

OIL CONSER-

'92 AU + 31

N DIOHO YATES PEYTON YATES

DENNIS G. KINSEY

S. P. YATES CHAIRMAN OF THE BOARD

EXECUTIVE VICE PRESIDENT RANDY PATTERSON

105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

TELEPHONE (505) 748-1471

August 28, 1992

New Mexico Energy & Minerals Department Oil Conservation Division P.O. Box 2088 Santa Fe, NM 87501

Attention: Ben Stone

RE: Chalupa AAD State #4 - C-108 Application

Dear Mr. Stone,

Please find enclosed the information you requested regarding the salt water disposal application for the above-mentioned well.

If I can be of further assistance, please notify me.

Sincerely,

Chuck Morgan

Church Morga

P.E.

CM/sj

AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

I. Kathi Bearden

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period

of	
One	veeks.
Beginning with the issue	dated
Aug. 7	19 <u>92</u>
and ending with the issue	dated
Aug. 7	19 <u>92</u>
LAHi Bear	1111
General Manag	=
Sworn and subscribed to	before
me this	day of
NOMA NEC.	19(12
Parlipan	11
Notary Public.	- ,
My Commission expires	
Aug 5	19 <u>95</u>

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

August 7, 1992
Yates Petroleum Corporation, 105 South Fourth Street, Artesia, NM 88210, has filed form C-108 (Application to Inject) with the New Mexico Oil Conservation Division seeking administrative approval for an injection well. The proposed well, the "Chalupa AAD State "44" located 330" FSL & 330" FSL

All interested parties opposing the aforementioned must file objections or requests for a hearing with the Oil Conservation Division, P.O. Box 2088, Santa Fe, NM 87501, within 15 days. Addifional information can be obtained by contacting Chuck Morgan at (505) 748-1471.

500-900

RECEIVED

AUG 1 7 1992

ACCOUNTS PAYABLE PRE-PAID

** Prior you among address on the severe of this form as that we can severe and the second of the se		SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	I also wish to receive the
West "fermit become the content become the manipose below the state and water the fermit become the process on which we state and the content become the process of the content become t	-	 Print your name and address on the reverse of this form so the return this card to you. 	following services (for an extra general fee):
SENDER Sendente (Addressee) Sendente (Sendente Sendente Send		■ does not permit.	
SENDER Send of a b. Sender Send		 The Return Receipt will show to whom the article was delivered a delivered. 	2. Restricted Delivery Consult postmaster for fee.
SENDER Sometime for the section of the makines, or, in the least if aparts Actives the form of the makines, or, in the least if aparts Actives the form of the makines, or, in the least if aparts Actives the form of the makines, or, in the least if aparts Actives the form of the makines, or, in the least if aparts Actives the form of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts Active formation of the makines, or, in the least if aparts B. Selfort formation of the makines, or, in the least if aparts B. Selfort formation of the makines, or, in the least if aparts B. Addresser's Address or, and the least if aparts B. Addresser's Address or, and the least if aparts B. Addresser's Address or, and the least if aparts B. Addresser's Address or, and the least if aparts B. Addresser's Address or, and the least if aparts B. Addresser's Address or, and the least or an		But the second of the second o	4a. Article Number & 584 290 619
Denver, CO 80201 Complete from a service of the form so that we can service of the form so that we can service of the form so that we can service form a service of the form so that we can service form a service of the form so that we can service form a service of the form so that we can service form a service of the form so that we can service form a service of the form so that we can service form a service of the form so that we can service form a service of the form so that we can service form a service fo		5 · · · · · · · · · · · · · · · · · · ·	4b. Service Type
7. Barua of Delivery 8. Addresses Address Address Only if requested and fee is paid. 8. Addresses Address Only if requested and fee is paid. 8. Addresses Address Only if requested and fee is paid. 8. Addresses Address Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 8. Addresses Only if requested and fee is paid. 9. Addresses Addresses Only if requested and fee is paid. 9. Addresses Only if requested and fee is paid. 9. Addresses Only if requested and fee is paid. 9. Addresses Only if requested and fee is paid. 9. Addresses Only if requested and fee is paid. 9. Addresses Only if requested and fee is paid. 9. Addresses Only if requested		(4) 素のなる Notice and the property of the p	☑ Certifie □ COD □
SENDER: Signature (Addressee)		Decver, (1) 80201	Merchandise
SENDER: Complete leave 1 and/or 2 for additional services		Esc	J-579-92
SENDER Complete firms 1 andor 2 for additional services Prior you make and address on the reviews of the form so that we can service from a white form to the form of the missipees, or on the black if space And the firms in the form to the form of the missipees, or on the black if space The form the form to the form of the missipees, or on the black if space And the form to the form of the missipees, or on the black if space And the form to the form of the missipees, or on the black if space And the form to the form of the missipees, or on the black if space And the form to the form of the missipees, or on the black if space And the form to the form of the missipees, or on the black if space And the form to the form of the missipees, or on the black if space And the form to the form of the missipees, or on the black if space SENDER: S			8. Addressee's Address (Only if requested and fee is paid)
SENDER: Complete listers 1 and/or 2 for additional services.		6. Signature (Agent)	
SENDER: Complete forms 1 ander 2 for additional services. Complete forms 2 and 4 a b. on the reviews of this form so that we can be considered and to you.	Director of the situal Albacon to the strong of the following feet was	and the second s	530 OOMESTIC RETURN RECEIPT
SENDER: Sender S			
Complete items 3, and 4a & b.		表现 了这一个是是发现了一个是是是有人的人的人的人的人的人的人的人 的人,但是一个人,就是这种是是这种的人的人的人,也不是不是是这个人的人。	I also wish to receive the
return this card to you. Actach this form to the front of the malpiece, or on the back if space Actach this form to the front of the malpiece blow be article number.	:	• Complete items 3, and 4a & b.	following services (for an extra
**SENDER: **Complete lisms 1 andor 2 for additional services **Compl		Attach this form to the front of the mailpiece, or on the back if	호스스 회사 전문으로 중심하다. 사용하는 이 교육 등 년
SENDER: SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4 a b. Service true to you. PS Form Sent permit. Sender and addressed to: SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4 a b. Service True to you. SENDER: Complete items 3 and 4 a b. Service True to you. SENDER: Complete items 4 and/or 2 for additional services. Complete items 3 and 4 a b. Service True and to you. Sender and to you. Sender and to you. Sender and the feat of the nangless of on the service number. Sender and the feat of the feat of the nangless of on the service feat of the feat		Write "Return Receipt Requested" on the mailpiece below the arti-	nd the date
Registroid Insured September Septe			<u> </u>
Registred Insured Coop Registred Coop Registred Coop Repress Mail Return Receipt for September 1991 Sep	· •	Ametada Hessicotti	P 384 290 618
Express Mail	بية · · · · · · · · · · · · · · · · · · ·	\$ 5.0. Rox 840	☐ Registered ☐ Insured ☐
SENDER: SENDER: Complete terms 1 and/or 2 for additional services. Complete terms 3 and 4s & b. Complete terms 3 and 4s & b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the maliplece below the article number. This feature fleeply will show to whom this sincle was delivered and the day. Article Addressed to: A Article Addressed to: B Addressed SAddress Complete terms 3, and 4s & b. Complete terms 1, and/or 2 for additional services. Complete terms 3, and 4s & b. Complete terms 4, and 4s		Serinole, IX 19360	Express Mail Return Receipt for
and fee is paid) 8	# C		7. Date of Delivery 3
SENDER: SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4e & b. Service the year of the form to the front of the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Requested on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece below the article number. The Return Receipt Fopular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece on the back if space. The Return Receipt Fopular on the mailpiece below the article number. The Return Receipt Popular on the mailpiece on the back if space. The Return Receipt Popular on the mailpiece on the back if space. The Return Receipt Popular on the mailpiece on the back if space. The Return Receipt Popular on the back if space. The Return Receipt Popular on t	· · · · · · · · · · · · · · · · · · ·	🗖 🖟 இது நடித்து இருந்திரும். பார்க்க கொளிய நடித்து நடித்து நடித்து இருந்து இருந்து நடித்து இருந்து இருந்து நடித்து இருந்து இருந்து இருந்து நடித்து இருந்து இருந்	8. Addressee's Address (Only if requested and fee is paid)
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4e & b. • Print your name and address on the reverse of this form so that we can feel: • Attach this form to the front of the maliplece, or on the back if space • Attach this form to the front of the maliplece, or on the back if space • Write "Return Receipt Requested" on the maliplece below the article number. • Write "Return Receipt will show to whom the article was delivered and the date of delivered. • A Article Number • Boy B • Consult postmaster for fee. • Service Type • Registered Insured • Certified Coo • Registered Insured • Certified Coo • Registered Insured • Service Type • Registered Con the Receipt for Marchandise • Description Consult postmaster for Marchandise • Signature (Addressee) • Addressee's Address • Addressee's Address • On Service Type • Registered Insured • Certified Coo • Signature (Addressee) • Addressee's Address (Only if requested and fee is paid) • Signature (Addressee)	- 4		A series of the control of the contr
SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4e & b. • Print your name and address on the reverse of this form so that we can feel: • Attach this form to the front of the maliplece, or on the back if space • Attach this form to the front of the maliplece, or on the back if space • Write "Return Receipt Requested" on the maliplece below the article number. • Write "Return Receipt will show to whom the article was delivered and the date of delivered. • A Article Number • Boy B • Consult postmaster for fee. • Service Type • Registered Insured • Certified Coo • Registered Insured • Certified Coo • Registered Insured • Service Type • Registered Con the Receipt for Marchandise • Description Consult postmaster for Marchandise • Signature (Addressee) • Addressee's Address • Addressee's Address • On Service Type • Registered Insured • Certified Coo • Signature (Addressee) • Addressee's Address (Only if requested and fee is paid) • Signature (Addressee)		PS Form 3811 December 1991, \$ USGPO 1992-307	-530 DOMESTIC RETURN RECEIPT
**Complete items 3, and 4 & b. **Complete items 3, and 4 & b. **Print your name and address on the reverse of this form so that we can return this card to you. **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 below the article number. **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. **The Return Receipt will show to whom the article was delivered and the date delivered. **The Return Receipt will show to whom the article was delivered and the date delivered. **The Return Receipt will show to whom the article was delivered and the date consult postmaster for fee. **The Return Receipt for Merchandise **The Return Receipt for Merchandise		Caluba	
**Complete items 3, and 4 & b. **Complete items 3, and 4 & b. **Print your name and address on the reverse of this form so that we can return this card to you. **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 below the article number. **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. **The Return Receipt will show to whom the article was delivered and the date delivered. **The Return Receipt will show to whom the article was delivered and the date delivered. **The Return Receipt will show to whom the article was delivered and the date consult postmaster for fee. **The Return Receipt for Merchandise **The Return Receipt for Merchandise	and the state of t		
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. Be does not permit. This Return Receipt Requested on the mailpiece below the article number. This Return Receipt will show to whom the article was delivered and the date delivered. Anticle Addressed to: Anticle Addressed to: Ab. Service Type The Return Receipt for Merchandise. Ab. Service Type This Return Receipt for Merchandise. The Return Receipt for Merchandise. T		Complete items 1 and/or 2 for additional services.	
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 consult postmaster for fee. 3. Article Addressed to: 4a. Article Number 4b. Service Type 4b. Service Type 4c. Registered Consult postmaster for fee. 4c. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Service Type 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Article Number 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Article Number 4d. Registered Consult postmaster for fee. 4d. Article Number 4d. Article Numb	99 	Print your name and address on the reverse of this form so that return this card to you.	we can fee):
The Return Receipt will show to whom the article was delivered and the date consult postmaster for fee. Consult postmaster for fee.	4 <u>2</u>	does not permit.	kadise sakat 2 di 1900 di silikuwa maka waka waka wa wa atao waka wa waka wa kata waka wa kata wa kata wa kata
Service Type Ab. Service Type Ab. Service Type Registered Insured COD Express Mail Return Receipt for Merchandise Alife 1 1002 Alife 1 1	 	* The Return Receipt will show to whom the article was delivered an delivered.	d the date Consult postmaster for fee.
Registered Insured Registered Insured COD Cortified COD Express Mail Return Receipt for Merchandise Do		- क्रिकेन क्रिकेन क्षेत्र कर का का का का का का किया है। यह क्रिकेन क्रिकेन क्रिकेन कर क्रिकेन क्रिकेन क्रिकेन	384-290-612 - 5
Express Mail Return Receipt for Merchandise Date of Delivery Return Receipt for Merchandise Date of Delivery Return Receipt for Merchandise Date of Delivery Date of Del		PO Be 8	☐ Registered ☐ Insured
7. Date of Delivery 5. Signature (Addressee) 8. Addressee's Address (Only if requested and fee is paid) 6. Shoature (Agent) 6. Shoature (Agent)		Midland 1x 79702	
and fee is paid)	*## QQ		Merchandise
and fee is paid)	∑.	5 Signature (Addressee)	8. Addressee's Address (Only if requested
Tare Jours	· · · · · · · · · · · · · · · · · · ·	And opposition and a surface of the control of the	and the control of th
PS Form 3811, December 1991, * U.S. Selo.: 1992-307-530 DOMESTIC RETURN RECEIPT		16. Sibesture (Agent)	
	· <u>s</u>	PS Form 3811, December 1991, * U.S. O. 1992-307-	DOMESTIC RETURN RECEIPT

APPLICA	ATION FOR AUT	THORIZATION TO IN		·· OIL	CONSERS IN DI	
I.	Purpose: Applicat	Secondary Rection qualifies for	overy Press r administrative		X yes no	☐ Storage
II.	Operator:	Yates Petroleu	ım Corporation	52	2 EU: 4 EM 9	26
	Address: _	105 S. 4th Str				
	Contact par	ty: Chuck Mor	gan	Ph	none: (505)748-	-1471
III.	Well data:	Complete the date proposed for in	ta required on t jection. Additio			
IV.	Is this an If yes, giv	expansion of an o	existing project rder number autho	? yes prizing the pr	XX no oject	
٧.	injection w	ap that identifie: well with a one-ha circle identifia	alf mile radius (circle drawn a		
VI.	penetrate t well's type	bulation of data the proposed inject e, construction, of of any plugged w	ction zone. Suct date drilled, lo	n data shall i cation, depth,	nclude a descrip record of compl	tion of each
VII.	Attach data	on the proposed	operation, incl	ıding:		
	2. Whe 3. Pro 4. Sou t 5. If	posed average and ther the system of the system of the system of the system of the receiving form injection is for the disposal zone iterature, studies	is open or closed maximum injection in the control of the control	d; ion pressure; of injection than reinjecte es into a zone osed well, att (may be measu	fluid and compat d produced water not productive ach a chemical a	ibility with ; and of oil or gas nalysis of
111.	detail, gco bottom of a total disso	opriate geologica logical name, thi li underground so lived solids conce one as well as annterval.	icknass, and deptources of drinkingentrations of 10,	ch. Give the ng water (aqui .000 mg/l or l	geologic name, a fers containing ess) overlying t	nd depth to waters with he proposed
· IX.	Describe th	e proposed stimul	lation program, i	f any.		
х.	Attach appr with the Di	opriate logging a vision they need	and test data on not be resubmitt	the well. (I	f well logs have	been filed
XI.	available a	emical analysis on no producing) wit wells and dates	thin one mile of	any injection		
XII.	or any othe	for disposal well ailable geologic r hydrologic conn rinking water.	and engineering	data and find	no evidence of	open faults
III.	Applicants	must complete the	"Proof of Notic	e" section on	the reverse sid	e of this form.
XIV.	Certificati	on				e to t
		rtify that the in of my knowledge		ted with this	application is	true and correct
	Name: Ch	uck Morgan		Title		
	Signature:	Chuck /	noge	Date	: August 3, 199	92
submi		n required under d not be duplicat bmittal.				

III. WELL DATA

- A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:
 - (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
 - (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
 - (3) A description of the tubing to be used including its size, lining material, and setting depth.
 - (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.
 - (1) The name of the injection formation and, if applicable, the field or pool name.
 - (2) The injection interval and whether it is perforated or open-hole.
 - .(3) State if the well was drilled for injection or, if not, the original purpose of the well.
 - (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
 - (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. D. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

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

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.

STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENTIVISION

OIL CONSERVATION DIVISION

HOBBS DISTRICT OFFICE, 92 AUT 18 PM 10 06

BRUCE KING GOVERNOR

8-12-92

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501
RE: Proposed: MC DHC NSL NSP SWD WFX PMX
Gentlemen:
I have examined the application for the:
Yates Petroleum Corp. Chalups AAD State #4-M 13-14-33 Operator Lease & Well No. Unit S-T-R
and my recommendations are as follows:
6K
Yours very truly,
Jerry Sexton Supervisor, District 1

C-108

Application For Authorization To Inject Yates Petroleum Corporation Chalupa "AAD" State #4 M 13-14S-33E Lea County, New Mexico

I. The purpose of completing this well is to make a disposal well for produced Bough water into the Bough and Canyon.

Yates Petroleum plans to convert this well to a water disposal well into the Bough and Canyon.

II. Operator: Yates Petroleum Corporation

South Fourth Street Artesia, NM 88210

Chuck Morgan (505) 748-1471

- III. Well Data: See Attachment A
- IV. This is not an expansion of an existing project.
- V. See attached map, Attachment B
- VI. No wells within the area of review penetrate the proposed injection zone. (See Attachment C.)
- VII. 1. Proposed average daily injection volume approxi-3000 BWPD. Maximum daily injection volume approximately 5000 BWPD.
 - 2. This will be a closed system.
 - 3. Proposed average injection pressure-unknown. Proposed maximum injection pressure--1975 psi.
 - 4. Sources of injected water would be produced water from the Bough. (See Attachment D.)
 - 5. See Attachment D.
- VIII. 1. The proposed injection interval is the portion of the Bough and Canyon formations consisting of porous Lime and Dolomite from estimated depths of 9888' to 10,550'.
 - 2. Fresh water zones overlie the proposed injection formations in the Ogollala at approximately 250' and possibly the Chinlee which immediately underlies the Ogollala. Thereare no unknown fresh water zones underlying the formation.
- IX. The proposed disposal interval may be acidized with 7-1/2% or 15% HCL acid.
- X. Logs were filed at your office when the well was drilled in 1986.

C-108 Application for Authorization to Inject Chalupa AAD State #4 -2-

- XI. No windmills exist within a one mile radius of the subject location.
- XII. Yates Petroleum Corporation has examined geologic and engineering data. No evidence of open faults or any other hydrologic connections between the disposal zone and any underground fresh water aquifers have been found.

XIII. Proof of Notice:

- A. Certified letters sent to the surface owner and offset operators-attached. (Attachment E)
- B. Copy of legal advertisement attached. (Attachment F)
- XIV. Certification is signed.

Yates Petroleum Corporation Chalupa "AAD" State #4 M 13-14S-33E Lea County, New Mexico

Attachment A Page I

III. Well Data

A. 1. Lease Name/Location: Chalupa "AAD" State #4 M 13-14S-33E 330' FSL & 330' FWL

2. Casing Strings:

a. Present Well Condition

13-3/8" 54.5# @ 465' w/450 sx (circ) 8-5/8" 32# @ 4225' w/1000 sx (circ) 5-1/2" 17# @ 10175' w/1075 sx (TOC 6800') 2-7/8" tubing @ 9801'

Present TD: 10209' PBTD: 9980'

3. Proposed well condition:

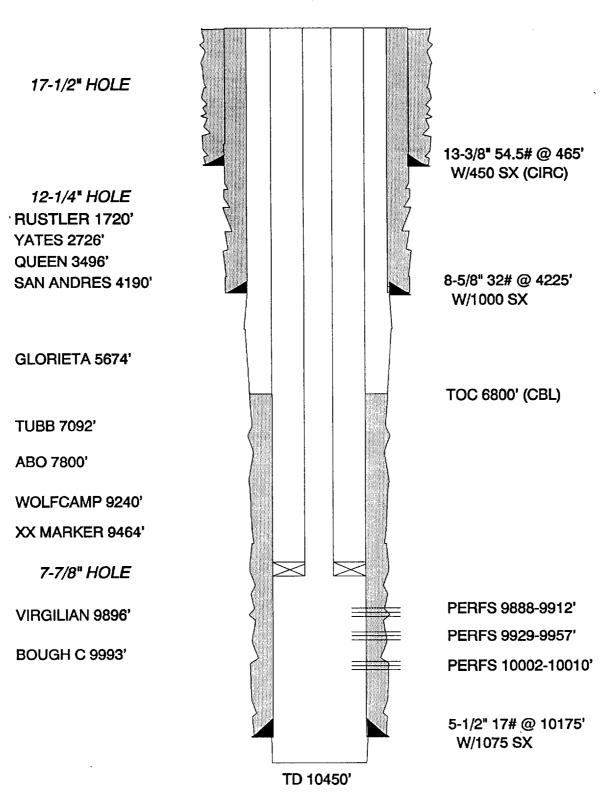
Casing same as above 2-7/8" 6.5 N80 plastic-coated injection tubing @ 9780'

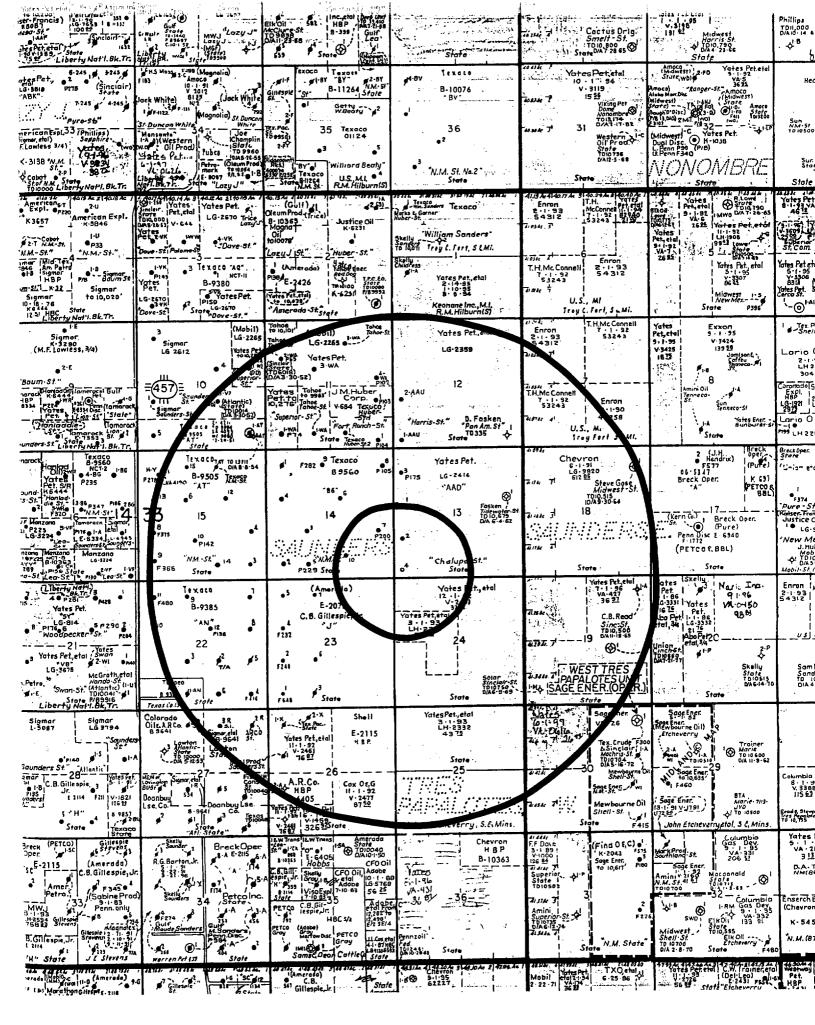
- 4. Propose to use Guiberson or Baker plastic-coated or nickel-plated packer set at 9780'.
- B. 1. Injection Formation: Bough and Canyon
 - 2. Injection Interval will be through perforations from approximately 9888-10,010' and open hole from 10,135-10,550'.
 - 3. Well was originally drilled as an exploratory Bough oil well. Well will be Bough and Canyon water disposal well when work is completed.
 - 4. Perforations:
 - a. 9888-9912'
 - b. 9929-9957' Permo Penn
 - c. 10002-10024' Squ. 75 sx
 - d. 10002-10010' Re-perforated
 - e. 10057-10066' Squ. 60 sx
 - 5. Next higher (shallower) oil or gas zone within 2 miles--Wolfcamp Next lower (deeper) oil or gas zone within 1/2 miles--None.

ATTACHMENT A

YATES PETROLEUM CORPORATION CHALUPA AAD STATE #4

PROPOSED SALT WATER DISPOSAL WELL
M 13-T14S-R33E
LEA COUNTY, NEW MEXICO





YATES PETROLEUM CORPORATION

CHALUPA "AAD" STATE #4

PROPOSED SALT WATER DISPOSAL WELL

330'FSL & 330'FWL SEC 13-T14S-R33E LEA COUNTY, NEW MEXICO

ATTACHMENT B

ATTACHMENT C

Chalupa AAD State #4 Form C-108

Tabulation of Data on Wells Within Area of Review

Completion Information	13-3/8" @ 450' w/450 sx 8-5/8" @ 4242' w/1270 sx 5-1/2" @ 10,202' w/2230 sx 2-7/8" tbg @ 9728'	13-3/8" @ 450' w/450 sx 8-5/8" @ 4250' w/1750 sx 5-1/2" @ 10,197' w/1500 sx 2-7/8" tbg @ 10,056'	12-3/8" @ 524' w/600 sx 8-5/8" @ 4189' w/2500 sx 5-1/2" @ 10,100' w/2250 sx 2-3/8" tbg @ 9785'	11-3/4" @ 1730' w/1947 sx 8-5/8" @ 4200' w/1750 sx 5-1/2" @ 10,100' w/1857 sx 2-7/8" tbg @ 10,100'
Perforations	9821-9892'	9986-10,044'	9814-9988'	9783-9953'
Producing Zone	Регто Репп	Регто Репп	Permo Penn	Регто Репп
Total <u>Depth</u>	10,202'	10,197'	10,100'	10,100°
Completed	10/28/84	3/11/85	9/26/85	4/15/87
pndS	8/2/84	12/2/84	8/1/85	3/10/87
Type	Oil	Ö	Oii	Oil
<u>Operator</u>	YPC	YPC	Техасо	Техасо
Well Name	Chalupa AAD State #1 E 13-14S-33E	Chalupa AAD State #2 L 13-14S-33E	New Mexico BG State NCT-1 #7 L 14-14S-33E	New Mexico BG State NCT-1 #10 O 14-14S-33E

1343.4

cc:

HALLIBURTON DIVISION LABORATORY

HALLIBURTON SERVICES

ARTESIA, NEW NEXICO 88210

LABORATORY WATER ANALYSIS

No. W196-87

To Billy Horner		Date	October 13, 1987
Yates Petroleur	n Corporation	it nor any part thereof	ty of Holliburton Company and neither nor a capy thereof is to be published
105 South Fourt	ch Street	of laboratory managem	t securing the express written approval ent; it may however, be used in the as operations by any person or concern
Artesia, NM 88	3210		receiving such report from Halliburton
Submitted by		Date Per	October 12, 1987
4 .		Formation	
		•	•
County	Field	Source	
Resistivity	0.29 @ 70°		
Specific Gravity	1.016		
Calcium (Ca):	1,052		*MPI
Magnesium (Mg)	640		
Chlorides (Cl)	13,500		
Sulfates (SO ₄)	Heavy		
Bicarbonates (HCO ₃)	1,464		
Soluble Iron (Fe)	Nil		
		-	
Remarks:			*Milligrams per liter
	Kon		
	/ 10 Chy Ryspecti	Mamplen fully submitted,	_
Anolyst: Rocky 'Chambers		•	N COMPANY

NOTICE





105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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

August 3, 1992

CERTIFIED RETURN RECEIPT

Texaco USA P. O. Box 2100 Denver, CO 80201

Dear Sir:

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates' Chalupa AAD State #4 located in Unit M of Section 13-T14S-R33E.

Should you have any questions, please feel free to contact me at (505) 748-1471.

Sincerely,

Chuck Morgan Engineer

Church Maga

CM/sj



105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 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

August 3, 1992

CERTIFIED RETURN RECEIPT

Amerada Hess Corporation P. O. Box 840 Seminole, TX 79360

Dear Sir:

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates' Chalupa AAD State #4 located in Unit M of Section 13-T14S-R33E.

Should you have any questions, please feel free to contact me at (505) 748-1471.

Sincerely,

Chuck Morgan

Engineer

CM/sj



105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210 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

August 3, 1992

CERTIFIED RETURN RECEIPT

Charles B. Gillespie P. O. Box 8 Midland, TX 79702

Dear Sir:

Enclosed please find a copy of form C-108 (Application for Authority to Inject) on Yates' Chalupa AAD State #4 located in Unit M of Section 13-T14S-R33E.

Should you have any questions, please feel free to contact me at (505) 748-1471.

Sincerely,

Church Morgan Chuck Morgan

Engineer

CM/sj

Attachment F

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 "Chalupa AAD State #4" located 330' FSL & 330' FWL of Section 13, Township 14 South, Range 33 East of Lea County, New Mexico, will be used for saltwater disposal. Disposal waters from the Bough will be re-injected into the Bough and Canyon at a depth of 9888-10550 feet with a maximum pressure of 1975 psi and a maximum rate of 5000 BWPD.

All interested parties opposing the aforementioned must file objections or requests for a hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, NM 87501, within 15 days. Additional information can be obtained by contacting Chuck Morgan at (505) 748-1471.



105 SOUTH FOURTH STREET ARTESIA, NEW MEXICO 88210

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
TREASUBER

August 3, 1992

Hobbs News Sun 201 North Thorp Hobbs, NM 88240

Gentlemen,

Yates Petroleum Corporation desires to place a public notice in your newspaper for one day. The notice is enclosed.

Please place this notice in your paper Friday, August 7, 1992 and forward a copy of it along with your billing as soon as possible to:

Yates Petroleum Corporation 105 S. 4th Street Artesia, NM 88210 Attn: Chuck Morgan

If you have any questions, please contact me at 748-1471, Ext. 198. Thank you for your cooperation in this matter.

Sincerely,

Chuck Morgan

P.E.

CM/sj