

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X 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. _____