

RELEASE 6.30.92

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose:  Secondary Recovery  Pressure Maintenance  Disposal  Storage  
Application qualifies for administrative approval?  yes  no

II. Operator: Manzano Oil Corporation

Address: P.O. Box 2107, Roswell, NM 88202-2107

Contact party: Donnie E. Brown Phone: (505) 623-1996

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  no  
If yes, give the Division order number authorizing the project N/A

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 geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

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.

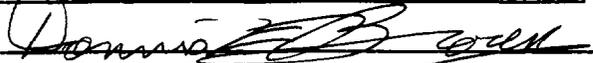
XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

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: Donnie E. Brown Title Vice President, Engineering

Signature:  Date: May 28, 1992

\* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. N/A

## 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, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

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

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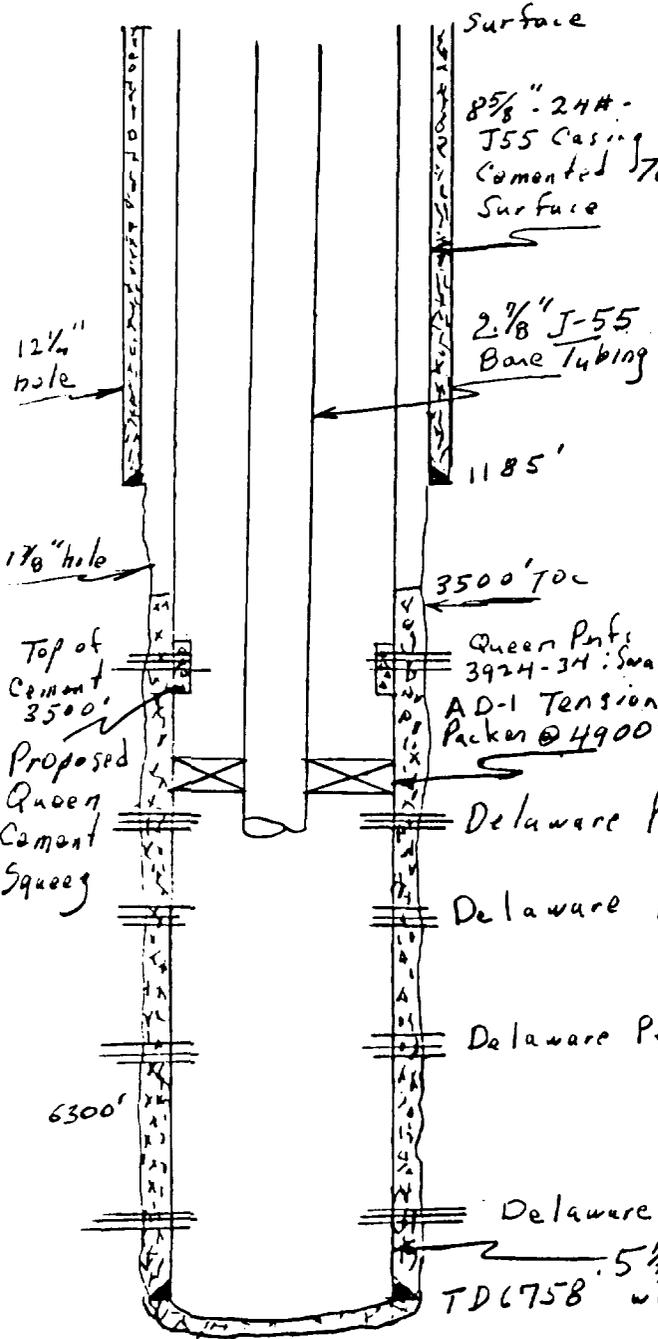
NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

Manzano Oil Corporation OPERATOR	Anadarko Federal LEASE		
1 WELL NO.	1980'FSL & 660'FEL FOOTAGE LOCATION	15 SECTION	18 South 32 East TOWNSHIP RANGE

Schematic

Tabular Data



<u>Surface Casing</u>	
Size <u>8-5/8</u> "	Cemented with <u>565</u> sx.
TOC <u>Surface</u>	feet determined by <u>Inspection</u>
Hole size <u>12-1/4"</u>	
<u>Intermediate Casing</u> None	
Size <u>N/A</u> "	Cemented with <u>N/A</u> sx.
TOC <u>N/A</u>	feet determined by <u>N/A</u>
Hole size <u>N/A</u>	
<u>Long string</u>	
Size <u>5-1/2</u> "	Cemented with <u>755</u> sx.
TOC <u>3500</u>	feet determined by <u>Cement Bond Logs</u>
Hole size <u>7-7/8</u>	
Total depth <u>6758</u>	
Injection interval	
<u>4958</u> feet to <u>6485</u> feet	(perforated <u>                    </u> , indicate which)

1185'  
3500' TOC  
Queen Pkts 3924-34: Swab Dry  
AD-1 Tension Packer @ 4900'  
Delaware Perf. 4958-65: Swab Dry  
Delaware Perfs 5177-5225: Swab Dry  
Delaware Perfs 5856-62 & 5865-70: Swab Dry  
Delaware Perf 6460-83: Tested Water  
5 1/2" J55-17# & 15.5# L T E C Casing. Cemented TD 6758' with 755 sks to 3500'

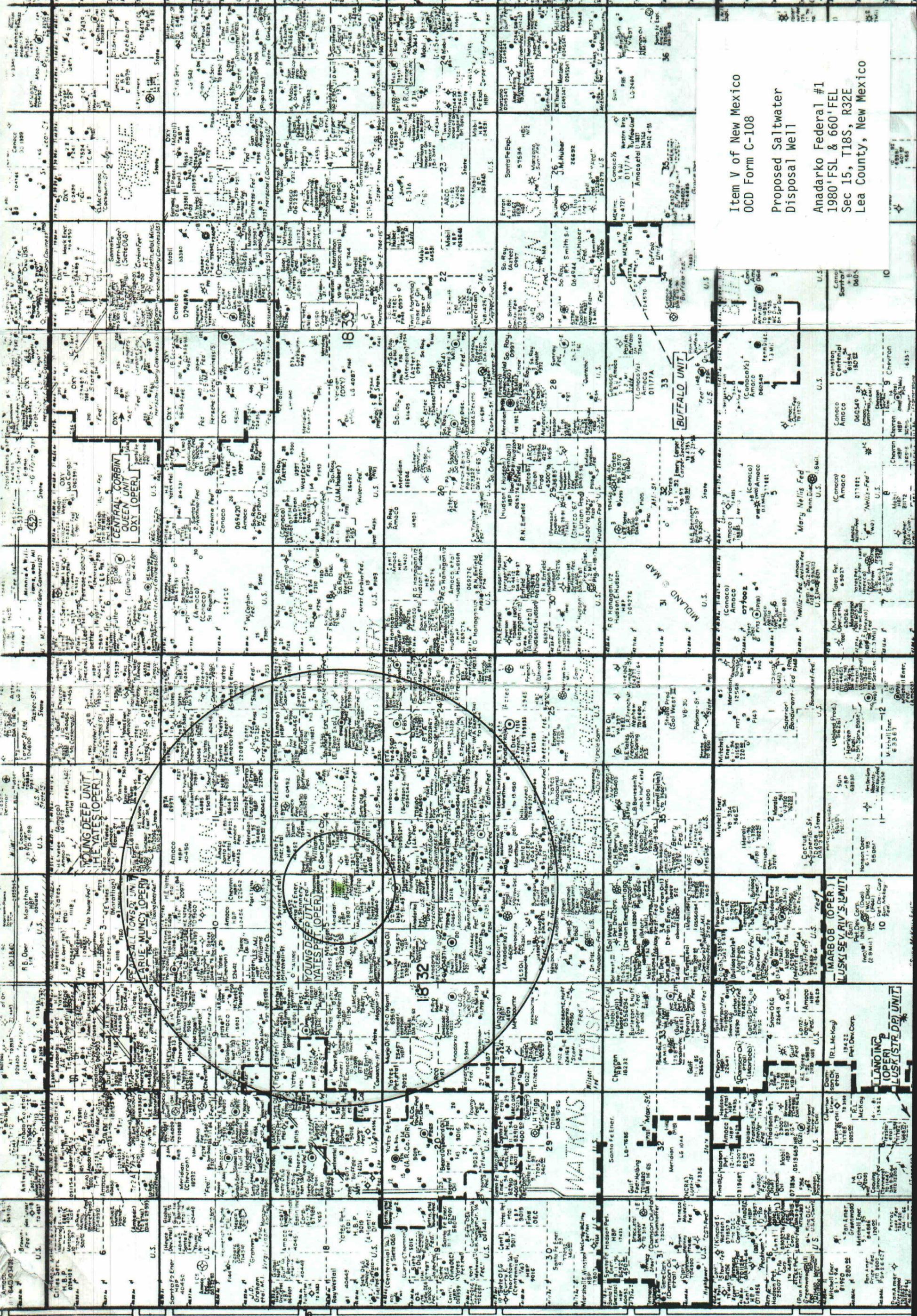
Tubing size 2-7/8 lined with Bare Pipe set in a                      (material)  
Baker Model "AD-1" Tension Packer packer at 6300 feet  
(brand and model)

(or describe any other casing-tubing seal).

Other Data

- Name of the injection formation Delaware
- Name of field or Pool (if applicable) Corbin Delaware, West
- Is this a new well drilled for injection?  Yes  No  
If no, for what purpose was the well originally drilled? Well was drilled to top of Bone Spring. All Delaware Zone of interest was tested for oil. No commercial oil found.
- Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used) Delaware: 6460-83 - 13 holes; 5856-62 & 5865-70 - 22 holes; 5177-5225 - 19 holes; 4958-65 - 14 holes. Queen Sand 3924-34 - 20 holes. Queen to be squeezed.
- Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area. Overlying: Queen  
Underlying: Bonesprings & Wolfcamp

Item V of New Mexico  
OCD Form C-108  
Proposed Saltwater  
Disposal Well  
Anadarko Federal #1  
1980'FSL & 660'FEL  
Sec 15, T18S, R32E  
Lea County, New Mexico



Map showing various units and well locations. Key units include: CENTRAL CORBIN UNIT, QUEEN UNIT, BUFFALO UNIT, MIDLAND MAP, YOUNG DEEP UNIT, PEARL-TONS UNIT, YOUNG DEEP UNIT, MARBOB (OPER.), LUSK (STR. DPL) UNIT, WATKINS, LAWANING (OPER.), and LUSK (STR. DPL) UNIT. Well numbers and acreage are listed for each section.

Item VI of New Mexico OGD Form C-108

<u>Operator</u>	<u>Lease/Well</u>	<u>Location</u>	<u>Type</u>	<u>Construction</u>	<u>Date Drilled</u>	<u>Depth</u>	<u>Completion Comments</u>
1. Siere Oil & Gas	Yuma Federal #1	Sec 14, T18S, R32E 2310'FSL & 1980'FML	D&A	8-5/8" @ 430' w/230 sks	4/29/89	6900'	40 sks Cement Plug at 5926' 50 sks Cement Plug at 4652' 50 sks Cement Plug at 1182' 70 sks Cement Plug at 480' 20 sks Cement Plug at 420' 20 sks Cement Surface Plug
2. Manzano Oil Corp.	Anadarko Federal #1	Section 15, T18S, R32E 1980'FSL & 660'FEL	T&A	8-5/8" @ 1185' w/565 sks 5-1/2" @ 6758' w/755 sks	1/21/91	6758'	Perf 6460-85. Frac. Pump tsg SW. Perf 5856-70. Acidize. Swab dry. Perf 5177-5226. Acidize. Swab dry. Perf 4958-65. Acidize. Swab dry. Perf 3924-34. Acidize. Swab dry. TA on 5-15-92.
3. Manzano Oil Corp.	Jewett Federal #1	Section 15, T18S, R32E 660'FSL & 660'FEL	Oil	13-3/8" @ 610' w/475 sks 8-5/8" @ 4425' w/250 sks 5-1/2" @ 8620' w/850 sks	1/06/92	8620'	Perf 8315-8430. Acidize. Swab dry. Bullied plugged packer at 6587'. Perf 6290-6310. Producing.

Item VII of New Mexico OCD Form C-108  
Data on Proposed Operations  
Anadarko Federal #1

1. The proposed average and maximum daily injection rate is 550 BWPD and 800 BWPD, respectively.
2. The injection system will be operated as a closed system.
3. The average injection pressure is expected to be 1300 psi. The maximum injection should not be over 2000 psi.  $4958' \times .2 \text{ PSI} = 992 \text{ PSIG MAX}$
4. Source for the disposal water will be the Manzano Jewett Federal #1, 660'FSL & 660'FEL, Section 15, Township 18 South, Range 32 East. Water analysis for the Jewett Delaware produced water is attached as Exhibit VII 4a.
5. Water analysis of the disposal zone formation water in the Anadarko Federal #1 is attached as Exhibit VII 4b.

Exhibit VII 4a.

THE WESTERN COMPANY OF NORTH AMERICA  
WATER ANALYSIS

ANALYSIS NO: 920311A

GENERAL INFORMATION

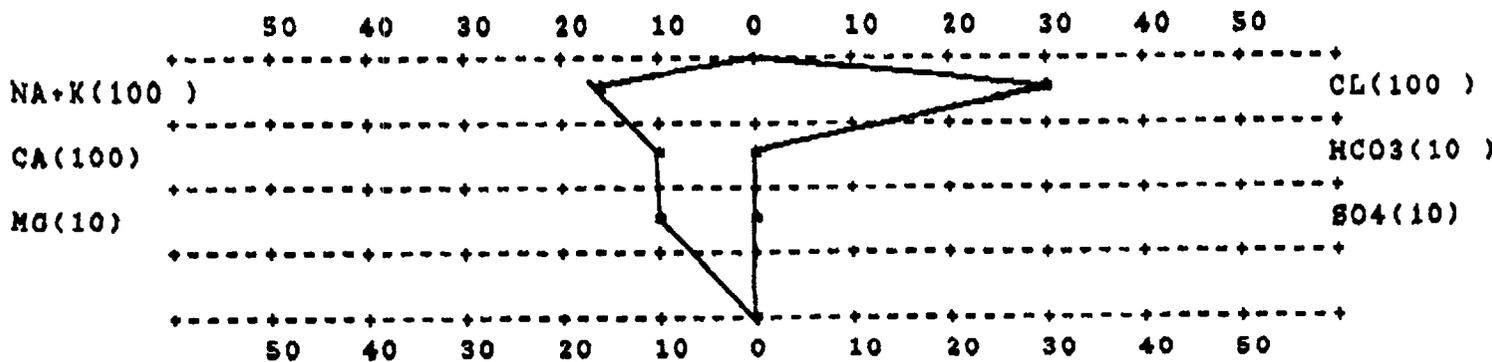
OPERATOR:	MANZANO	DEPTH:	
WELL:	JEWETT NO.1	DATE SAMPLED:	3-10-92
FIELD:		DATE RECEIVED:	3-10-92
FORMATION:	DELEWARE	SUBMITTED BY:	STEVE M.
COUNTY:		WORKED BY:	SHEPHERD
STATE:	NM	PHONE:	505-392-5556

SAMPLE DESCR: OIL & WATER

PHYSICAL AND CHEMICAL DETERMINATIONS

SPECIFIC GRAVITY:	1.135	AT	65	DEG. F	PH	=	8.88
IRON:	NOT DETERMINED	SULFATE:	520	PPM			
FE <sup>2+</sup> :	25	PPM					
SODIUM+POTASS:	48223	PPM	CHLORIDE:	108346	PPM		
			SODIUM CHLORIDE (CALC):	170608	PPM		
CALCIUM:	17639	PPM	BICARBONATE:	215	PPM		
MAGNESIUM:	1070	PPM	TOT. HARDNESS AS CaCO <sub>3</sub> :	48502	PPM		
PHOSPHATE:	NOT DETERMINED	TOT. DISSOLVED SOLIDS:	205805	PPM			
RESISTIVITY (CALCULATED):	0.051 OHM/METER @ 75 DEGREES F.						
REMARKS:							

STIFF TYPE PLOT (IN MEQ/L)



ANALYST

*Shepherd*  
SHEPHERD

Exhibit VII 46

**HALLIBURTON SERVICES**  
**HOBBS, NEW MEXICO**

To Manzano Oil Corporation.

Sample Number 121

P.O. Box 2107

Roswell New Mexico. 88202

This report is the property of Halliburton Company and neither it nor any part thereof nor a copy thereof is to be published or disclosed without first securing the express written approval of Laboratory management; it may however, be used in the course of regular business operations by any person or persons and employees thereof receiving such report from Halliburton Company.

Submitted by Robert Denney/ Halliburton Services Date Received 4-15-92

Well No. Anadarko Federal #1 Depth 6300 Formation Delaware

County Lea Field \_\_\_\_\_ Source well head

Resistivity..... 0.052 @ 70°F

Specific Gr..... 1.170

pH..... 5.8

Calcium\*..... 14750

Ca

Magnesium\*..... 8250

Mg

Chlorides\*..... 144690

Cl

Sulfates\*..... 716

SO<sub>4</sub>

Bicarbonates\*.... 134

HCO<sub>3</sub>

Soluble Iron\*.... 10

Fe

Remarks: Solid material submitted appeared to be large amount of Calcium Sulfate, Small amount of Iron Sulfate with a small amount of Iron Sulfide.

\*Milligrams per liter

Respectfully submitted,

Analyst: ALLEN ANNE

HALLIBURTON COMPANY

Item VIII of New Mexico OCD Form C-108  
Geologic Data of the Injection Zone & Underground Drinking Water  
Anadarko Federal #1

The proposed interval for salt water disposal is the Delaware Mountain Group between the depths of 4958 and 6485' in the Manzano Anadarko Federal #1. The Delaware Mountain Group is a sequence well consolidated sandstone, siltstone and shale strata of Permian age. The 6460-83 zone has been perforated, acidized, and fractured with 18k gallons of gelled polymer + 47k pounds of sand. After the fracture treatment, the well pumped 110 barrels of salt water per day plus a trace of oil. It is not productive of commercial oil. The Delaware zone 5856-62 & 5865-70; 5177-5225; and 4958-65 were perforated and acidized. After treatment, each of the zones swab tested dry with minimum fluid entry. No commercial Delaware oil pay was found.

Based on information from the New Mexico State Engineer's Office in Roswell and the OCD files in Hobbs, there appears to be only one fresh water well within T18S, R32E. This water well has a total depth of 270' and is located in the NWNWSESENE of Section 20 (2-1/2 miles away from proposed disposal well). The fresh water zone in this well is the Triassic Red Beds. The only other strata with potential fresh water is the Alluvium which is shallower than the Red Beds.

There are no known fresh water strata underlying the Delaware.

Items IX through XIII  
New Mexico OCD Form C-108  
Anadarko Federal #1

- Item IX. The proposed Delaware zone 6460-85 has already been perforated with 13 holes, acidized with 1000 gallons of 7-1/2% HCl, and fractured treated with 16,000 gallons of cross link polymer + 47,000 pounds of 20/40 sand. The other three Delaware zones 5856-70; 5177-5225; and 4958-65 have also been perforated and acidized. No additional stimulation should be required.
- Item X. All test data is attached as Exhibits X1 and X2. All logs for this well are already on file with the State of New Mexico Oil Conservation Division (OCD) and will not be resubmitted with this application.
- Item XI. The only strata within one mile of the proposed disposal well which contains fresh water is confined to 270' and shallower. No contamination of this fresh water should occur since the proposed disposal well has surface casing set at 1185'KB with cement circulated to surface. There are no fresh water wells within one mile of this proposed salt water disposal well.
- Item XII. Manzano Oil has examined all available geological and engineering data in the surrounding area of the proposed disposal well and found no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.
- Item XIII. Proof of notice is attached. See Exhibits XIII A and B.



Exhibit X2,

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

<p>1. Type of Well  <input checked="" type="checkbox"/> Oil Well    <input type="checkbox"/> Gas Well    <input type="checkbox"/> Other</p> <p>2. Name of Operator  <b>Manzano Oil Corporation</b></p> <p>3. Address and Telephone No.  <b>P.O. Box 2107, Roswell, NM 88202-2107</b></p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  <b>1980' FSL &amp; 660' FEL                  Section 15, T18S, R32E</b></p>	<p>5. Lease Designation and Serial No.  <b>NM-17807</b></p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p> <p>8. Well Name and No.  <b>Anadarko Federal #1</b></p> <p>9. API Well No.</p> <p>10. Field and Pool, or Exploratory Area  <b>Corbin Delaware, West</b></p> <p>11. County or Parish, State  <b>Lea County, NM</b></p>
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12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent  <input type="checkbox"/> Subsequent Report  <input type="checkbox"/> Final Abandonment Notice	<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Abandonment  <input type="checkbox"/> Recompletion  <input type="checkbox"/> Plugging Back  <input type="checkbox"/> Casing Repair  <input type="checkbox"/> Altering Casing  <input type="checkbox"/> Other _____                             </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Change of Plans  <input type="checkbox"/> New Construction  <input type="checkbox"/> Non-Routine Fracturing  <input type="checkbox"/> Water Shut-Off  <input type="checkbox"/> Conversion to Injection  <input type="checkbox"/> Dispose Water                             </td> <td style="width: 33%;"></td> </tr> </table>	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other _____	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water	
<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input type="checkbox"/> Other _____	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water			

(Note: Report results of multi-perforation on Well Completion or Recompletion Report and Log form 1)

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

4-10-92    Frac well w/16k gal + 47k# 20/40 Ottawa sand.  
 4-15-92    Pmpg. 138 BSW/19 hrs. No oil cut.  
 4-23-92    0 BO + 111 BW. Sample showing zero oil cut.  
 4-29-92    Perf 5856-62 = 6' = 12 holes and 5865-70 = 5' = 10 holes.  
 4-30-92    Acidized w/1500 gallons 20% NE/FE + 33 balls. Swab dry w/tr oil on 6th swab run.  
 5-01-92    50' fluid in hole - Rec 5 gal - 100% oil. Perf 5177-5225 = 19 holes overall.  
 5-02-92    Acidize w/1500 gal 15% NE/FE + 33 balls. Swab well dry in 4 runs.  
 5-03-92    SITP (14 hrs) 20 psi. Had 100' entry. 1st swab run recovered 50' - 50% oil cut. Wait 1 hr - no entry - no recovery.  
 5-04-92    SI Sunday. This a.m. SITP (45 hrs) = 25 psi. 1st swab run 300' in hole. Recovered 200' - 75% oil. 2nd swab run - no recovery. Make 1 swab run per hour. 1st hour - no entry. 2nd hr - no entry.  
 5-06-92    Perf 4958-65 = 7' = 2 spf = 14 holes.  
 5-07-92    Acidize w/1000 gallons 10% NE/FE + clay stay & 24 balls. Swab dry in 5 runs.  
 5-08-92    Swab down in 3 runs. Wait one hour - make one swab run/hr. 5th hr - FL 4500' Scattered to SN - No rec.  
 5-13-92    Perf Qn Sand 3924-34 = 10' w/2 spf.  
 5-14-92    Acidize w/1400 gal 15% NE/FE + 30 balls. Sawb well down in 4 swab runs (over)

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

Signed *William Kasey* Title Production Analyst Date May 15, 1992

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Conditions of approval, if any:

5-14-92 (Cont) Make 1 swab run per hour for 5 hrs. Recovered 10-15' LW per hour.  
5-15-92 TA.

MANZANO OIL CORPORATION  
APPLICATION FOR AUTHORIZATION TO INJECT  
ANADARKO FEDERAL #1  
LEA COUNTY, NEW MEXICO

CERTIFICATE OF SERVICE

I, Donnie E. Brown, Engineer, Manzano Oil Corporation, Operator of the Anadarko Federal #1, have on this 2nd day of June, 1992, mailed or caused to be mailed, postage prepaid a copy of the Application for Authorization to Inject to the following persons at the address shown:

LAND OWNER

Bureau of Land Management  
Carlsbad Resource Area Headquarters  
P.O. Box 1778  
Carlsbad, New Mexico 88220

GRAZING LESSEE

Herschel and Gary Caviness  
c/o Caviness Cattle Company  
East Star Route  
Maljamar, New Mexico 88264

OFFSET OPERATORS

Dan Kernaghan, DM Oper.  
Anadarko Petroleum Corp.  
P.O. Box 2497  
Midland, Texas 79702

M.R. Burton, DM Oper.  
Santa Fe Energy Resources, Inc.  
550 W. Texas, Suite 1330  
Midland, Texas 79701

Brent D. Meyers, DM Oper.  
Conoco, Inc.  
10 Desta Dr., Suite 100 W.  
Midland, Texas 79705-4500

Harold Justice, VP Drlg/Prod.  
Siete Oil & Gas Corp.  
P.O. Box 2523  
Roswell, New Mexico 88202-2523

C.R. Chandler, VP Oper.  
Marshall & Winston, Inc.  
P.O. Box 50880  
Midland, Texas 79710

C.W. Stumhoffer  
Ridglea Bank Bldg, Suite 1007  
Ft. Worth, Texas 76116

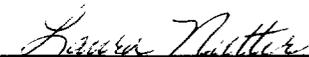
J.S. Buchanan, VP Reg. Oper.  
Meridian Oil, Inc.  
P.O. Box 51810  
Midland, Texas 79710-1810

  
Donnie E. Brown, VP Engineering

State of New Mexico    )  
                                  )  
County of Chaves        )

The foregoing instrument was acknowledged before me this 2nd day of June, 1992 by Donnie E. Brown, Vice President of Engineering, Manzano Oil Corporation, on behalf of said corporation.

My commission expires:  
June 6, 1995

  
Notary Public in and for the  
State of New Mexico

AFFIDAVIT OF PUBLICATION

State of New Mexico,  
County of Lea.

I, Kathi Bearden

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 \_\_\_\_\_

One weeks.  
Beginning with the issue dated

June 7, 1992  
and ending with the issue dated

June 7, 1992

*Kathi Bearden*  
General Manager

Sworn and subscribed to before

me this 11 day of

June, 1992

*Paula Parrish*  
Notary Public.

My Commission expires \_\_\_\_\_

Aug. 5, 1995  
(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**  
June 7, 1992

Manzano Oil Corporation proposed to convert the Anadarko Federal #1 well from an oil well to a water disposal well. The Anadarko Federal #1 is

located 1980' FSL & 660' FEL of Section 15, Township 18 South, Range 32 East, N.M.P.M., Lea County, New Mexico.

800 barrels of water per day maximum shall be injected at 1300 psi into the

Delaware Mountain Group at a depth of 4958 - 6485 feet. Interested parties must file objections or request a hearing with the New Mexico Oil Conservation Division P.O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

Madarko Fed #1  
 Return Receipts  
 Sec. 15, 7185, R32E  
 Dona County, NM

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Hobbs Daily Sun  
 P. O. Box 860  
 Legal Dept.  
 Hobbs, NM 88241-0860

4. Article Number  
 P 340 896 274

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *Glenda Perry*

6. Signature - Agent  
 X

7. Date of Delivery  
 6-4-92

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Bureau of Land Management  
 Carlsbad Resource Area Headquarters  
 P. O. Box 1778  
 Carlsbad, NM 88220

4. Article Number  
 P 340 896 270

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X

6. Signature - Agent  
 X *Betty Hill*

7. Date of Delivery

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

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1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to:  
 Herschel and Gary Caviness  
 c/o Caviness Cattle Company  
 East Star Route  
 Maljamar, NM 88264

4. Article Number  
 P 340 896 271

Type of Service:  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
 X *Herschel and Gary Caviness*

6. Signature - Agent  
 X *Janice Caviness*

7. Date of Delivery  
 Brown 6-6-92

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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 Fee will provide you the signature of the person delivered to and the date of delivery.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Anadarko  
BX 2497  
Midland TX 79702

4a. Article Number  
P-340-896-273

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

7. Date of Delivery  
JUL 3 1992

5. Signature (Addressee)

6. Signature (Agent)  
Belle Plaine

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

PS Form 3811, November 1990 \*U.S.G.P.O. 1991-287-066 **DOMESTIC RETURN RECEIPT**

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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

- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:  
Brent Meyers, Dm Oper  
Conoco Inc.  
10 Desta Dr., Ste. 100 W  
Midland, TX 79705-4500

4. Article Number  
P340 896 265

Type of Service:  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X Anita Morales

7. Date of Delivery  
6-3-92

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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- Show to whom delivered, date, and addressee's address. (Extra charge)
- Restricted Delivery (Extra charge)

3. Article Addressed to:  
C.A. Chandler, VP Oper  
Marshall & Winston, Inc.  
P.O. Box 50880  
Midland, TX 79710

4. Article Number  
P 340 896 272

Type of Service:  
 Registered     Insured  
 Certified     COD  
 Express Mail     Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee  
X

6. Signature - Agent  
X P. Waters

7. Date of Delivery  
JUL 3 1992

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

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 **DOMESTIC RETURN RECEIPT**

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1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: J. S. Buchanan, VP Reg. Oper. Meridian Oil, Inc. P. O. Box 51810 Midland, TX 79710-1810	4. Article Number P 340 896 269
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery APR 4 1989	

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
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1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: M.R. Burton, Dm oper. Santa Fe Energy Resources 550 W. Texas, Ste. 1330 Midland, TX 79701	4. Article Number P 340 896 266
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee X <i>P. Thomas</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery APR 3 1989	

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: Harold Justice IVP Drlg. Siete Oil & Gas P.O. Box 2523 Roswell, NM 88202-2523	4. Article Number P 340 896 268
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
	Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature - Addressee X <i>[Signature]</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X <i>[Signature]</i>	
7. Date of Delivery APR 4 1989	

PS Form 3811, Apr. 1989 \*U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

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1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to: C.W. Stumhoffer Ridglea Bank Bldg. Suite 1007 Ft. Worth, TX 76116	4. Article Number P 340 896 267
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee X   C.W. Stumhoffer	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent X	
7. Date of Delivery 6-8-92	