Coppenhand 18 State SWD#1

LOGGED IN 12014

5 WD

PMAM1401747239

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

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



	·	ADMINISTRATIVE AP	PLICATION CHECKLI	ST
TH	HIS CHECKLIST IS N	IANDATORY FOR ALL ADMINISTRATIVE APPL	LICATIONS FOR EXCEPTIONS TO DIVISION F AT THE DIVISION LEVEL IN SANTA FE	RULES AND REGULATIONS
Applic	ation Acronym	s:		
	[DHC-Dow [PC-Po	ool Commingling] [OLS - Off-Leas [WFX-Waterflood Expansion] [Pl	Commingling] [PLC-Pool/Lease e Storage] [OLM-Off-Lease Mea WX-Pressure Maintenance Expans [IPI-Injection Pressure Increase]	Commingling] surement] ion]
[1]	TYPE OF A	PPLICATION - Check Those Which	h Apply for [A]	SWD
	[A]	Location - Spacing Unit - Simulta NSL NSP SD	neous Dedication	SWD Oxy Copperheed State Swo#1 30-025-Pend
		One Only for [B] or [C]		Copperhead
	[B]	Commingling - Storage - Measure DHC CTB PLC	ment PC OLS OLM	State Swo#1 30-025-Pend
	[C]	Injection - Disposal - Pressure Inc WFX PMX SW		
	[D]	Other: Specify		- 17
[2]	NOTIFICAT [A]	ION REQUIRED TO: - Check The Working, Royalty or Override	4 - 4 -	pply 1
	[B]	Offset Operators, Leaseholde	rs or Surface Owner	o j
	[C]	Application is One Which Re	equires Published Legal Notice	를 즐
	[D]	Notification and/or Concurred U.S. Bureau of Land Management - Commiss	nt Approval by BLM or SLO sioner of Public Lands, State Land Office	
	[E]	For all of the above, Proof of	Notification or Publication is Attack	hed, and/or,
	[F]	☐ Waivers are Attached		
[3]		CURATE AND COMPLETE INF ATION INDICATED ABOVE.	ORMATION REQUIRED TO PI	ROCESS THE TYPE
	al is accurate a	TION: I hereby certify that the infond complete to the best of my know quired information and notifications	ledge. I also understand that no act	
	N oto	Statement must be completed by an indiv	ridual with managerial and/or oupervisory	capacity.
Das	id Stewar	+ In Stat	SR. Regulatory	Advisor 19/14
Print o	r Type Name	Signaturé	Title	Advisor 19/14 Date
			طدر: کے 5 tewa e-mail Address	~+@ 0x4.com
OXY	USAInc	•	c-mail Addiess	

STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, New Mexico 87505

FORM C-108 Revised June 10, 2003

APPLICATION FOR AUTHORIZATION TO INJECT

I.	PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage Application qualifies for administrative approval? X Yes No
II.	OPERATOR: OXY USA Inc Copperhead 18 State SWD #1
	ADDRESS: P.O. Box 50250 Midland, TX 79710
	CONTACT PARTY: _David StewartPHONE:432-685-5717
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?YesXNo 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. Attached
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. Attached
VII.	Attach data on the proposed operation, including:
	 Whether the system is open or closed; <u>Closed</u> Proposed average and maximum injection pressure; <u>Avg-1000psi - Max-1011 psi</u> Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and, <u>Bone Spring from OXY operated leases</u>, see attached. 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.). <u>Attached</u>
*VIII.	Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic 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. Attached
IX.	Describe the proposed stimulation program, if any. To Be Determined
*X. *XI.	Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted. Logs to be filed after well has been drilled and completed 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. Attached
<u>.</u> 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 sources of drinking water. Attached
XIII.	Applicants must complete the "Proof of Notice" section on the reverse side of this form. Attached
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: <u>David Stewart</u> TITLE: <u>Sr. Regulatory Advisor</u>
	SIGNATURE: DATE: 1/9/14
*	E-MAIL ADDRESS: david stewart@oxy.com 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 circumstances 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 the 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:

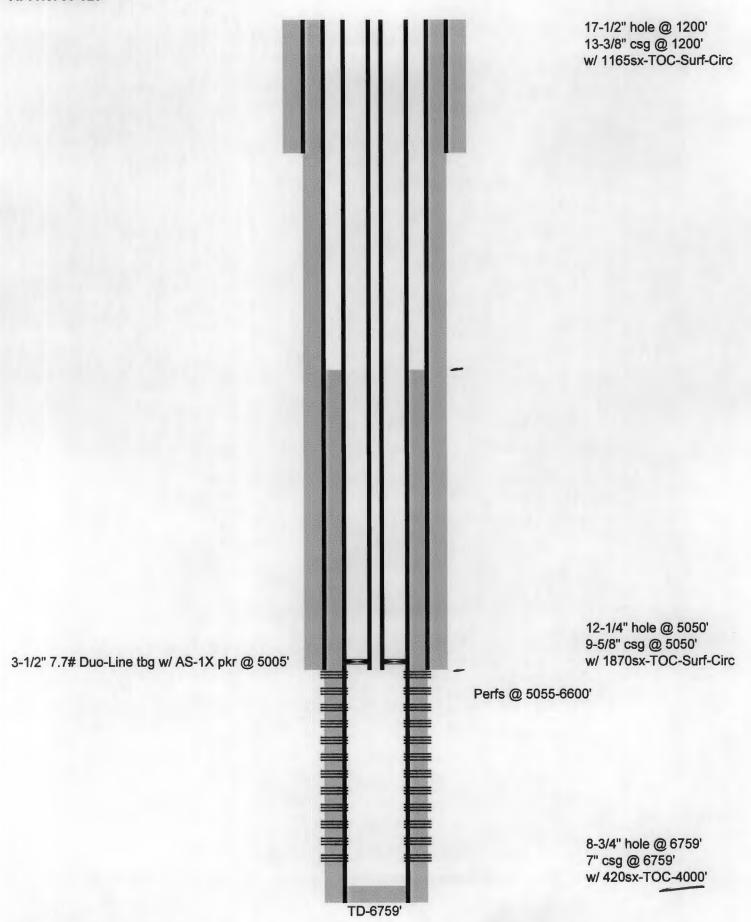
- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

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

INJECTION WELL DATA SHEET

OPERATOR:	OXY USA Inc				
WELL NAME & NUMBER:	Copperhead 18 State SWD #1				
WELL LOCATION: 2310 I		G UNIT LETTER	18 SECTION	24S TOWNSHIP	33E RANGE
<u>WELLBORE SO</u>	<u>CHEMATIC</u>	<u>PI</u>	ROPOSED WELL CONS Surface (
		Hole Size:	17-1/2"_	Casing Size: 13	3-3/8" @ 1200'
		Cemented with:	<u>1165</u> sx.	or	_1879ft
		Top of Cement:	Surface	Method Determine	ed: <u>To Be Circ</u>
			Intermediat	e Casing	
		Hole Size:	12-1/4"	Casing Size: 9	<u>-5/8" @ 5050°</u>
		Cemented with:	_1870sx.	or3220	ft ³
		Top of Cement:	Surface	Method Determine	ed: <u>To Be Circ</u>
			Production	Casing	
		Hole Size:	8-3/4"	Casing Size: 7	<u>" @ 6759'</u>
		Cemented with:	_420sx.	or74	1 ft ³
		Top of Cement:	4000'	Method Determine	ed: <u>CBL</u>
		Total Depth:	6759'		
			Injection 1	<u>Interval</u>	
			5055 feet	to <u>6600</u>	feet
			(Perforated or Open H	ole; indicate which)	

OXY USA Inc. - Proposed Copperhead 18 State SWD #1 API No. 30-025-



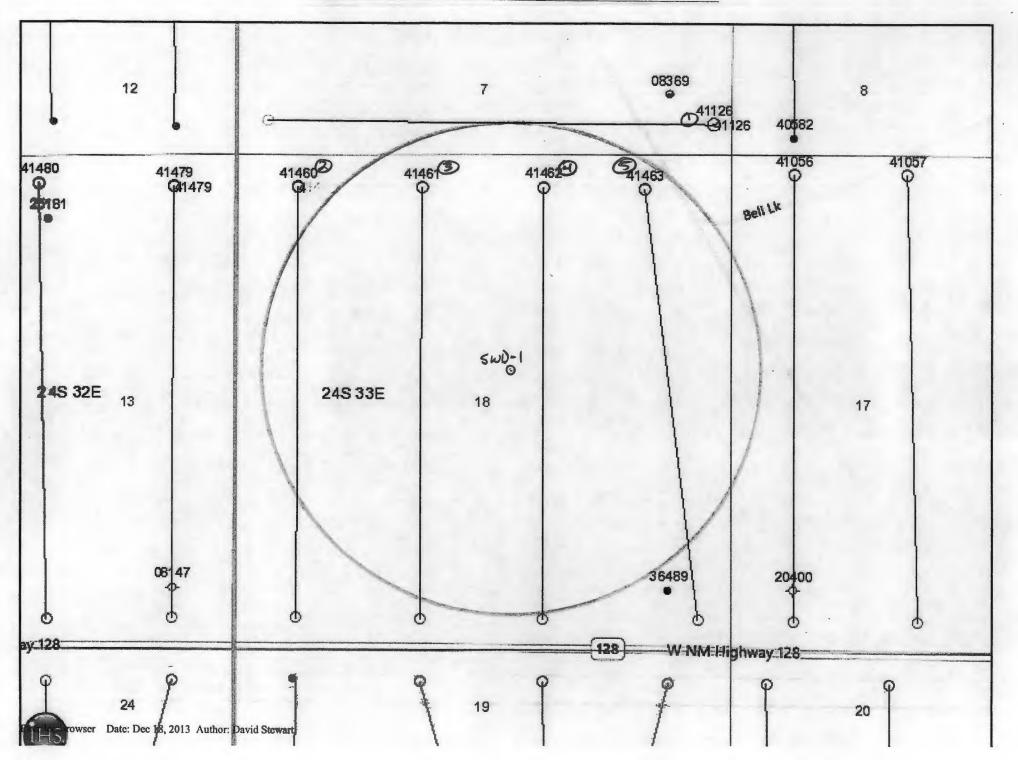
INJECTION WELL DATA SHEET

ubing	g Size:	<u>3-1/2" 7.</u>	7# J55	Lining Material: _	Composite Lining
Туре	of Packer	:	Nickel Plated	Arrow Set	
Pack	er Setting	Depth:	5005		
Othe	r Type of	Tubing/Ca	sing Seal (if appli	cable):	N/A
			:	Additional Data	
1.	Is this a no	ew well dri	lled for injection?	<u>X</u>	_YesNo
	If no, for	what purpo	se was the well or	iginally drilled?	
2.	Name of t	he Injectio	n Formation:	Delaware – Bell/Cho	erry Canyon
3.	Name of I	Field or Po	ol (if applicable):	SWD Delawar	re
				ny other zone(s)? List sacks of cement or plu	all such perforated g(s) used. No
				-	
			epths of any oil or area:Delaware		or overlying the proposed

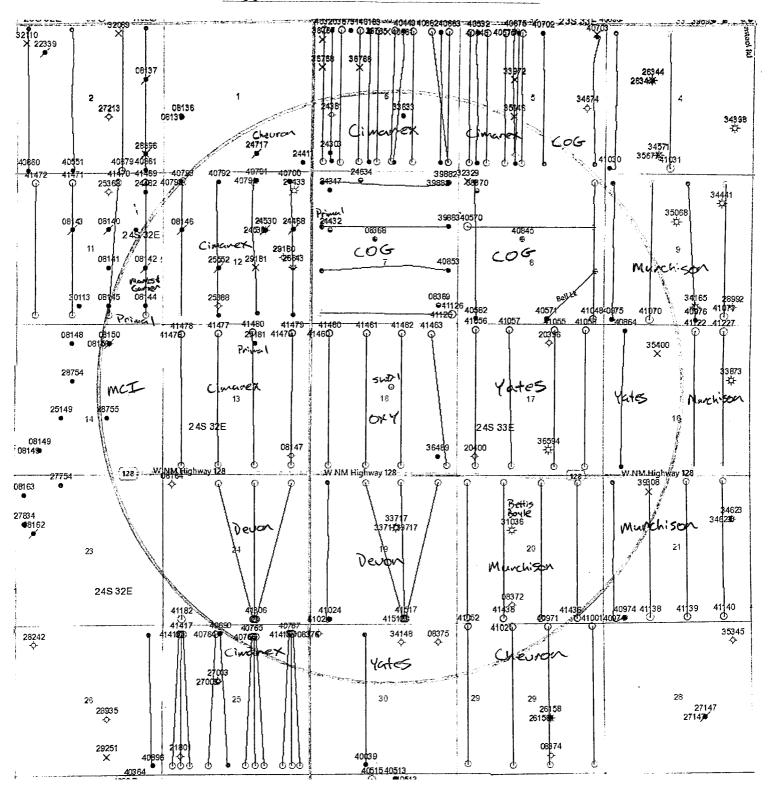
C-108 - Item VI Copperhead 18 State SWD #1 AREA OF REVIEW

OPERATOR	LEASE	WELL NO.	API NO. 30-	PLAT	LOCATION	DATE DRILLED	ŦD	PERFS	CASING-CEMENT	STATUS
				L						
COG Production LLC	Macho Nacho State	4 H	025-41126	1	S-330 FSL 190 FEL (P)	9/14/13		11098-15425'	13-3/8" @ 1213' w/ 900sx - TOC-Surf-Circ	West Triple X
					7-24S-33E		10826'V		9-5/8" @ 4942' w/ 1400sx - TOC-Surf-Circ	Bone Spring
				\vdash	B-380 FSL 330 FWL (M)				5-1/2" @ 15500' w/ 2625sx - TOC-Surf-Circ	Drilled being
		-			7-24S-33E					Completed
										West Triple X
OXY USA Inc.	Copperhead 18 State	2 H	025-41460	2	S-340 FNL 660 FWL (1)	NA	Proposed	NA	Proposed	
				\vdash	18-24S-33E		15423'M		11-3/4" @ 1200' w/ 760sx - TOC-Surf	Bone Spring To Be Drilled
		-			B-340 FSL 660 FWL (4)		11130'V		8-5/8" @ 5050' w/ 1260sx - TOC-Surf	TO Be Drilled
					18-24S-33E				5-1/2" @ 15423' w/ 1460sx - TOC-4000'	
	0	211	025-41461	3	S-340 FNL 1980 FWL (C)	NA	Proposed	NA	Proposed	West Triple X
OXY USA Inc.	Copperhead 18 State	J H	023-41461	3	18-24S-33E	NA.	15403'M	NA .	11-3/4" @ 1200' w/ 760sx - TOC-Surf	Bone Spring
		+-	l	1	B-340 FSL 1980 FWL (N)	 	11110'V		8-5/8" @ 5050' w/ 1260sx - TOC-Surf	To Be Drilled
		+	<u> </u>	+	18-24S-33E		11110 .		5-1/2" @ 15403' w/ 1460sx - TOC-4000'	
		 		1	10-243-33E	 			3 1) 2 6 13 103 W 11003W 100 100	
		+				-	 			
OXY USA Inc.	Copperhead 18 State	4 H	025-41462	4	S-340 FNL 1980 FEL (B)	NA	Proposed	NA	Proposed	West Triple X
OXI USA INC.	Copperned to Scace	411	023 41402	 	18-24S-33E	1	15212'M		11-3/4" @ 1200' w/ 760sx - TOC-Surf	Bone Spring
	-		·		B-340 FSL 1980 FEL (O)	†	10944'V		8-5/8" @ 5050' w/ 1260sx - TOC-Surf	To Be Drilled
	 		1	1	18-24S-33E	1			5-1/2" @ 15212' w/ 1460sx - TOC-4000'	
		+	 		10 110 332	+				
		+-		1		 		-		
OXY USA Inc.	Copperhead 18 State	5H	025-41463	5	S-360 FNL 915 FEL (A)	NA	Proposed	NA	Proposed	West Triple X
ONT CON THE	Copposition 10 sales	+	1		18-24S-33E		15453'M		11-3/4" @ 1200' w/ 760sx - TOC-Surf	Bone Spring
		T -		†	B-340 FSL 350 FEL (P)		11134'V		8-5/8" @ 5050' w/ 1260sx - TOC-Surf	To Be Drilled
		1 -			18-24S-33E				5-1/2" @ 15453' w/ 1460sx - TOC-4000'	
		—								
		 	†							
		 								
		—		T						
				1						
			1							
	<u> </u>									

Copperhead 18 State SWD #1 - 1/2 mile AOR



Copperhead 18 State SWD #1 - 2 mile AOR



MITCHELL ANALYTICAL LABORATORY

2638 Faudree Odessa, Texas 79765-8538 561-5579

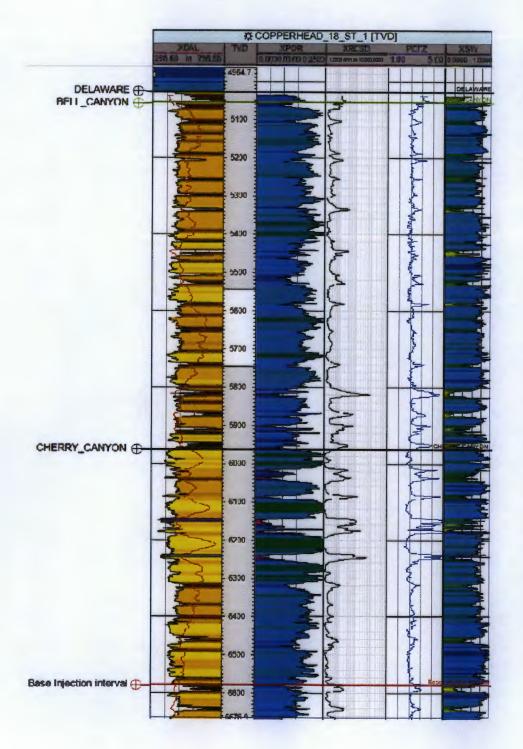
Company:	Naico Co	mpany						
Well Number: Lease: Location: Date Run: Lab Ref #: Resistivity = 0.	Mogan Fee OXY 5/1/2013 13-may-n6	9844			Sample Temp: Date Sampled: Sampled by: Employee ≠: Analyzed by:	70 4/25/20 Leo Sar GR	013 ndmann	
Resistivity - 0.	0420 OHIII II	ierei fin 10-i						
		i	Dissolved C	iases				
Hydrogen Suli Carbon Dioxid Dissolved Oxy	le (Co	02)	NOT ANA		Mg/L .00	Eq. Wt. 16.00	MEq/L .00	_
Dissolved Oxy	gen (o.	L)	HUI AHA	LIZED				
			Cations					
Calcium Magnesium Sodium	(M	1++) 3++) 1+)			1,294.44 1,820.24 80.389.50	20.10 12.20 23.00	64.40 149.20 3.495.20	
Barium	•	1++)	NOTANAL	YZED	,		-,	
Manganese		1+)			3.34	27.50	.12	
Strontium	(Si	++)	NOT ANAL	YZED				
			Anions					
Hydroxyl	(0)	H-)	12.112.10		.00	17.00	.00	
Carbonate	(c	03=)			.00	30.00	.00	
BiCarbonate	(Ho	03-)			12.22	61.10	.20	
Sulfate	(50	D4≖)			3,500.00	48.80	71.72	
Chloride	(CI	-)			129,141.90	35.50	3,637.80	
Total Iron Total Dissolve Total Hardnes Conductivity	s as CaCO3	•		(14.96 216,176.60 10,699.08 235,000	18. 6 0	.80	
pH	6.300			Specifi	c Gravity 60/60	F.	1.150	
CaSO4 Solubilit	ty @0 80 F.	103.1	IBMEq/L,	CaSO4 s	cale is unlikely			
CaCO3 Scale Ind	leor							
70.0	-1.408	100.0	938	130.	000	8		
80.0	-1.288	110.0	588	140.	000	8		
90.0	938	120.0	588	150.	0 .52	2		

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.).

	General Informati	ion About: Sample 6747	
	CORRAL DR	AW AQH FEDERAL	
API	3001529396	Sample Number	
Unit/Section/ Township/Range	L/13/24S/29E	Field	LIVINGSTON RIDGE
County	Eddy	Formation	B SPG
State	NM	Depth	
Lat/Long	32.21635 , -103.94508	Sample Source	
TDS (mg/L)		Water Type	
Sample Date (MM/DD/YYYY)	12/27/2000 12:00:00 AM	Analysis Date (MM/DD/YYYY)	
Remarks/Description	n		
Cat	ion information (mg/L)	Ап	ion information (mg/L)
Potassium (K)		Sulfate (SO)	190
Sodium (Na)		Chloride (CI)	164963
Calcium (Ca)	25552	Carbonate (CO ₃)	
Magnesium (Mg)	4471	Bicarbonate (HCO ₃)	73
Barium (Ba)	0	Hydroxide (OH)	
Manganese (Mn)		Hydrogen Sulfide (H ₂ S)	0
Strontium (Sr)		Carbon Dioxide (CO ₂)	
Iron (Fe)	175	Oxygen (O)	The state of the s

VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic 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

Formation	Top MD (ft)
Rustler	1177
Salt Top	1536
Salt Base	4810
Delaware Top	5016
Bell Canyon	5043
Cherry Canyon	5936
Brushy Canyon	7301



Bell Canyon POR	12-26%
Cherry Canyon POR	15-29%

Tops

Formation	Top MD (ft)
Rustler	1177
Salt Top	1536
Salt Base	4810
Delaware Top	5016
Bell Canyon	5043
Cherry Canyon	5936
Brushy Canyon	7301

<u>Sw</u>

Estimate the water saturation percentage over the proposed disposal interval or otherwise say why it is not productive.

Sw=70%-90%

No uphole potential (no oil shows on mudlog). No oil shows in offset mudlogs.

Injection Interval 5,055'- 6,579' MD

Sw=70%-90%

No uphole potential (no oil shows on mudlog).

No oil shows in offset mudlogs.

Lithologic description for injection targets in Bell Canyon- Top 5,043'

Light gray to gray-green, clean, very fine-grained, massive-bedded, sub-angular, quartz sandstone, containing some layers of interlaminated shally siltstone, and black shale up to one inch thick. Porosity ranges from 10 to 30 percent, averaging 22 percent with permeability ranging from 10-40 md.

<u>Lithologic description for injection targets in Cherry Canyon – Top 5,936'</u>

Fine to very fine grained, well-sorted, subrounded to subangular, arkosic and subarkosic sandstones; siltstones; dark organic siltstones; and limestones. Calcite cementation is common. Permeability ranges from 10-30 md. Porosity ranges from 15-25%.

- 1X. Describe the proposed stimulation program, if any.

 Sand fracture treatment in the Bell Canyon and Upper Cherry Canyon
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted). Logs will be filed after the well has been drilled and completed.
- 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 sources of drinking water.

I have examined the available geologic and engineering data for the Copperhead 18#1 SWD well and find no evidence of open faults or other hydrologic connection between the disposal zone and any underground sources of drinking water.

Cyd Ruidiaz-Santiago

Item XI-1

From: Cervantes, Armando

Sent: Thursday, January 09, 2014 6:16 AM

To: Stewart, David; Balaji, Prithi

Subject: FW: Windmills for SWD Permits - Part 1

David

The water samples are for both wells from the same water station on the north side of hwy 128 across from Copperhead

20 St # 44.

I didn't see any other windmills or water stations near a 1 mile radius of the wells.

Thanks,

Armando Cervantes Production Tech III

From: Stewart, David

Sent: Wednesday, January 08, 2014 4:38 PM **To:** Balaji, Prithi; Cervantes, Armando

Subject: RE: Windmills for SWD Permits - Part 1

Armando did you happen to find the water wells that showed up on the attached NMOSE information, copy attached? Also I'm guessing that the water sample we got for the Copperhead State #1 was for a windmill located in section 18. Were you not able to get one for the Copperhead 20 St #44? I appreciate the help.

Thanks, David S. Wk - 432-685-5717 Cell - 432-634-5688 Fax - 432-685-5742

From: Baeza, Anthony [mailto:Anthony.Baeza@CHAMP-TECH.com]

Sent: Tuesday, December 10, 2013 9:33 AM **To:** Cervantes, Armando; Balaji, Prithi

Cc: Stewart, David

Subject: RE: Windmills for SWD Permits - Part 1

Armando,

Attached are the complete water analysis you requested. If you need anything else, please let me know.

Regards,

Anthony Baeza

Sales Representative

INALCO Champion An Ecolab Company

T 575 390 6532 E Anthony.Baeza@champ-tech.com

From: Cervantes, Armando

Sent: Monday, October 21, 2013 7:57 AM

To: Balaji, Prithi; Shaver, Stanley

Cc: Stewart, David

Subject: Windmills for SWD Permits - Part 1

Prithi,

Here is the information on the fresh water wells around the Copperhead and the Foxglove.

Copperhead St # 1 (Sec – 18, T24S R33E) @ 1.2 miles from water station. Copperhead – 20 St # 44 (Sec20 T24S R33E) @ .2 miles from water station. Water Station,

ELEV: 3607 FT. N 32° 12.647'

W 103° 35.178'

Any questions give me a call. Thanks, Armando Cervantes

PFA – Lea-County 575-441-4024 Item XI - 2

MITCHELL ANALYTICAL LABORATORY

2638 Faudree Odessa, Texas 79765-8538 561-5579

Company:	Nalco	Comp	any					
Well Number: Lease: Location: Date Run: Lab Ref #:	OXY Sec 18 11/20/	T245 R		vindmi. Il		Sample Temp Date Sampled Sampled by: Employee #: Analyzed by:	i: 11/14/	2013 y Baeza
				Dissolved (Gases			
						Mg/L	Eq. Wt.	MEq/L
Hydrogen Sulf		(H2S)				.00	16.00	.00
Carbon Dioxid Dissolved Oxy		(CO2) (O2)		NOT ANA				
				Cations				
Calcium		(Ca++)				31.76	20.10	1.58
Magnesium		(Mg++)				23.91	12.20	1.96
Sodium		(Na+)				118.08	23.00	5.13
Barium		(Ba++)		NOT ANA	LYZED			
Manganese		(Mn+)				.02	27.50	.00
Strontium		(Sr++)		NOT ANA	LYZED			
				Anions				
Hydroxyl		(OH-)				.00	17.00	.00
Carbonate		(CO3=)				96.00	30.00	3.20
BiCarbonate		(HCO3-))			97.76	61.10	1.60
Sulfate		(SO4=)				90.00	48.80	1.84
Chloride		(CI-)				72.08	35.50	2.03
Total Iron Total Dissolve Total Hardnes Conductivity N	s as CaC					0 529.61 177.43 941	18.60	.00
pH	8.590				Specifi	ic Gravity 60/	'60 F.	1.000
CaSO4 Solubili	ty @ 80	F.	19.8	B6MEq/L,	CaSO4	scale is unlike	ely	
CaCO3 Scale Ind	lex							
70.0		206	100.0	.556	130.	.0 1.	066	
80.0		336	110.0	.796	140.	.0 1.	066	
90.0		556	120.0	.796	150.	.0 1.	296	



New Mexico Office of the State Engineer Water Column/Average Depth to Water

(A CLW#### in the POD suffix indicates the POD has been replaced & no longer serves a water right

(R=POD has been replaced,

O=orphaned,

C=the file is closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest)

(NAD83 UTM in meters)

(In feet)

POD

Sub-

QQQ

Code basin County 6416 4 Sec Tws Rng 4 4 4 17 24S 33E

X 3564728* 633175

Depth Depth Water Well WaterColumn

525 415

POD Number C 02431

LE 4 4 4 17 24S 33E

633175 3564728*

C 02432

640

3 4 08 24S 33E

632763

3566546

55-1221 +1227 to 1533

Average Depth to Water: 787 feet

Minimum Depth:

415 feet

Maximum Depth. 1533 feet

Record Count: 3

PLSS Search:

Section(s): 7, 8, 17, 18, 19, Township: 24S

Range: 33E

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data

1/8/14 1:32 PM

WATER COLUMN/ AVERAGE DEPTH TO WATER

rage I of I

Logan Solve

C 3679 - See 14/245/33E

100 ft Sandstone (Red) 565 to 665; 20 gpm., Static WL; 405'



New Mexico Office of the State Engineer Water Column/Average Depth to Water

(A CLW#### in the POD suffix indicates the POD has been replaced & no longer serves a water right file.)

(R=POD has been replaced,

O=orphaned. C=the file is

closed)

(quarters are 1=NW 2=NE 3=SW 4=SE)

(quarters are smallest to largest) (NAD83 UTM in meters)

(In feet)

POD Number C 01932

Sub-QQQ

POD

Code basin County 6416 4 Sec Tws Rng

Depth Depth Water Well WaterColumn

628633 3567188* 😜 3 1 12 24S 32F

Average Depth to Water:

Minimum Depth:

Maximum Depth:

Record Count: 1

PLSS Search:

Section(s): 12, 13, 24

Township: 24S

Range: 32E

*UTM location was derived from PLSS - see Help

The data is furnished by the NMOSE/ISC and is accepted by the recipient with the expressed understanding that the OSE/ISC make no warranties, expressed or implied, concerning the accuracy, completeness, reliability, usability, or suitability for any particular purpose of the data.

C-108 Service List OXY USA Inc Copperhead 18 State SWD #1 API No. 30-025-

New Mexico Oil Conservation Division 1625 N. French Dr. Hobbs, NM 88240

New Mexico Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

Surface Owner

State Land Office P.O. Box 1148 Santa Fe, NM 87504

Offset Operators within 1/2 mile

COG Production LLC 600 W. Illinois Midland, TX 79701

OXY USA Inc. P.O. Box 50250 Midland, TX 79710

David Stewart OXY USA Inc.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Deliver
Article Addressed to:	D. Is delivery address different from ite if YES, enter delivery address belo	_
MMOCD		
1625 W. French DR. Ho605, NM 88240	3. Servige Type	
406105,1NM 88240	☐ Certified Mail ☐ Express Ma	all elpt for Merchandise
2. Article Number	4. Restricted Delivery? (Extra Fee)	☐ Yes
(Transfer from service label)		
PS Form 3811, February 2004 Domestic Re	eturn Receipt	102595-02-M-1540
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■ Complete items 1, 2, and 3. Also complete	A. Skgnature	
item 4 If Restricted Delivery is desired. Print your name and address on the reverse	Х	☐ Agent ☐ Addressee
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.	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from Ital If YES, enter delivery address belo	
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1220 South St. Francis DR.		
Santa Te, NM 87505	3. Service Type Griffied Mail Registered Resultant Record Insured Mail C.O.D.	uil elpt for Merchandise
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number 7011 350[1 0002 4988 1973	
2011	turn Descript	
PS Form 3811, February 2004 Domestic Re	turn neceipt	
		102595-02-M-1540
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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse	A. Signature	VERY □ Agent □ Addressee
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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.	A. Signature	Agent Addressee C. Date of Delivery
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.	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item	Agent Addressee C. Date of Delivery
■ 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: State Land Office P.O. Box 1148	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below	Agent Addressee C. Date of Delivery
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: State Land Office	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below 3. Service Type Certified Mail	Agent Addressee C. Date of Delivery
■ 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: State Land Office P.O. Box 1148 Santa Fe, NM 87504	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below 3. Service Type 2 Certified Mail	Agent Addressee C. Date of Delivery 11? Yes 1: No
■ 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: State Land Office P.O. Box 1143 Santa Fe, NM 87504 2. Article Number (Transfer from service label)	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below 3. Service Type Government Received Return Received Insured Mail	Agent Addressee C. Date of Delivery 11? Yes 1: No
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■ 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: State Land Office P.O. Box (148) Santa Fe (NM) 81504 2. Article Number (Transfer from service label) PS Form 3811, February 2004 © 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,	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below 3. Service Type 2. Certified Mail	Agent Addressee C. Date of Delivery 11? Yes 11 Yes 12 Yes 102595-02-M-1540 VERY
■ 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: State Land Office P.O. Box (148) Santa Te , WM 81504 2. Article Number (Transfer from service label) PS Form 3811, February 2004 Domestic Return 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you.	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below 3. Service Type 2. Certified Mail	Agent Addressee C. Date of Delivery 11? Yes Pyss 102595-02-M-1540 VERY Agent Addressee C. Date of Delivery
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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: State Land Office P.O. Box (148 Santa Fe (NM) 22. Article Number (Transfer from service label) PS Form 3811, February 2004 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. COG Production LLC COG Production LLC COG Production LCC	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item if YES, enter delivery address below 3. Service Type 2. Certified Mail	Agent Addresse C. Date of Deliver 117 Yes 117 Yes 1102595-02-M-154 VERY Agent Addresse C. Date of Deliver 117 Yes VERY No

Article Number
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

7011 3500 0002 4988 1997

102595-02-M-1540

Notice Of Application For Fluid Disposal

Applicant:

OXY USA Inc. P.O. Box 50250 Midland, TX 79710 ATTN: David Stewart 432-685-5717

Purpose – Well:

Disposal of Produced Water Into A Zone Non Productive of Oil & Gas Copperhead 18 State SWD #1 2310 FNL 2310 FEL SWNW(G) Sec 18 T24S R33E Lea County, NM

Formation:

Delaware – Bell/Cherry Canyon 5055-6600' Maximum Injection Rate – 4000 BWPD Maximum Injection Pressure – 1011 psi

Interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505 within 15 days of this application.

This notice was submitted to the newspaper 1/9/14 for publication and the notice and affidavit of publication will be sent after it has been received.

Affidavit of Publication

State of New Mexico, County of Eddy, ss.

Kathy McCarroll, being first duly sworn, on oath says:

That she is the Classified Supervisor 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:

January 14

2014

That the cost of publication is \$50.75 and that payment thereof has been made and will be assessed as court costs.

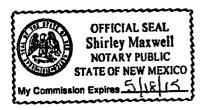
Subscribed and sworn to before me this

15th day of January, 2014

Shirley Majurel

My commission Expires

Notary Public



Notice Of Application For Fluid Disposal
Applicant:
OX/USA Inc.
P.O. Box 50250
Midland, TX. 79710
ATTH: David Stewart
432-685-5717
Purpose - Well:
Disposal of Produced Water into A Zone Non Productive of Oil & Gas
Copperhead IS State SWD #1
2310 FNL 2310 FEL
SWNW(6) Sec 18 T245
R33E
Les County, NM
Formation:
Delaware - Bell/Cherry
Canyon
5055-5500'
Maximum Injection Rate 4000 BWPD
Maximum Injection Pressure - 1011 psi
Interested parties must
file objections or requests for hearing with
the Oil Conservation Division, 1220 South St.
Francis Dr., Santa Fe,
New Maxico 87505 with-

Goetze, Phillip, EMNRD

From: Sent: To: Cc: Subject:	Jones, William <wjones@slo.state.nm.us> Tuesday, January 14, 2014 5:30 PM Goetze, Phillip, EMNRD Holm, Anchor E.; Warnell, Terry G.; Martinez, Pete OXY's proposed Copperhead 18 State SWD #1 30-025- Vertical to be spud in G/18/24S/33E</wjones@slo.state.nm.us>
Hey Phillip, Hope all is well. If someone else	is reviewing this one, please pass on?
Just reviewing SWD's sent to the	State Land Office today and noticed this one from OXY.
However, would be nice if OXY co over ½ mile away to the northwe That well produces from around	y to handle the proposed Bone Spring water. ould be careful about the extreme upper Delaware as there is a producing well a little est (30-025-25181). 5000 feet deep. The proposed perfs for disposal are 5055 to 6600 feet, so the upper ow the structure or whether structure is important out here. Sometimes not.
If OXY drills and mudlogs/elogs t	he proposed SWD well, they should be able to determine if there is an issue.
would be a bit higher in water sa I used to do that sort of thing, ar	hundred or so feet below the top of the Delaware? Hopefully the deeper formation aturation. Induction David Stewart is very amenable to suggestions like that. If you don't intervene early, tions is hard to change sometimes.
Anyway, that is my only concern	
Thanks a bunch,	
Will	
William V. Jones, P.E. Oil, Gas, and Minerals Division New Mexico State Land Office 505 827 6628 office 4739 fax www.nmstatelands.org wjones@slo.state.nm.us	

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit http://www.symanteccloud.com

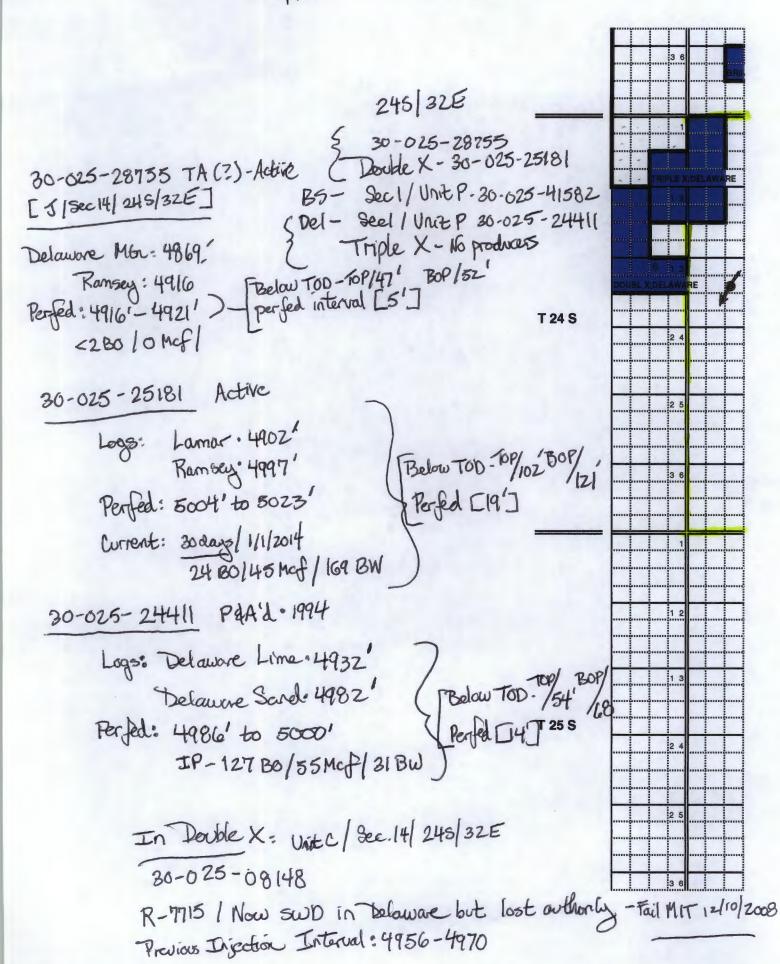
Copperhead 18 State SWD * 1 - 10f2

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Copperhead 18 State SUD = 2052



C-108 Pavious	Checklist: s.	ceived 117/14 Add. Reques		Ronhy Doto:	Suspended: [Ver 12]										
PERMIT TYPE: WF.	X / PMX (SWD) NI	umber: 1467 Permi	t Date:	Legacy Permit											
Well No Well Name(s				CPMM1401											
API: 30-0 25 - Pending	•	te: <u>78</u> D N		New (UIC Class II I	Primacy 03/07/1982)										
11 a (178) ca	Footages 2310 FNL / 2310 FEL Lot — or Unit G Sec 18 Tsp 245 Rge 33 E County Lea														
General Location: Nof(128) south of Bell Lake Sink Pool: Delowne Bell carry & Cherry Corpor Pool, No.: BLM 100K Map: Operator: OXY USA Inc. OGRID: 16016 Contact: David Stewart															
BLM 100K Map:	•		_	•	· · · · · · · · · · · · · · · · · · ·										
COMPLIANCE RULE 5.9: Inactive W	ells:Tota	al Wells: 1839 Fincl	Assur: Yes	Compl. Order?	IS 5.9 OK? Date:										
WELL FILE REVIEWED Current	Status: NA-	no API/ no well	1 file		1.00:										
WELL DIAGRAMS: NEW: Proposed			•	Keiwa ogs in Imaging:	est OBL/no log										
Planned Rehab Work to Well:		20.0.0 00 () 7		- ggg <u>—</u>	suite propox										
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Confining Unit: Litho. Struc. Por. Proposed Inj Interval TOP:	<u> </u>	I Del Bell Conyon			in. Inter Coated?										
Proposed Inj Interval BOTTOM:	6600	I Cherry our		Proposed Packer D											
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Adjacent Unit: Litho. Struc. Por.		-Bone Spring		Proposed Max. Sur	face Press. IUI all psi										
AOR: Hydrologic a	ınd Geologic In	nformation 🔿		Admin. Inj. Press	(0.2 psi per ft)										
POTASH: R-111-P	A BLM Sec Ord	AWIPP (ANoticed?	NA SALA	DO: T: <u>1536</u> В: <u>42</u>	OO_ CLIFF HOUSE NA										
FRESH WATER: Aquifer Deway															
Disposal Fluid: Formation Source(s															
Disposal Interval: Inject Rate (Avg	" LOCKES OF THE	20d B5 said	110	APITAN	DEEE: thru \(\text{adi} \) NA (2)										
Disposal Interval: Inject Hate (AVg)	Max BWPD): 330	Protectable	to		REEF: thru () adj () NA ()										
HC Potential: Producing Interval	Formerly Prod	ucing Method: Lo	gs/DST/P& <i>P</i>	VOther UNI	2-Mile Radius Pool Map										
AOR Wells: 1/2-M Radius Map?_	YES Well List?	Total No. Wells P		,	Iorizontals? <u>165</u>										
Penetrating Wells: No. Active Wel	IsNum Repair			horizentals to	De Diagrams 100										
Penetrating Wells: No. P&A Wells	Num Repairs?	?on which well(s)?	Casin	tomp- a	Diagrams?										
NOTICE: Newspaper Date Office	#204 Mineral	Owner SLO	_ Surface	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N. Date 1/9/14										
RULE 26.7(A): Identified Tracts?	Yes Affected Per	rsons: CoG/	OXY		N. Date 1/9/14										
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