

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION  
- Engineering Bureau -

723

ADMINISTRATIVE APPLICATION COVERSHEET

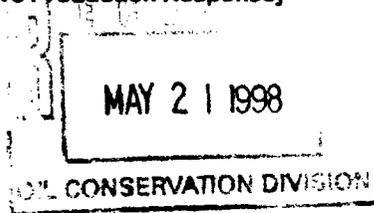
THIS COVERSHEET IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS

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.

WALTER M. FRANK  
Print or Type Name

*Walter M. Frank*  
Signature

DISTRICT ENGINEER  
Title

May 14, 1998  
Date

**APPLICATION FOR AUTHORIZATION TO INJECT**

- I. PURPOSE: Secondary Recovery Pressure Maintenance  Disposal Storage  
Application qualifies for administrative approval? Yes No MARTHA CREEK #4 SWD
- II. OPERATOR: DEVON ENERGY CORPORATION (NEVADA)  
ADDRESS: 20 N. BROADWAY, SUITE 1500, OKC, OK 73102-8260  
CONTACT PARTY: WALTER M. 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 ATTACHMENT III (tabular & schematic)
- IV. Is this an expansion of an existing project: Yes No  
If yes, give the Division order number authorizing the project \_\_\_\_\_
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.  
SEE ATTACHMENT 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. No wells within the area of review  
N/A -- penetrate the proposed disposal interval.
- 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 ATTACHMENTS 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. This proposed disposal well will be completed open hole and this interval stimulated with approximately 10,000 gals 15% HCl acid.
- \* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted.) N/A -- New drill SWD well
- \* 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. SEE ATTACHMENT XI
- 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, PROOF OF NOTICE 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: WALTER M. FRANK TITLE: DISTRICT ENGINEER  
SIGNATURE: Walter M Frank DATE: May 14, 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.**

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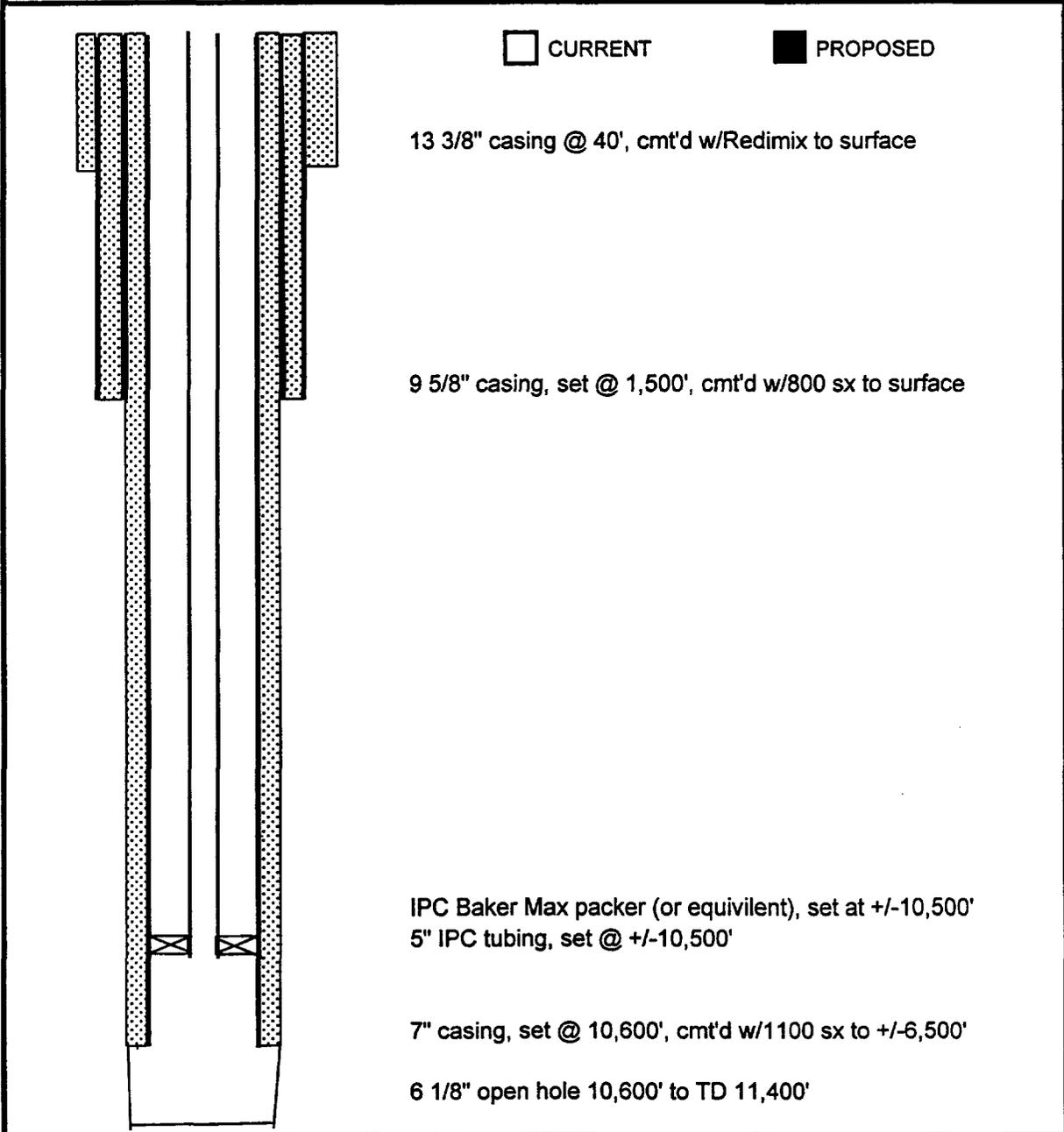
**NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.**

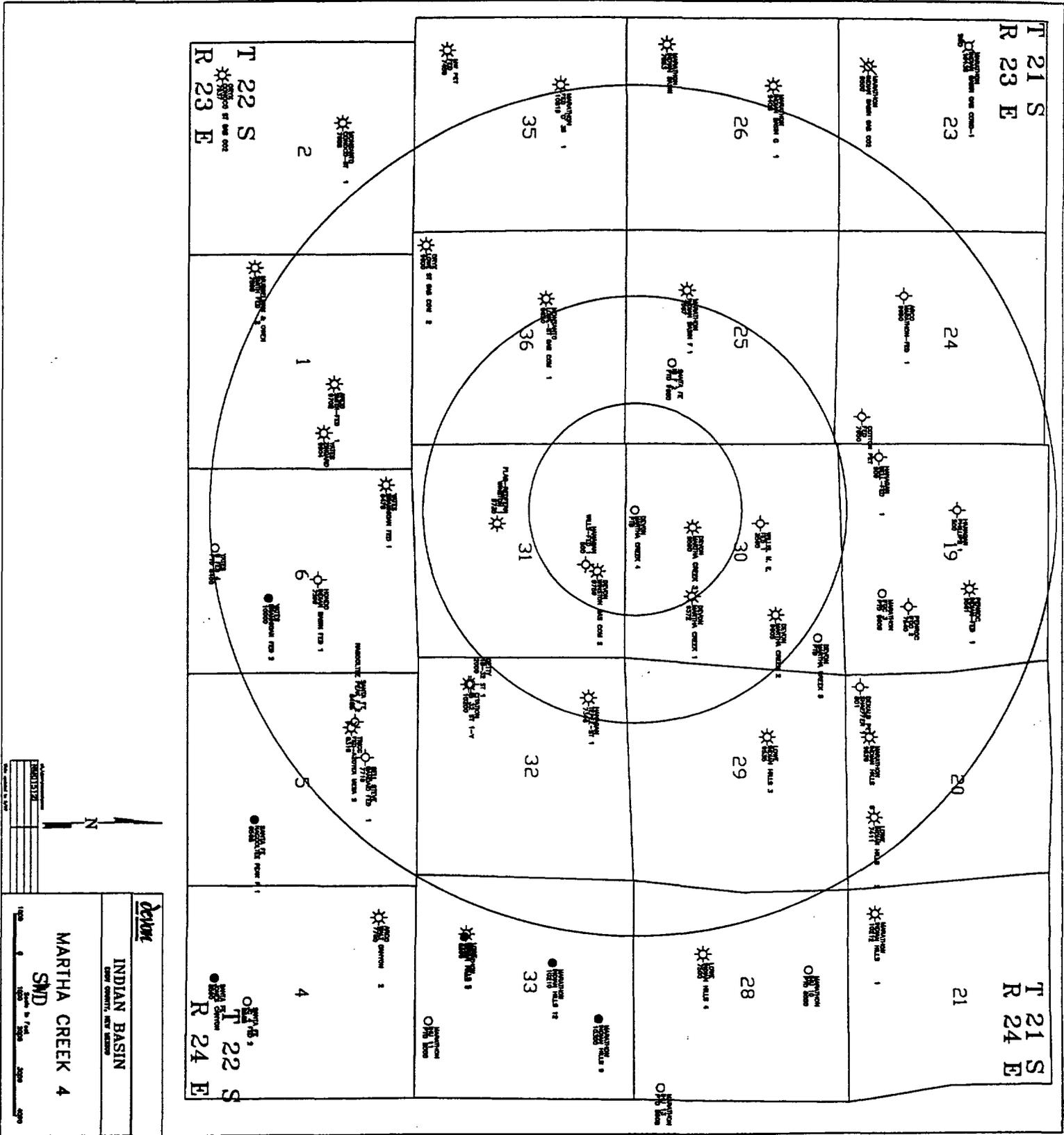
WELL DATA

- A. (1) Martha Creek #4 SWD  
Section 30-T21S-R24E, Lot 18  
225' FSL & 1650' FWL  
Eddy County, New Mexico
- (2) N/A
- (3) Please refer to the well bore schematic labeled Attachment III (Proposed).  
We will be using 5" IPC tubing. The tubing will be set at  $\pm 10,500$  feet.
- (4) Please refer to the well bore schematic labeled Attachment III (Proposed).  
We will use a 3 1/2" x 7" Baker Max packer or equivalent to be set at  $\pm 10,500$  feet.
- B. (1) The injection formation will be the Devonian in the Indian Basin (Devonian) Field.
- (2) The injection intervals will be through open hole from 10,600 feet to 11,400 feet.
- (3) This well is being newly drilled as an Indian Basin (Devonian) SWD well for disposal  
of produced water from offsetting leases.
- (4) N/A
- (5) There are no lower productive oil or gas zones in the area of this well. The next higher  
productive zone is the Morrow at  $\pm 9,500$  feet.

**DEVON ENERGY CORPORATION  
WELLBORE SCHEMATIC**

WELL NAME: Martha Creek #4 SWD			FIELD: Indian Basin (Devonian)			
LOC: 225' FSL & 1650' FEL, Lot 18, Sec. 30-21S-24E			COUNTY: EDDY		STATE: NM	
ELEVATION: GL=3763'			SPUD DATE: New Drill		COMP DATE:	
API: 30-015-		PREPARED BY: CR Graham		DATE: 5/8/98		
TUBULARS	DEPTH	SIZE	WEIGHT	GRADE	THREAD	HOLE SIZE
CASING:	0' - 40'	13 3/8"	48#	H-40	ST&C	17 1/2"
CASING:	0' - 1500'	9 5/8"	32#	J-55	ST&C	12 1/4"
CASING:	0' -10,600'	7"	23 / 26#	J-55	Buttress / ST&C	8 3/4"
TUBING:	0' - 10,500	5"		IPC		
PACKER:	@ 10,500'	3 1/2" x 7"				6 1/8"





PROPOSED OPERATION

1. Plans are to dispose of average 20,000 bbls of produced water per day.  
The maximum rate anticipated will be 30,000 bbls of produced water per day.
2. The disposal system will be a closed system.
3. The proposed pressure is 1250 psig. Maximum pressure will be 2000 psig.
4. The disposal fluid will be produced water from Upper Penn and Morrow formations from offsetting leases.
5. Please refer to Attachment VII (B) for a copy of the water analysis for each zone.

**MITCHELL ANALYTICAL LABORATORY**

2638 Faudree  
Odessa, Texas 79765-8538  
561-5579

**Water Analysis**

Morrow

Company.... Nalco/Exxon Energy Chemicals  
Well # .... BONE FLATS 12-5  
Lease..... MARATHON  
Location... Sec. 12, T-21-S, R-23-E  
Date Run... 10/13/1997  
Lab Ref #.. 97-OCT-N00768

Sample Temp... 70.0  
Date Sampled.. 10/10/1997  
Sampled by... Mark Hermann  
Employee # ... 27-011  
Analyzed by... DANIEL

Eddy County, <sup>NM</sup>  
Dissolved Gasses

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide	(H <sub>2</sub> S)	0.00	18.00	0.00
Carbon Dioxide	(CO <sub>2</sub> )	0.00	22.00	0.00
Dissolved Oxygen	(O <sub>2</sub> )	0.00	8.00	0.00

**Cations**

		Mg/L	Eq. Wt.	MEq/L
Calcium	(Ca <sup>++</sup> )	1,125.60	20.10	56.00
Magnesium	(Mg <sup>++</sup> )	170.80	12.20	14.00
Sodium	(Na <sup>+</sup> )	22,472.93	23.00	977.08
Barium	(Ba <sup>++</sup> )	2.50	68.70	0.00
Manganese	(Mn <sup>++</sup> )	0.00	27.50	0.00

**Anions**

		Mg/L	Eq. Wt.	MEq/L
Hydroxyl	(OH <sup>-</sup> )	0.00	17.00	0.00
Carbonate	(CO <sub>3</sub> <sup>=</sup> )	0.00	30.00	0.00
Bicarbonate	(HCO <sub>3</sub> <sup>-</sup> )	268.64	61.10	4.40
Sulfate	(SO <sub>4</sub> <sup>=</sup> )	9.00	48.80	0.18
Chloride	(Cl <sup>-</sup> )	37,040.70	35.50	1,043.40

Total Iron (Fe)	16.75	18.60	0.90
Total Dissolved Solids	61,104.62		
Total Hardness As CaCO <sub>3</sub>	3,500.00		
Conductivity MICROMHOS/CM	95,000		

pH 6.650                      Specific Gravity 60/60 F. 1.042

CaSO<sub>4</sub> Solubility @ 80 F. 68.63 MEq/L, CaSO<sub>4</sub> scale is <sup>not</sup> likely

CaCO<sub>3</sub> Scale Index

70.0	-0.706
80.0	-0.586
90.0	-0.386
100.0	-0.386
110.0	-0.126
120.0	-0.126
130.0	0.234
140.0	0.234
150.0	0.564

**Nalco/Exxon Energy Chemicals**

# MITCHELL ANALYTICAL LABORATORY

2638 Faudree  
Odessa, Texas 79765-8538  
561-5579

## Water Analysis

Upper Penn.

Company.... Nalco/Exxon Energy Chemicals  
Well # .... IHSC #7  
Lease..... MARATHON  
Location... Sec. 36, T-20-S, R-24-E  
Date Run... 10/13/1997  
Lab Ref #.. 97-OCT-N00769

Sample Temp... 70.0  
Date Sampled.. 10/13/1997  
Sampled by.... Mark Hermann  
Employee # ... 27-011  
Analyzed by... DANIEL

Eddy County, NM

### Dissolved Gasses

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide	(H <sub>2</sub> S)	348.00	16.00	21.75
Carbon Dioxide	(CO <sub>2</sub> )	0.00	22.00	0.00
Dissolved Oxygen	(O <sub>2</sub> )	0.00	8.00	0.00

### Cations

Calcium	(Ca <sup>++</sup> )	341.70	20.10	17.00
Magnesium	(Mg <sup>++</sup> )	85.40	12.28	7.06
Sodium	(Na <sup>+</sup> )	3,714.25	23.00	161.49
Barium	(Ba <sup>++</sup> )	< .50	68.78	0.00
Manganese	(Mn <sup>++</sup> )	0.00	27.50	0.00

### Anions

Hydroxyl	(OH <sup>-</sup> )	0.00	17.00	0.00
Carbonate	(CO <sub>3</sub> <sup>=</sup> )	12.00	30.00	0.40
Bicarbonate	(HCO <sub>3</sub> <sup>-</sup> )	928.72	61.10	151.20
Sulfate	(SO <sub>4</sub> <sup>=</sup> )	1,750.00	48.80	35.86
Chloride	(Cl <sup>-</sup> )	4,004.40	35.50	112.84

Total Iron	(Fe)	0.40	18.60	0.02
Total Dissolved Solids		11,176.87		
Total Hardness As CaCO <sub>3</sub>		1,200.00		
Conductivity MICROMHOS/CM		13,500		

pH 7.600 Specific Gravity 60/60 F. 1.008

CaSO<sub>4</sub> Solubility @ 80 F. 40.28 MEq/L, CaSO<sub>4</sub> scale is <sup>not</sup> likely

CaCO<sub>3</sub> Scale Index

70.0	0.930
80.0	1.060
90.0	1.280
100.0	1.280
110.0	1.520
120.0	1.520
130.0	1.790
140.0	1.790
150.0	2.020

Nalco/Exxon Energy Chemicals

Marathon Oil Company  
North Indian Basin #1  
Section 9-T21S-R23E  
Eddy County, New Mexico  
Drill Stem Test  
1963

Interval tested was 10,009 feet to 10,100 feet analyzed as follows.

Specific Gravity	1.109
pH	6.8
Resistivity	.285 @ 94°F
Chlorides (Cl)	11,000
Sulfates (SO <sub>4</sub> )	1,500
Alkalinity (HCO <sub>3</sub> )	610
Calcium (Ca)	1,080
Magnesium (Mg)	775
Iron (Fe)	20
Sodium (Na)	5,359
Sulfides (H <sub>2</sub> S)	Negligible

GEOLOGY AND LITHOLOGY

## Disposal Zones

The proposed intervals for disposal are vuggy, fractured dolomite with 3-14% porosity. The gross depth interval is  $\pm 800$  feet at a depth of  $\pm 10,600$  feet. There are no productive or prospective commercial oil or gas bearing zones within this interval in this bore hole or in any bore holes within a 1/2 mile radius of this bore hole.

Specifically the proposed intervals for disposal are as follows.

Devonian	10,600' to 11,400'	800'
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## Fresh Water Zones

Base of near surface aquifer is estimated to be at approximately 650 feet in the Grayburg formation.

No fresh water zones exist at or below the proposed disposal intervals.

**MITCHELL ANALYTICAL LABORATORY**

2638 Faudree  
Odessa, Texas 79765-8538  
561-5579

**Water Analysis**

Company.... Nalco/Exxon Energy Chemicals  
Well # .... FRESH WATER STATION  
Lease..... MARATHON  
Location... Sec. 29, T-21-S, R-24-E  
Date Run... 05/07/1997  
Lab Ref #.. 97-MAY-N00407

Sample Temp... 70.0  
Date Sampled.. 05/06/1997  
Sampled by... Dan Sweatt  
Employee # ...  
Analyzed by... DANIEL

EDDY COUNTY, NM

**Dissolved Gasses**

		Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulfide	(H <sub>2</sub> S)	0.00	16.00	0.00
Carbon Dioxide	(CO <sub>2</sub> )	0.00	22.00	0.00
Dissovled Oxygen	(O <sub>2</sub> )	0.00	8.00	0.00

**Cations**

Calcium	(Ca <sup>++</sup> )	100.50	20.10	5.00
Magnesium	(Mg <sup>++</sup> )	34.16	12.20	2.80
Sodium	(Na <sup>+</sup> )	196.61	23.00	8.55
Barium	(Ba <sup>++</sup> )	< .50	68.70	0.00
Manganese	(Mn <sup>++</sup> )	0.00	27.50	0.00

**Anions**

Hydroxyl	(OH <sup>-</sup> )	0.00	17.00	0.00
Carbonate	(CO <sub>3</sub> <sup>=</sup> )	0.00	30.00	0.00
Bicarbonate	(HCO <sub>3</sub> <sup>-</sup> )	268.84	61.10	4.40
Sulfate	(SO <sub>4</sub> <sup>=</sup> )	550.00	48.80	11.27
Chloride	(Cl <sup>-</sup> )	24.33	35.50	0.69
Total Iron	(Fe)	0.14	18.60	0.01
Total Dissolved Solids		1,174.58		
Total Hardness As CaCO <sub>3</sub>		390.00		
Conductivity MICROMOHS/CM		1,200		

pH 7.220

Specific Gravity 60/60 F. 1.001

CaSO<sub>4</sub> Solubility @ 80 F. 45.89 MEq/L, CaSO<sub>4</sub> scale is unlikely**CaCO<sub>3</sub> Scale Index**

70.0	0.264
80.0	0.304
90.0	0.544
100.0	0.544
110.0	0.664
120.0	0.664
130.0	0.864
140.0	0.864
150.0	0.984

**Nalco/Exxon Energy Chemicals**

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 Martha Creek Gas Comm. lease.

PROOF OF NOTICE

Devon Energy Corporation (Nevada) operates wells in the Martha Creek Gas Comm. lease in Section 30 of T21S, R24E, Eddy County, New Mexico.

Citation Oil and Gas Corp, Marathon Oil Company, Oryx Energy Company and Santa Fe Energy Operating Partners are area interest owners nearby or within the area of review and have been 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 3160-3 Application for Permit to Drill with this report attached.

PROOF OF PUBLICATION

Proof of publication from the Carlsbad Current-Argus is enclosed.

# Affidavit of Publication

No 18578

May 1, 1998

State of New Mexico,  
County of Eddy, ss.

Amy McKay

being first duly sworn, on oath says:

That she is Business Manager  
of the Carlsbad Current-Argus, a newspaper published daily at the City of Carlsbad, in said county of Eddy, state of New Mexico and of general paid circulation in said county; that the same is a duly qualified newspaper under the laws of the state wherein legal notices and advertisements may be published; that the printed notice attached hereto was published in the regular and entire edition of said newspaper and not in supplement thereof on the date as follows, to wit:

<u>May 1</u>	<u>19 98</u>
_____	<u>19</u>

That the cost of publication is \$ 27.57,  
and that payment thereof has been made and will  
be assessed as court costs.

*Amy McKay*

Subscribed and sworn to before me this

4th day of May, 1998

*Donna Crump*

My commission expires 8/1/98  
Notary Public

### LEGAL ADVERTISEMENT

Notice is hereby given that Devon Energy Corporation (Nevada) is applying to the New Mexico Oil Conservation Division to drill the following as a salt water disposal well.

MARTHA CREEK #4 SWD  
225' FSL & 1650' FWL  
Section 30-21S-24E, Lot 18  
Eddy County, New Mexico

The intended purpose of this well is to dispose of produced Pennsylvanian waters (from surrounding wells) into the Devonian sand. Maximum rates of 30,000 BWPD and a maximum pressure of 2000 psig are expected.

Interested parties must file objections or requests for hearing within 15 days to the following commission.

New Mexico  
Oil Conservation Division  
2040 South Pacheco  
Sante Fe, New Mexico 87505

Walter M. Frank  
District Engineer  
Devon Energy Corporation  
(Nevada)  
20 North Broadway, Suite  
1500  
Oklahoma City, Oklahoma  
73102-8260  
(450)235-3611, ext 4595

*devon*

ENERGY CORPORATION

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

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

May 14, 1998

To Whom It May Concern:

RE: New drill of a salt water disposal well  
Martha Creek #4 SWD  
Section 30-21S-24E  
Eddy County, New Mexico

Gentlemen:

Concerning the referenced, please find copies of our Application for Authorization to Inject (Form C108 and attachments) as submitted to the NMOCD in Santa Fe, New Mexico, and our Application for Permit to Drill as submitted to the BLM in Carlsbad, New Mexico, (Form 3160-3 and attachments).

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

Sincerely,

*Candace R. Graham*

Ms. Candace R. Graham  
Engineering Tech.

Enclosures

copy: NMOCD (Santa Fe & Artesia), BLM (Roswell)  
file, engineer, 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**

	<b>Certified Mail No.</b>
CITATION OIL & GAS CORP 8223 WILLOW PLACE SOUTH SUITE 250 HOUSTON TX 77070-5623	Z 100 656 451
MARATHON OIL COMPANY ATTENTION GREG MUSE PO BOX 2409 HOBBS NM 88240-2409	Z 100 656 452
MARATHON OIL COMPANY ATTN RANDALL WILSON PO BOX 552 MIDLAND TX 79702	Z 100 656 457
ORYX ENERGY COMPANY ATTENTION FRED PO BOX 2880 DALLAS TX 75221-2880	Z 100 656 454
SANTA FE ENERGY OPERATING PARTNERS 500 WEST ILLINOIS MIDLAND TX 79701	Z 100 656 453

MARTHA 4 SWD (5-14-98) 3160-3 APD & attachments and copy

SENDER: of NMOC C108 w/ attachments

- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

BUREAU OF LAND MNGT  
2909 WEST SECOND STREET  
ROSWELL NM 88201

4a. Article Number

Z 100 656 456

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

MARTHA 4 SWD (5-14-98) C108 & attachments

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

New Mexico Oil Conservation  
Principal Office  
2040 S. Pacheco  
Santa Fe, NM 87505

4a. Article Number

Z 100 656 455

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-97-B-0179

Domestic Return Receipt

MARTHA 4 SWD (5-14-98) C108 & 3160-3 APD

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Is your RETURN ADDRESS completed on the reverse side?

3. Article Addressed to:

SANTA FE ENERGY  
OPERATING PARTNERS  
500 WEST ILLINOIS  
MIDLAND TX 79701

4a. Article Number

Z 100 656 453

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

Thank you for using Return Receipt Service.

Domestic Return Receipt

MARATHA A SWD (5-14-94) C108 & 3160-3-APD

**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.

3. Article Addressed to:  
**ORYX ENERGY COMPANY  
 ATTENTION FRED  
 PO BOX 2880  
 DALLAS TX 75221-2880**

4a. Article Number  
**Z 100 656 454**

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)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

MARATHA A SWD (5-14-98) C108 & 3160-3-APD

**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.  
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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.

3. Article Addressed to:  
**MARATHON OIL COMPANY  
 ATTN RANDALL WILSON  
 PO BOX 552  
 MIDLAND TX 79702**

4a. Article Number  
**Z 100 656 457**

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)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

MARATHA A SWD (5-14-98) C108 & 3160-3-APD

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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.

3. Article Addressed to:  
**MARATHON OIL COMPANY  
 ATTENTION GREG MUSE  
 PO BOX 2409  
 HOBBS NM 88240-2409**

4a. Article Number  
**Z 100 656 452**

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)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

MARATHA A SWD (5-14-98) C108 & 3160-3-APD

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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:  
**CITATION OIL & GAS CORP  
 8223 WILLOW PLACE SOUTH  
 SUITE 250  
 HOUSTON TX 77070-5623**

4a. Article Number  
**Z 100 656 451**

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)

PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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Thank you for using Return Receipt Service.

**CHECKLIST for ADMINISTRATIVE INJECTION APPLICATIONS**

Operator: DEVON ENERGY CORP. Well: MARTHA CREEK NO. 4

Contact: WALLY FRANK Title: ENG. Phone: \_\_\_\_\_

DATE IN 5-21 RELEASE DATE 6-5 DATE OUT 9-11-98

Proposed Injection Application is for:  WATERFLOOD  Expansion  Initial

Original Order: R- \_\_\_\_\_  Secondary Recovery  Pressure Maintenance

**SENSITIVE AREAS**

SALT WATER DISPOSAL  Commercial Well

WIPP  Capitan Reef

Data is complete for proposed well(s)? Y Additional Data Req'd NOTIFICATION RCD 7-21

**AREA of REVIEW WELLS**

<input checked="" type="checkbox"/> Total # of AOR	<input type="checkbox"/> # of Plugged Wells
<input type="checkbox"/> Tabulation Complete	<input type="checkbox"/> Schematics of P & A's
<input type="checkbox"/> Cement Tops Adequate	<input type="checkbox"/> AOR Repair Required

**INJECTION FORMATION**

Injection Formation(s) DEVONIAN Compatible Analysis Y

Source of Water or Injectate AREA PRODUCTION - UPPER PENN & MORROW

**PROOF of NOTICE**

<input checked="" type="checkbox"/> Copy of Legal Notice	<input checked="" type="checkbox"/> Information Printed Correctly
<input checked="" type="checkbox"/> Correct Operators	<u>7-21</u> Copies of Certified Mail Receipts
<u>ND</u> Objection Received	<input type="checkbox"/> Set to Hearing _____ Date

**NOTES:**

**APPLICATION QUALIFIES FOR ADMINISTRATIVE APPROVAL?** Y

**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 _____