY
 MIDLAND TX 79703

4a. Article Number
Z 397 639 718

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

Is your RETURN ADDRESS completed on the reverse side?

MRU 35-1 and 35-15 (2-12-98) convert to WILCO

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
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 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:

 CW TRAINER
 8090 EAST KALIL DR
 SCOTTSDALE AZ 85260

4a. Article Number
Z 397 639 719

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

Is your RETURN ADDRESS completed on the reverse side?

MRU 35-1 and 35-15 (2-12-98) convert to WILCO

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
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 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

3. Article Addressed to:

 UNOCAL CORPORATION
 1004 N BIG SPRING STE 300
 MIDLAND TX 79702

4a. Article Number
Z 397 639 720

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)
X

MRU 35-1 & 35-15 (2-12-98) AAI C108 & ALM 31605

Is your RETURN ADDRESS completed on the reverse side?

SENDER: *Convert to WIW*

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: WEBB OIL COMPANY PO BOX 1124 ARTESIA NM 88211	4a. Article Number Z 397 639 972
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X	7. Date of Delivery
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

MRU 35-1 and 35-15 (2-12-98) convert to WIW

Is your RETURN ADDRESS completed on the reverse side?

SENDER: *Convert to WIW*

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: WILSON ESTATES P O BOX 771139 WICHITA KS 67277 1139	4a. Article Number Z 397 639 721
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X	7. Date of Delivery
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

MRU 35-1 and 35-15 (2-12-98) convert to WIW

Is your RETURN ADDRESS completed on the reverse side?

SENDER: *Convert to WIW*

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: XERIC OIL & GAS CO PO BOX 352 MIDLAND TX 79702	4a. Article Number Z 397 639 722
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) X	7. Date of Delivery
	8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

MRU 35-1 and 35-15 (2-12-98) convert to WIUW

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: MATADOR PETROLEUM CORP 8340 MEADOW ROAD SUITE 158 PECAN CREEK DALLAS TX 75231 3751	4a. Article Number Z 397 639 723	Thank you for using Return Receipt Service.
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X	7. Date of Delivery	Thank you for using Return Receipt Service.
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994

Domestic Return Receipt

MRU 35-1 and 35-15 (2-12-98) convert to WIUW

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: MACK C. CHASE PO BOX 693 ARTESIA NM 88211	4a. Article Number Z 397 639 724	Thank you for using Return Receipt Service.
5. Received By: (Print Name)	4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) X	7. Date of Delivery	Thank you for using Return Receipt Service.
8. Addressee's Address (Only if requested and fee is paid)		

PS Form 3811, December 1994

Domestic Return Receipt

CHECKLIST for ADMINISTRATIVE INJECTION APPLICATIONS

Operator: DEVON ENERGY CORP. Well: MESCALERO RIDGE '35' Nos 1415
Contact: CANDY GRANAM Title: ENG. TECH Phone: 905-235-3611
DATE IN 2-20-18 RELEASE DATE 3-9-98 DATE OUT 3-18-98 x 4595

Proposed Injection Application is for: WATERFLOOD Expansion Initial
Original Order: R- 4714 Secondary Recovery Pressure Maintenance
 SENSITIVE AREAS SALT WATER DISPOSAL Commercial Well

WIPP Capitan Reef

Data is complete for proposed well(s)? YES Additional Data Req'd NO

AREA of REVIEW WELLS

20 Total # of AOR 3 # of Plugged Wells
YES Tabulation Complete YES Schematics of P & A's
YES Cement Tops Adequate NO AOR Repair Required

INJECTION FORMATION

Injection Formation(s) OPEN Compatible Analysis YES
Source of Water or Injectate AREA PRODUCTION

PROOF of NOTICE

Copy of Legal Notice Information Printed Correctly
 Correct Operators Copies of Certified Mail Receipts
NO Objection Received Set to Hearing _____ Date

NOTES:

APPLICATION QUALIFIES FOR ADMINISTRATIVE APPROVAL? YES

COMMUNICATION WITH CONTACT PERSON:

1st Contact:	<input type="checkbox"/> Telephoned	<input type="checkbox"/> Letter	_____ Date	Nature of Discussion _____
2nd Contact:	<input type="checkbox"/> Telephoned	<input type="checkbox"/> Letter	_____ Date	Nature of Discussion _____
3rd Contact:	<input type="checkbox"/> Telephoned	<input type="checkbox"/> Letter	_____ Date	Nature of Discussion _____