



# NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

GARY E. JOHNSON

Governor

Jennifer A. Salisbury

Cabinet Secretary

Lori Wrotenbery

Director

Oil Conservation Division

September 10, 2001

Yates Petroleum Corporation  
105 South Fourth Street  
Artesia, New Mexico 88210

Mr. Sam Brandon

Re: Form C-108  
Archimedes No. 1  
Section 18, T-21 South, R-24 East, NMPM,  
Eddy County, New Mexico

Dear Mr. Brandon:

This letter acknowledges the receipt of your administrative application dated August 30 2001, to convert the Archimedes No. 1 to a salt water disposal well. The Division received your application on September 4, 2001. Our preliminary review indicates that the information provided in the application is not sufficient to process the administrative order. The following information is necessary:

- a) **Administrative Application Checklist (Enclosed)**  
(Current Division policy regarding administrative applications stipulates that this checklist must be submitted with each application.)

Since the submitted information is insufficient to review, the application was **Ruled Incomplete** on September 10, 2001. Please submit the above stated information by September 17, 2001.

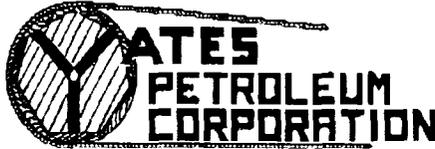
The Division cannot proceed with your application until the required information is submitted. Upon receipt, the division will continue to process your application. The additional information can be faxed, or mailed to the Division. If the necessary information is not submitted, your application will be returned to you.

If you have any questions, please contact me in Santa Fe, at (505) 476-3466.

Sincerely,

David Catanach  
Petroleum Engineer

MARTIN YATES, III  
1912 - 1985  
FRANK W. YATES  
1936 - 1986



105 SOUTH FOURTH STREET  
ARTESIA, NEW MEXICO 88210-2118  
TELEPHONE (505) 748-1471

S. P. YATES  
CHAIRMAN OF THE BOARD  
JOHN A. YATES  
PRESIDENT  
PEYTON YATES  
EXECUTIVE VICE PRESIDENT  
RANDY G. PATTERSON  
SECRETARY  
DENNIS G. KINSEY  
TREASURER

September 17, 2001

State of New Mexico  
OIL CONSERVATION DIVISION  
2040 S. Pacheco Street  
Santa Fe, NM 87505-5472  
Attn: Mr. David Catanach

VIA FACSIMILE: (505) 476-3462

Dear Sir:

With this letter please find a copy of the Administrative Application Checklist and proof of notification to required parties for the proposed Archimedes SWD #1 located in Section 18-T21S-R24E, Eddy County, New Mexico.

Should you have any questions, please feel free to contact me at (505) 748-4281.

Sincerely,

Sam Brandon  
Operations Engineer

Enclosure

09/17/01 09:38

505 748 4585

YATES PET ENG

003

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.
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ABOVE THIS LINE FOR DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
**- Engineering Bureau -**

1220 South St. Francis Drive, Santa Fe, NM 87505



**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Application Acronyms:**

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [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 - Simultaneous Dedication  
 NSL  NSP  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

- [D] Other: Specify \_\_\_\_\_

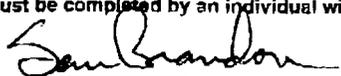
[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or  Does Not Apply

- [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] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate and complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Sam Brandon  Operations Engineer 9-13-01  
 Print or Type Name Signature Title Date

e-mail Address \_\_\_\_\_

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Aspen Oil & Ranch, LTD.*  
*303 West Wall Ave*  
*Suite 1800*  
*Midland, TX*  
*79701-5116*

2. Article Number (Copy from service label)

*7000 1530 0000 1625 3263*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*8/31/01*

C. Signature

*X Kim Goldstein*

- Agent
- Addressee

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**U.S. Postal Service CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only: No Insurance Coverage)

7000 1530 0000 1625 3263

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

Sent to

*Aspen Oil & Ranch*  
Street, Apt. No., or PO Box No.

City, State, ZIP+4

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 David Jackson  
 1901 1st National Bank  
 303 West Wall Ave  
 Midland, TX  
 79701-5116

2. Article Number (Copy from service label)  
 7000 1530 0000 1625 3270

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 X *Kim Goldstein*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
 3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

022E 529T 0000 1530 0000 1625 3270 7000

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

Sent To  
*David Jackson*  
 Street, Apt. No., or PO Box No.

City, State, ZIP+4  
 PS Form 3800, May 2000 See Reverse for

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
 Pioneer Oil Corp.  
 P.O. Box 5970  
 Hobbs, NM 88241

Article Number (Copy from service label)  
 7000 1530 0000 1625 3331

S Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
 C. Signature  
 X *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
 3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

022E 529T 0000 1530 0000 1625 3331 7000

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

Sent To  
*Pioneer Oil Corp.*  
 Street, Apt. No., or PO Box No.

City, State, ZIP+4  
 Hobbs NM  
 PS Form 3800, May 2000 See Reverse for

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
 Marathon Oil Co.  
 P.O. Box 552  
 Midland, TX 79702

Article Number (Copy from service label)  
 000 1530 0000 1625 3256

Form 3811, July 1999 Domestic Return Receipt *Archimedes* 102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery  
*McWilliam* 8/31/2001  
 C. Signature  
 X *[Signature]*  Agent  Addressee  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
 3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage)

022E 529T 0000 1530 0000 1625 3256 7000

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

Sent To  
*Marathon Oil*  
 Street, Apt. No., or PO Box No.

City, State, ZIP+4  
 PS Form 3800, May 2000 See Reverse for

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Patricia Schaefer-Dyman  
Queen Route  
Carlsbad, NM 88220

2. Article Number (Copy from service label)

7000 1530 0000 1625 3294

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Stacy Biebel 8-31-01

C. Signature

X Stacy Biebel  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage)

7000 1530 0000 1625 3294

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

Sent To  
Patricia Schaefer  
Street, Apt. No.; or PO Box No.  
City, State, ZIP+4

PS Form 3800, May 2000 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Santa Fe Energy Company  
500 W. Illinois  
Suite 500  
Midland TX,  
79701-4310

2. Article Number (Copy from service label)

7000 1530 0000 1625 3300

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Jo Chessa

C. Signature

X Jo Chessa  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage)

7000 1530 0000 1625 3300

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

Sent To  
SFE  
Street, Apt. No.; or PO Box No.  
City, State, ZIP+4  
Midland TX

PS Form 3800, May 2000 See Reverse

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Richard Menus  
Bureau of Land Management  
620 E. Greene Street  
Carlsbad, NM  
88220-6292

2. Article Number (Copy from service label)

7000 1530 0000 1625 3287

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Debra Moore 8/21/01

C. Signature

X Debra Moore  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage)

7000 1530 0000 1625 3287

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

Sent To  
Bum  
Street, Apt. No.; or PO Box No.  
City, State, ZIP+4  
Carlsbad NM

PS Form 3800, May 2000 See Reverse

# Affidavit of Publication

NO. 17472

STATE OF NEW MEXICO

County of Eddy:

Gary D. Scott being duly

sworn, says: That he is the Publisher of The Artesia Daily Press, a daily newspaper of general circulation, published in English at Artesia, said county and county and state, and that the here to attached

### Legal Notice

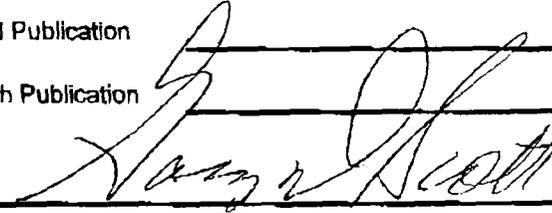
was published in a regular and entire issue of the said Artesia Daily Press, a daily newspaper duly qualified for that purpose within the meaning of Chapter 167 of the 1937 Session Laws of the state of New Mexico for 1 consecutive weeks/days on the same day as follows:

First Publication September 4 2001

Second Publication \_\_\_\_\_

Third Publication \_\_\_\_\_

Fourth Publication \_\_\_\_\_



Subscribed and sworn to before me this

6th day of September 2001

  
Notary Public, Eddy County, New Mexico

My Commission expires September 23, 2003

# Copy of Publication:

### LEGAL NOTICE

Yates Petroleum Corporation, 105 South Fourth Street, Artesia, NM 88210, has filed form C-108 (Application for Authorization to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for an injection well. The proposed well, the "Archimedes SWD #1" located 1850' FSL & 1980' FEL of Section 18, Township 21 South, Range 24 East of Eddy County, New Mexico, will be used for salt water disposal. Disposal waters from the Canyon will be re-injected into the Devonian at a depth of approximately 10,600'-10,800' with a maximum pressure of 2000 psi and a maximum rate of 25,000 BWPD.

All interested parties opposing the aforementioned must file objections or requests for a hearing with the Oil Conservation Division, 1220 S. St. Francis Drive, Santa Fe, NM 87505, within 15 days. Additional information can be obtained by contacting Sam Brandon at (505) 748-4281.

Published in the Artesia Daily Press, Artesia, N.M. September 4, 2001.

Legal 17472