

6/10/98 | 6/25/98 | - BS | - KW | - SWD #10

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

ADMINISTRATIVE APPLICATION COVERSHEET

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

Application Acronyms:

[NSP-Non-Standard Proration Unit] [NSL-Non-Standard Location]  
[DD-Directional Drilling] [SD-Simultaneous Dedication]  
[DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]  
[PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]  
[WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]  
[SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]  
[EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

[A] Location - Spacing Unit - Directional Drilling

☐ NSL ☐ NSP ☐ DD ☐ SD

Check One Only for [B] or [C]

[B] Commingling - Storage - Measurement

☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

[C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX ☐ PMX ☒ SWD ☐ IPI ☐ EOR ☐ PPR

RECEIVED

JUN 10 1998

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

[A] ☐ Working, Royalty or Overriding Royalty Interest Owners

[B] ☒ Offset Operators, Leaseholders or Surface Owner

[C] ☒ Application is One Which Requires Published Legal Notice

[D] ☒ Notification and/or Concurrent Approval by BLM or SLO

U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office

[E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,

[F] ☐ Waivers are Attached

[3] INFORMATION / DATA SUBMITTED IS COMPLETE - Statement of Understanding

I hereby certify that I, or personnel under my supervision, have read and complied with all applicable Rules and Regulations of the Oil Conservation Division. Further, I assert that the attached application for administrative approval is accurate and complete to the best of my knowledge and where applicable, verify that all interest (WI, RI, ORRI) is common. I further verify that all applicable API Numbers are included. I understand that any omission of data, information or notification is cause to have the application package returned with no action taken.

Note: Statement must be completed by an individual with supervisory capacity.

J. RAY STEWART  
Print or Type Name

*J. Ray Stewart*  
Signature

OPERATOR  
Title

5-21-98  
Date

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purposes: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage  
Application qualifies for administrative approval? ☒ yes ☐ no
- II. Operator: J. RAY STEWART  
Address: P. O. BOX 451, MIDLAND, TEXAS 79701  
Contact party: J. RAY STEWART Phone: (915) 687-1086
- 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? ☐ 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.
- \* 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.
- VII. Attach data on the proposed operation, including:
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.).
- \*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 source known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- \* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)
- \* 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.
- 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.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- 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: J. RAY STEWART Title: OPERATOR  
Signature: *J. Ray Stewart* Date: 5-21-98
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. \_\_\_\_\_

## III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

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

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

## XIV. PROOF OF NOTICE

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

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

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

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

J. RAY STEWART  
POKER LAKE STATE #1 WELL (M-8-T25S, R30E)  
CORRAL CANYON (DELAWARE) FIELD  
EDDY COUNTY, NEW MEXICO

APPLICATION FOR AUTHORITY TO INJECT

MAIL LIST

1. Oil Conservation Division  
P. O. Box 2088  
Sante Fe, New Mexico 87501-2088
2. Oil Conservation Division  
P. O. Drawer DD  
Atresia, New Mexico 88210

SURFACE OWNER

3. Commission of Public Lands  
New Mexico State Land Office  
P. O. Box 1148  
Sante Fe, New Mexico 87504-1148  
Cert #P497382553

SURFACE TENANT

4. J.R. Engineering and Construction Co.  
P. O. Box 6741  
Odessa, Texas 79762

LEASEHOLD OPERATORS WITHIN AREA OF REVIEW

5. E/2 Sec. 7, T25S, R30E,  
(Mary R. Lowe)  
Maralo, Inc.  
223 W. Wall St.  
Midland, Texas 79701  
Cert #P497382552
6. W/2 SW/4 and S/2 NW/4 Sec. 8,  
NW/4 NW/4 Sec. 17 and  
NE/4 NE/4 Sec. 18, T25S, R30E,  
Calvin F. Tennison  
2401 Martin Lane  
Carlsbad, New Mexico 88220  
Cert #P497382551
7. NE/4 SW/4 SEC. 8, T25S, R30E  
Robert H. Forrest, Jr.  
414 S. Canal St.  
Carlsbad, New Mexico 88220  
Cert #P497382546
8. NW/4 SE/4 Sec. 8, T25S, R30E  
Mobil Exploration & Producing U.S. Inc.  
550 W. Illinois Av., Suite 100  
Midland, Texas 79701  
Cert #P497382550

9. SE/4 SW/4 AND SW/4 SE/4 Sec. 8, NE/4 NW/4 Sec. 17 and SE/4 NE/4 Sec. 18, T25S, R30E Cert #P497382549  
Tempo Energy, Inc.  
P. O. Box 1034  
Midland, Texas 79702-1034
10. NW/4 NE/4 and SE/4 NW/4 Sec. 17 and NW/4 NE/4 Sec. 18, T25S, R30E Cert #P080144321  
Bass Enterprises Production Co.  
6 Desta Drive  
Midland, Texas 79705
11. SW/4 NW/4 Sec. 17, T25S, R30E  
J. Ray Stewart  
P. O. Box 451  
Midland, Texas 79702
- 

VI. Table of wells (8) within area of review and schematics of P&A wells (2) are attached.

VII. Data on proposed operation:

1. Average Rate - 450 BWPD (initially, est. 400 BWPD)  
Maximum Rate - 500 BWPD
2. Closed system
3. Average injection pressure - 400 psi  
Maximum injection pressure - 650 psi
4. Water sources - Delaware oil zone produced water
5. N/A

VIII. Proposed injection zone is a Delaware age sandstone at approximate depth of 3700' with a gross thickness of about 50'. Fresh water in this area occurs from about 275' to 700' in Red Bed stringers.

IX. Proposed stimulation, if necessary, is 1000 gals. of 15% HCL acid.

X. Logs have been filed with the OCD.

XI. N/A (no fresh water wells within one mile of proposed water disposal well).

XII. Applicant attests that examination of all available geologic and engineering data indicates that no hydrologic connection exists between the proposed injection interval and overlying fresh water zones, noted above (VIII).

XIII. Proof of notice in an area newspaper and to lease operators within one-half mile are attached.

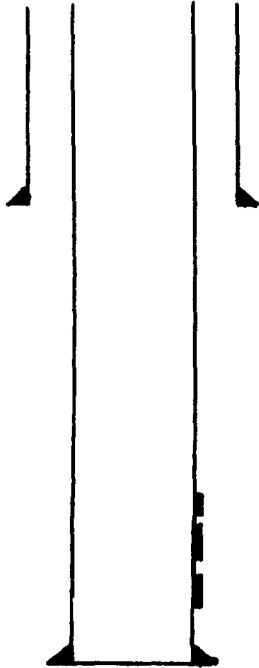
## INJECTION WELL DATA SHEET

OPERATOR - J. RAY STEWART

LEASE & WELL - POKER LAKE STATE #1

LOCATION - UNIT M, 664' FSL & 667' FWL, S8, T25S, R30E, EDDY CO., NEW MEXICO

### SCHEMATIC



### TABULAR DATA

#### Surface Csg.

Size - 8-5/8" cmt. w/400sx

12-1/4" Hole

TOC - Surface (calc.) 12-1/4" Hole

8-5/8", 24# csg. @  
565' w/400 sx.  
(circ. est.)

#### Long String Csg.

Size - 5-1/2" cmt. w/1100 sx.

7-7/8" Hole

TOC - Surface (calc.) 7-7/8" hole

#### Perfs (holes)

3649' - 50' (2)

3652' - 61' (10)

3672' - 79' (16)

TD - 3692'

5-1/2", 14#, J-55, T&C csg.

Proposed Injection Interval:

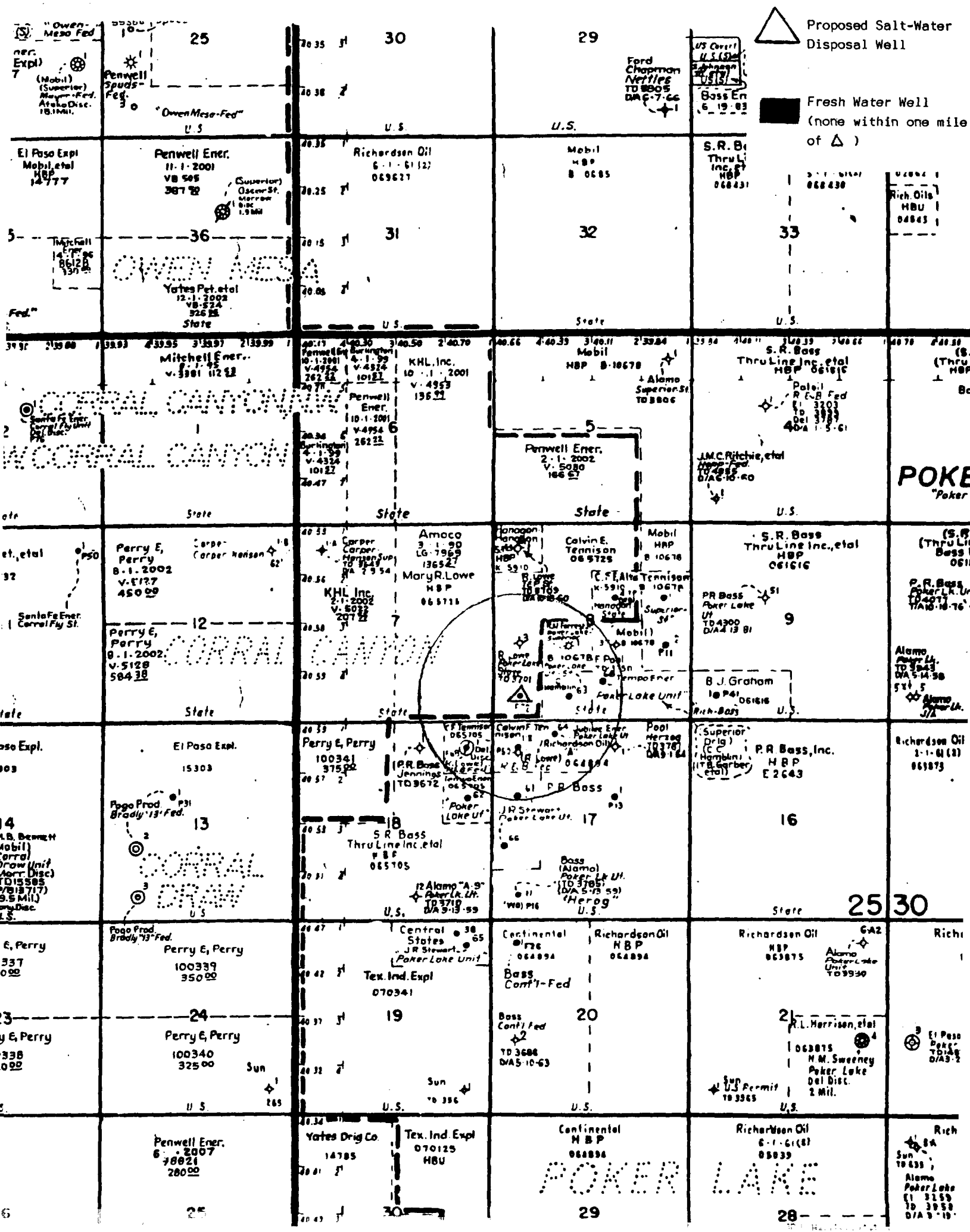
@ 3692' w/1100 sx. (circ. est.) Perfs 3649' - 3679' (Delaware)

TD-3692'

Proposed: 2-3/8" internally plastic coated tubing with Baker-Elder lockset (Nickel plated internally and externally) packer at 3600'±

### Other Data

1. Name of injection formation - Delaware
2. Name of Field or Pool - Corral Canyon: Delaware
3. Is this a new well drilled for injection? No  
If no, for what purpose was the well originally drilled? Delaware Oil Well completed 5/24/60.
4. Has the well ever been perforated in any other zone? No
5. Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area. None



J. RAY STEWART  
POKER LAKE STATE #1 WELL ( M-8-T25S, R30E)  
CORRAL CANYON (DELAWARE) FIELD  
EDDY COUNTY, NEW MEXICO

APPLICATION FOR AUTHORITY TO INJECT

WELLS (8) WITHIN AREA OF REVIEW

1. Ralph Lowe #3 Poker Lake State D&A  
Unit L, 660' FWL & 1580' FSL, S8, T25s, R30E

Completed 12/11/60 TD-3701' (Delaware)

<u>Hole</u> <u>Size, in.</u>	<u>CSG</u> <u>Size, In.</u>	<u>CSG</u> <u>Depth, ft.</u>	<u>CMT</u> <u>Sx.</u>
12 1/4	8 5/8	658	400 (circ.)
7 7/8	Open hole to TD		

D&A 12/11/60 Schematic attached

2. Robert H. Forrest #1 Poker Lake Superior Oil  
Unit K, 1992' FSL & 2002' FWL, S8, T25S, R30E

Completed 7/12/60 TD-3750'

Perf. 3726' - 32' flowed salt water, set retainer 3712' (PBD),  
squeeze 85 sx. cmt., perf. 3698 - 3706' (Delaware SI gas well)

OWWO: 2/85 reperf 3698' - 3706' and perf. 3706' - 3712'  
(Delaware)

OWWO: 1984 SQ hole csg. at 710'

<u>Hole</u> <u>Size, in.</u>	<u>CSG</u> <u>Size, In.</u>	<u>CSG</u> <u>Depth, ft.</u>	<u>CMT</u> <u>Sx.</u>
12 1/4	8 5/8	642	350 (circ.)
7 7/8	5 1/2	3750	150 (top est. 2900')

3. Tempo Energy, Inc. #68 Poker Lake Unit State Oil  
Unit O, 990' FSL & 2310' FEL, S8, T25S, R30E

Completed 1-27-86 TD-3767'

Perf. 3712' - 3742' (Delaware)

<u>Hole</u> <u>Size, in.</u>	<u>CSG</u> <u>Size, In.</u>	<u>CSG</u> <u>Depth, ft.</u>	<u>CMT</u> <u>Sx.</u>
12 1/4	9 5/8	665	300 (circ.)
7 7/8	5 1/2	3767	200

4. Tempo Energy, Inc. #63 Poker Lake Unit State Oil  
Unit N, 665' FSL & 2015' FWL, S8, T25S, R30E

Completed 1-24-84 TD-3738' PBD-3736'

Perf. 3687' - 3721' (Delaware)

<u>Hole</u> <u>Size, in.</u>	<u>CSG</u> <u>Size, In.</u>	<u>CSG</u> <u>Depth, ft.</u>	<u>CMT</u> <u>Sx.</u>
12 1/4	9 5/8	674	300 (circ.)
7 7/8	5 1/2	3738	150



5. Calvin F. Tennison #1 R&B Federal Oil  
 Unit A, 664' FNL & 668' FEL, S18, T25S, R30E  
 Completed 3-31-60 TD- 3666' PBD-3664'  
 Perf. 3639.5' - 3645.5' (Delaware)

Hole Size, in.	CSG Size, In.	CSG Depth, ft.	CMT Sx.
12 1/4	8 5/8	683	400 (circ.)
7 7/8	5 1/2	3666	780

P&A 5-24-94

Schematic attached

6. Calvin F. Tennison #1-Y R&B Federal Oil  
 Unit D, 611' FNL & 614' FWL, S17, T25S, R30E  
 Completed 6-23-60 TD-3708' PBD-3684'  
 Perf. 3693' - 98', PBD - 3684', perf. 3668' - 75' (Delaware)

Hole Size, in.	CSG Size, In.	CSG Depth, ft.	CMT Sx.
12 1/4	8 5/8	775	300 (circ.)
7 7/8	5 1/2	3708	320

7. TempoEnergy, Inc. #64 Poker Lake Unit Oil  
 Unit C, 1650' FWL & 330' FNL, S17, T25S, R30E  
 Completed 7-6-84 TD-3736' PBD-3732'  
 Perf. 3688' - 3720' (Delaware)

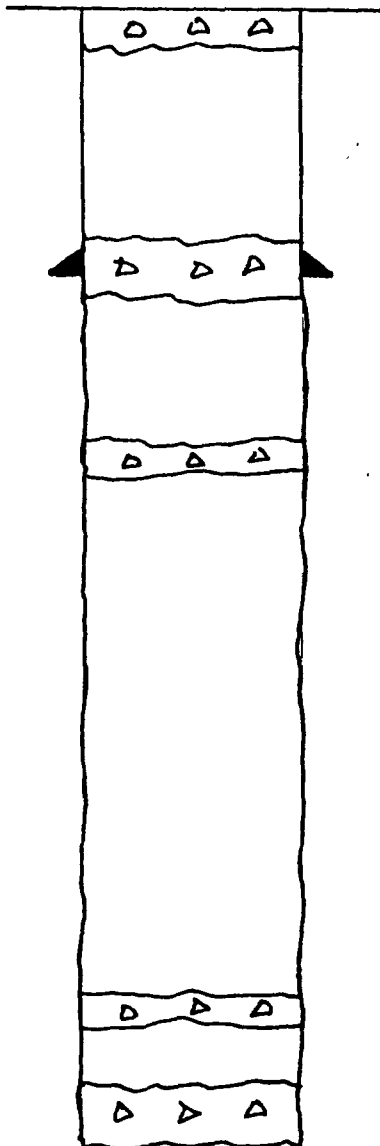
Hole Size, in.	CSG Size, In.	CSG Depth, ft.	CMT Sx.
12 1/4	9 5/8	828	325
7 7/8	5 1/2	3736	200

8. J. Ray Stewart #61 Poker Lake Unit Oil  
 Unit E, 1980' FNL & 660' FWL, S17, T25S, R30E  
 Completed 1-5-84 TD-3765' PBD-3734'  
 Perf. 3706' - 3710', CIBP at 3700', Perf. 3686' - 3694', (Delaware)  
 OWWO: 12-84 Drlg. out to PBD-3717', frac lower perfs and produce  
 perfs 3686' - 94' & 3706' - 10' (Delaware)

Hole Size, in.	CSG Size, In.	CSG Depth, ft.	CMT Sx.
12 1/4	8 5/8	520	120 (circ.)
7 7/8	4 1/2	3764	200

OPERATOR - RALPH LOWE  
LEASE - POKER LAKE STATE  
WELL NO. - 3

DATE P & A-12/11/60  
LOCATION: UNIT L, S8,  
T25S, R30E



Spot 10 sx. at top with marker

8-5/8", 24#, J-55, ST&C, Casing at 658' with  
400 sx. circ. to surface (12-1/4" hole)

Spot 15 sx. 610' - 665'

Spot 15 sx. 1570' - 1620'

7-7/8" hole

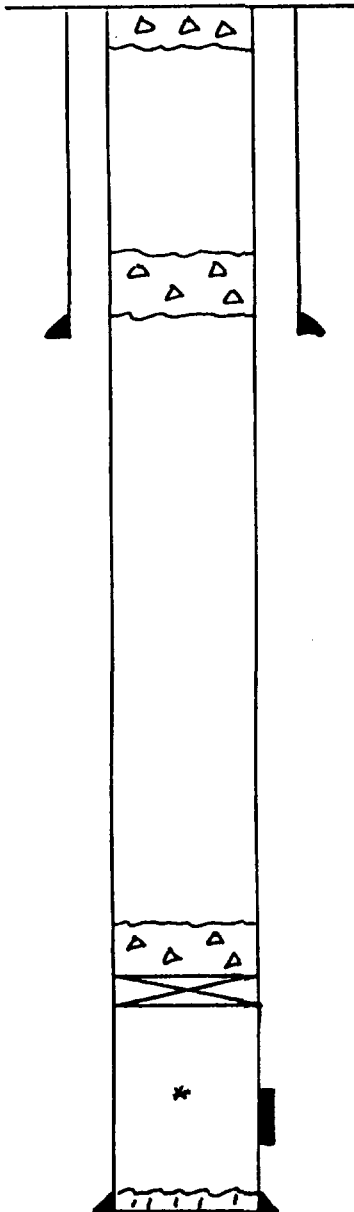
spot 15 sx. 3370' - 3420'

spot 45 sx. 3570' - 3701'

TD-3701'

OPERATOR - CALVIN F. TENNISON  
LEASE - R&B FEDERAL  
WELL NO. - 1

DATE P&A - 5/24/94  
LOCATION: UNIT A, S18  
T25S, R30E



Spot 10 sx. at top

Spot 50 sx. 300' - 600'  
8-5/8", 24#, J-55, ST&C Csg. at 683' with  
400 sx. circ. to surface (12-1/4" hole)

Salt gel

CIBP at 3260' with 25 sx. on top to 3073'

Perf. 3639.5' - 3645.5'

5-1/2", 14#, J-55, ST&C Csg. at 3666' with  
780 sx. (7-7/8" hole)

TD-3666'  
PBD-3664'

\*400' tubing twisted off and left in hole 12/88 - unable to fish 2 years later.

# Affidavit of Publication

No 18424

State of New Mexico,  
County of Eddy, ss.

Amy McKay

being first duly sworn, on oath says:

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

May 28, 19 98  
May 29, 19 98  
May 30, 19 98  
May 31, 19 98  
\_\_\_\_\_, 19 \_\_\_\_  
\_\_\_\_\_, 19 \_\_\_\_

That the cost of publication is \$ 68.06,  
and that payment thereof has been made and will  
be assessed as court costs.

Amy McKay

Subscribed and sworn to before me this

1st day of June, 19 98

Donna Crump

My commission expires 8/1/98  
Notary Public

May 28, 29, 30, 31, 1998

## NOTICE FOR APPLICATION FOR AUTHORIZATION TO INJECT

J. RAY STEWART, P.O. Box 451, Midland, TX 79702, phone (915) 687-1086, has applied to the New Mexico Oil Conservation Division for a permit to reinject produced water into the Poker Lake State Lease Well #1 located 664' FSL & 667' FWL, Sec. 8, T25S, R30E, Eddy Co. This well is in the Corral Canyon (Delaware) Field and the proposed injection interval is 3649' - 3679' in the Delaware zone. Expected maximum in-

jection rate is 500 BWPD at 650 psi well-head pressure. Interested parties must file objections or requests for hearing with the Oil Conservation Division, P.O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

P 497 382 550

US Postal Service

**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <b>MOBIL EXPLORATION &amp; PRODUCING US INC</b>	
Street and Number <b>550 W. ILLINOIS AV., STE. 100</b>	
Post Office, State, & ZIP Code <b>MIDLAND, TEXAS 79701</b>	
Postage	\$ <b>.28</b>
Certified Fee	<b>1.35</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	<b>1.10</b>
Postmark or Date	<b>MAY 23 1994</b>

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>MOBIL EXPLORATION &amp; PRODUCING U.S. INC</b> <b>550 W. ILLINOIS AV., STE. 100</b> <b>MIDLAND, TEXAS 79701</b>		4a. Article Number <b>P497382550</b>	
5. Received By: (Print Name)  		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <b>X [Signature]</b>		7. Date of Delivery <b>6-1-98</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid) <b>500 W. ILLINOIS</b> <b>#900</b>	

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 080 144 321

**Receipt for Certified Mail**

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Sent to <b>BASS ENTERPRISES PRODUCTION CO.</b>	
Street and No. <b>6 DESTA DRIVE</b>	
P.O., State and ZIP Code <b>MIDLAND, TEXAS 79705</b>	
Postage	\$ <b>.28</b>
Certified Fee	<b>1.35</b>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Address of Addressee	
TOTAL Postage & Fees	<b>1.10</b>
Postmark or Date	<b>MAY 23 1994</b>

1661 surr '008C PS Form 3800

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you. ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <b>BASS ENTERPRISES PRODUCTION CO.</b> <b>6 DESTA DRIVE</b> <b>MIDLAND, TEXAS 79705</b>		4a. Article Number <b>P497382550</b>	
5. Received By: (Print Name)  		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
6. Signature: (Addressee or Agent) <b>X [Signature]</b>		7. Date of Delivery <b>6-1-98</b>	
PS Form 3811, December 1994		8. Addressee's Address (Only if requested and fee is paid)	

Thank you for using Return Receipt Service.

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**SENDER:**

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- 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.

3. Article Addressed to:

CALVIN F. TENNISON  
2401 MARTIN LANE  
CARLSBAD, NEW MEXICO 88220

5. Received By: (Print Name)

6. Signature (Addressee or Agent)  
X *Calvin F. Tennison*

PS Form 3811, December 1994

Domestic Return Receipt

4a. Article Number  
P497382551

4b. Service Type  
☐ Registered  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ COD

7. Date of Delivery  
5-27-98

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

P 497 382 553

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to  
COMMISSION OF PUBLIC LANDS  
NEW MEXICO STATE LAND OFFICE  
Street & Number  
P. O. BOX 1148

Post Office, State, & ZIP Code  
SANTE FE, NEW MEXICO 87504-1148

Postage \$ .78

Certified Fee 1.35

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees 3.23

PS Form 3811, April 1995

Domestic Return Receipt

4a. Article Number  
P497382553

4b. Service Type  
☐ Registered  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

P 497 382 551

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to  
CALVIN F. TENNISON  
Street & Number  
2401 MARTIN LANE  
Post Office, State, & ZIP Code  
CARLSBAD, NEW MEXICO 88220

Postage \$ .78

Certified Fee 1.35

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees 3.23

PS Form 3811, April 1995

Domestic Return Receipt

4a. Article Number  
P497382551

4b. Service Type  
☐ Registered  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

COMMISSION OF PUBLIC LANDS  
NEW MEXICO STATE LAND OFFICE  
P. O. BOX 1148  
SANTE FE, NEW MEXICO 87504-1148

5. Received By: (Print Name)

6. Signature (Addressee or Agent)  
X *Calvin F. Tennison*

PS Form 3811, December 1994

Domestic Return Receipt

4a. Article Number  
P497382553

4b. Service Type  
☐ Registered  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

Thank you for using Return Receipt Service.

is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

ROBERT H. FORREST, JR.  
414 S. CANAL STREET  
CARLSBAD, NEW MEXICO 88220

4a. Article Number  
P 497382546

4b. Service Type  
☐ Registered  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery  
5/27/94

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

P 497 382 552

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to  
MARY R. LOWE  
MARALO, INC.  
Street & Number  
223 W. WALL ST.  
Post Office, State, & ZIP Code  
MIDLAND, TEXAS 79701

Postage \$ .78

Certified Fee 1.35

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees 2.13

Postmark Date

5661 April '008C PS

5661 April '008C PS



P 497 382 546

US Postal Service  
**Receipt for Certified Mail**  
No Insurance Coverage Provided.  
Do not use for International Mail (See reverse)

Sent to  
ROBERT H. FORREST, JR.  
Street & Number  
414 S. CANAL STREET  
Post Office, State, & ZIP Code  
CARLSBAD, NEW MEXICO 88220

Postage \$ .78

Certified Fee 1.35

Special Delivery Fee

Restricted Delivery Fee

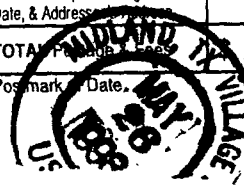
Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees 2.13

Postmark Date

5661 April '008C PS



is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

(MARY R. LOWE)  
MARALO, INC.  
223 W. WALL ST.  
MIDLAND, TEXAS 79701

4a. Article Number  
P497382552

4b. Service Type  
☐ Registered  
☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ COD

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery  
5/27/94

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

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

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

US Postal Service

## Receipt for Certified Mail

**No Insurance Coverage Provided.**

Do not use for International Mail (See reverse)

Sent to TEMO ENERGY, INC.	
Street & Number	
P. O. BOX 1034	
Post Office, State, & ZIP Code	
MIDLAND, TEXAS 79702-1034	
Postage	\$ 1.78
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Recipient	
TOTAL Postage & Fees	3.13
Postmark or Date	

PS Form 3800, April 1995

Is your **RETURN ADDRESS** completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the malpractice, or on the back if space does not permit.
- Write "Return Receipt Requested" on the malpractice below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

1. ☐ Addressee's Address  
2. ☐ Restricted Delivery  
Consult postmaster for fee.

①

**3. Article Addressed to:**

**TEMPO ENERGY, INC.**

P. O. BOX 1034

MIDLAND, TEXAS 79702-1034

4a. Article Number

**P497382549**

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

**5. Received By: (Print Name)**

6. Signature: (Addresser or Agent)

8. Addressee's Address ~~(Only if requested)~~

PS Form 3817, December 1994

## Domestic Return Receipt

**Thank you for using Return Receipt Service.**



## CHECKLIST for ADMINISTRATIVE INJECTION APPLICATIONS

Operator: J. RAY STEWART Well: POKER LAKE ST. No. 1  
Contact: \_\_\_\_\_ Title: PRAS / OWNER Phone: 915-687-1086  
DATE IN 6-10-98 RELEASE DATE 6-25-98 DATE OUT 7-31-98

Proposed Injection Application is for: ☐ WATERFLOOD ☐ Expansion ☐ Initial

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

### SENSITIVE AREAS

☒ SALT WATER DISPOSAL ☐ Commercial Well

☐ WIPP ☐ Capitan Reef

Data is complete for proposed well(s)? YES Additional Data Req'd \_\_\_\_\_

### AREA of REVIEW WELLS

8 Total # of AOR

2 # of Plugged Wells

YES Tabulation Complete

YES Schematics of P & A's

YES Cement Tops Adequate

NO AOR Repair Required

### INJECTION FORMATION

Injection Formation(s) DELAWARE

Compatible Analysis ☒

Source of Water or Injectate ARIA PRODUCTION

### PROOF of NOTICE

☐ Copy of Legal Notice

☐ Information Printed Correctly

☐ Correct Operators

☐ Copies of Certified Mail Receipts

☒ Objection Received

☐ Set to Hearing \_\_\_\_\_ Date

### NOTES:

\* OBJECTION FROM LEASEHOLDER - SATISFIED 7-30-98

### APPLICATION QUALIFIES FOR ADMINISTRATIVE APPROVAL? YES

#### COMMUNICATION WITH CONTACT PERSON:

1st Contact: ☒ Telephoned ☐ Letter 7-30 Date

Nature of Discussion (TIMOTHY RICHARDSON) - ORG. SAT.

2nd Contact: ☒ Telephoned ☐ Letter 7-31 Date

Nature of Discussion VERBAL TO J. RAY STEWART

3rd Contact: ☐ Telephoned ☐ Letter \_\_\_\_\_ Date

Nature of Discussion \_\_\_\_\_