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

FORM C-108 Revised June 10, 2003

EX NO. 3

APPLICATION FOR AUTHORIZATION TO INJECT

I.	PURPOSE: X Secondary Recovery Pressure Maintenance Disposal Storage Application qualifies for administrative approval? X Yes No
II.	OPERATOR:B C Operating
	ADDRESS:P.O. Box 50820 Midland, TX 79710
	CONTACT PARTY:Star Harrell PHONE:432-684-9696 X 253
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 X 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:
	 Proposed average and maximum daily rate and volume of fluids to be injected; Whether the system is open or closed; Proposed average and maximum injection pressure; Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and, 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.).
*V111	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.
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 sources 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:
	NAME:
*	E-MAIL ADDRESS:sharrell@blackoakres.com
DISTR	UBUTION: Original and one copy to Santa Fe with one copy to the appropriate District Office CASE NO. 14571 BC OPERATING, INC.

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.

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.

New Mexico Oil Conservation Division – Form C-108

I. Purpose: Water Injection Well (Secondary Recovery)

II. Operator: BC Operating, Inc.

Address: 303 Veterans Airpark Lane, Midland, Texas 79705

Contact Party: Star Harrell (432) 684-9696

III. Salt Water Injection Well Data

Angell #3

Unit Letter H, 1650' FNL, 660' FEL, Section 11, T-17-S, R-36-E

Lee County, New Mexico

The above mentioned was drilled to the San Andres formation as a dry hole and will be converted for use as a secondary recovery injection well in the same formation. The proposed injection zone is to the San Andres formation.

IV. This is not an expansion of an existing project.

V. Subject Area Maps and Area of Review

A map of the subject area, Lovington field, including all wells within a 2 mile radius is attached. Also attached is a map showing the subject well's area of review (or half mile radius circle).

- VI. There are six well within the area of review that penetrated the proposed injection interval. Attached is the list of wells and pertinent information. A wellbore diagram of the one well that is P&A'd is attached.
- VII. Proposed Operation
 - Average Injection Rate = 400 BWPD
 Maximum Injection Rate = 500 BWPD
 - 2. The system will be closed.
 - 3. Average Injection Pressure = 900 psig at surface Maximum Injection Pressure = 960 psig at surface
 - 4. Injection fluid will be San Andres formation water from offset San Andres wells (same formation).
 - 5. Not applicable.
- VIII. Injection zone: San Andres (Guadalupian, Permian Age) Dolomite lithology

Top San Andres: 4756'

Base San Andres: 6150' appox Injection Interval: 4802'-5432'

Fresh Water Aquifer: Ogallala formation (Quaternary Age) near surface to 300'

IX. Acidize San Andres perfs from 4802' – 5432' with 4000 gal 15%NEFE HCl.

- **X.** Appropriate well logs have been filed with the BLM/NMOCD when the well was drilled.
- **XI.** Freshwater Wells within one mile: There is one active water well within 1 mile. Its water analysis is attached.
- XII. After examining available geologic and engineering data, BC Operating, Inc. finds no evidence of open faults, or other hydrologic connection, between the disposal zone and any underground source of drinking water.
- XIII. "Proof of Notice"
- XIV. Certification

Angell #3

LEASE & WELL NO.	Angell #3		FORM	ER NAME	
FIELD NAME	San Andres (Guadalupian,	Permian Age)			Lea County, New Mexico
LOCATION	1650' FNL & 660 FEL Sec 1		_ API NO		30-025-39690
LOCATION	2000 1/12 000 12 000 1	1, 1 173, K 30L		,.	30 023-33030
K.B. ELEV.			PROPOSED COMPLETIC	-	
D.F. ELEV.				F	ormation Tops MD
GROUND LEVEL	3827'				
	SURFACE CASING				
SIZE 8-5/8"	WEIGHT 32#	DEPTH 1974'			
GRADE	SX. CMT. 700 sx	TOC @ Surf.			
WELL HISTORY			597		
COMPLETION DATE:	5/22/2010	•		TOC @ 2	970' by CBL
	'spf, 28 holes, 60 degree ph 5# SN set @ 5479',	asing ,			TUBING DETAIL 2 7/8", 6.5# IPC
		•			
		•			
		•			
		1			
		1			
		•			
				Packer @	4750'
				D (- 400	21.5.42.21
				Perfs 480	2-5432
		1			
D.	RODUCTION CASING				
	WEIGHT 15.5#	DEPTH 5640'			
SIZE <u>5-1/2"</u>	SX. CMT. 350 sx	TOC @ 2970'			
GRADE	JA. CIVIT	.00 @ 2070			
		PBTD@ 5560'	Para surrenza X		

OPERATOR:

OPERATOR: B C Operating, Inc		
WELL NAME & NUMBER: Angell #3		
WELL LOCATION: 1650 FNL & 660 FEL FOOTAGE LOCATION	H UNIT LETTER S	SECTION TOWNSHIP RANGE
WELLBORE SCHEMATIC		WELL CONSTRUCTION DATA Surface Casing
	Hole Size: 17"	Casing Size: 13.375"
	Cemented with: 500	sx. or ft ³
	Top of Cement:Surface	Method Determined:
		Intermediate Casing
	Hole Size: 12.25"	Casing Size: 8.625"
	Cemented with: 500	sx. or ft ³
	Top of Cement: Surface	e Method Determined:
		Production Casing
	Hole Size: 7.875"	Casing Size: 5.5"
	Cemented with:900	sx. or ft ³
	Top of Cement: Surface	nceMethod Determined:
	Total Depth:5650'	
		Injection Interval
	4802	feet to 5432'

(Perforated or Open Hole; indicate which)

INJECTION WELL DATA SHEET

ize:	Type of Packer: Baker Lok-set Packer Setting Depth: 4750'	Other Type of Tubing/Casing Seal (if applicable):	Additional Data	1. Is this a new well drilled for injection? Yes X No	If no, for what purpose was the well originally drilled? San Andres producer; completed as a dry hole	Name of the Injection Formation:San Andres	Name of Field or Pool (if applicable):Lovington (San Andres)	Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.	Give the name and depths of any oil or gas zones underlying or overlying the proposed in this area: None	
[Type o Packer	Other		1. 'Is	11	Z	3. Z	4. H	. S. G. I	1 1

List of Wells within the Area of Review

API#	Lease Name & No	Well Type	ell Type Date Drilled	Location	Depth	Depth Record of Completion	P&A	TOC
30-025-03862	30-025-03862 Lovington Paddock Unit #74	Oil	11/21/1953 T	11/21/1953 Twn 17S, Rge 36E, Sec 2	8801	3/13/1954	n/a	3335
30-025-03924	30-025-03924 Cities State #1	Abandoned Oil	11/14/56 T	11/14/56 Twn 17S, Rge 36E, Sec 11	4089	11/30/1956	1/30/1956 7/14/1970	n/a
30-025-03925 State X #1	State X #1	Abandoned Oil	2/24/52 T	2/24/52 Twn 17S, Rge 36E, Sec 11	11500	8/1/1952	8/1/1952 9/8/1952	1940
30-025-23969	30-025-23969 Durham State #1	Abandoned Oil	12/20/71 T	12/20/71 Twn 17S, Rge 36E, Sec 11	4045	6/29/1972	5/29/1972 7/10/1972	n/a
30-025-34708	30-025-34708 Mobil "2" State #1	Oil	T 10/7/1999	10/7/1999 Twn 17S, Rge 36E, Sec 2	8227	12/22/1999	n/a	3500
30-025-37902 Angell #1	Angell #1	Oil	6/14/06 T	6/14/06/Twn 17S, Rge 36E, Sec 11	6450	5/5/2007	n/a	2756
30-025-39047	30-025-39047 State Section 12 #1	Oil	9/26/2008	9/26/2008 Twn 17S, Rge 36E, Sec 12	6450	12/30/2008	n/a	1300'
30-025-39076 Angell #2	Angell #2	Oil	10/14/2008 T	10/14/2008 Twn 17S, Rge 36E, Sec 11	6500	11/1/2008	n/a	3012
Does not peneti	Does not penetrate the injection interval							

LEASE & WELL NO.	State X #1	FORMER NAME
FIELD NAME	Wildcat	COUNTY & STATE Lea Co., NM
LOCATION	1980 FSL & 660 FEL, Sec 11, T17S, R36E	API NO. 30-025-03925
K.B. ELEV. D.F. ELEV. GROUND LEVEL	3837'	Plugged & Abandoned Plug #6: 25 sx 40' to Surface
SIZE13-3/ GRADE	SX. CMT. 420 sx TOC @ surface 15-1/2" Hole	
SIZE <u>8-5/8</u> GRADE	INTERMEDIATE CASING	Plug #5: 25 sx @ 1500'
WELL HISTORY		
2/24/52 Spud 9/8/52 Drilled & A	Abandoned These plugs isolate the San Andres injection inter	Plug #4: 25 sx @ 4887'
		Plug #3: 25 sx @5450'
		Plug #2: 25 sx @ 9150' Plug #1: 25 sx @ 9700'
	7-7/8" Hole	

P.O. BOX 98 MIDLAND, TX. 79702 PHONE (432) 683-4521

RESULT OF WATER ANALYSES

709 W. INDIANA MIDLAND, TEXAS 79701 FAX (432) 682-8819

	LABORATORY NO.	1110-216
TO: Mr. Jason Wacker	SAMPLE RECEIVED	11-17-10
Box 50820, Midland, TX 79710	RESULTS REPORTED	11-24-10

COMPANY BC	Operating	L	EASE	Water Wel	II #L05413
		Sec 12, T-175&R	-36Ē		
SECTION	BLOCK SURVEY			STATE	NM
SOURCE OF SAM	IPLE AND DATE TAKEN:				
NO 1 Sub	omitted water sample - tak	en 11-17-10.			
NO. 2					
NO. 4		Ocalella			· · · · · · · · · · · · · · · · · · ·
REMARKS:		Ogalalla			
	C	HEMICAL AND PHYSICA			
		NO. 1	NO. 2	! NO	O. 3 NO. 4
Specific Gravity at 60)° F.	1.0011			
pH When Sampled		7.00			
pH When Received		7.98 220			
Bicarbonate as HCO		220	 		
Supersaturation as					
Undersaturation as		260			
Total Hardness as Ca	₃ CO,	260	 		
Calcium as Ca		22			
Magnesium as Mg		14	 		
Sodium and/or Potas:	sium	65			
Sulfate as SO.		30			
Chloride as Cl		0.2			
Iron as Fe		0.2	-		
Barium as Ba					
Turbidity, Electric					
Color as Pt	and .	418	 		
Total Solids, Calculat	ea	410			
Temperature °F.	ulated		 		
Carbon Dioxide, Calcu	Jiateu				
Dissolved Oxygen,		0.0			
Hydrogen Sulfide Resistivity, ohms/m at	. 77° E	20.600			
Suspended Oil		20.000			
Filtrable Solids as mg					
Volume Filtered, ml					
· Olomo · moros, m					
		Results Reported As Milligra	ıms Per Liter		
Additional Determinat	ions And Remarks	The undersigned cer		ve to be true and	correct to the best
of his knowled					
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Form No. 3

Greg Ogden, B.S.

Affidavit of Publication

State of New Mexico, County of Lea.

I, JUDY HANNA PUBLISHER

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

of 1 issue(s).
Beginning with the issue dated
July 17, 2010
and ending with the issue dated
July 17, 2010

PUBLISHER

Swofn and subscribed to before me this 22nd day of

July, 2010

Notary Public

My commission expires

June 16, 2013 (Seal)



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

LEGAL

LEGAL

NOTICE JULY 17, 2010

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

STATE OF NEW MEXICO TO: All persons, owners, producers, operators, purchasers, and takers of oil and gas, and all other interested persons, particularly in Lea-County, New Mexico:

NOTICE IS HEREBY GIVEN: That B C Operating, Inc located at 303 Veterans Air Park Lane, Suite 61012 Midland, TX 79705, attention Jason: Wacker (432) 684-9696 is requesting that the Oil Conservation Commission, pursuant to NM Rule 19.15.26.8 administratively authorize the approval of the injection of produced saltwater for enhanced recovery into the following well:

Angell #3 API #30-025-39690

Unit H, Section 11, Township 17-S, Range 36-E 1650 FNL & 6600 FEL 9 miles NW of Hobbs

Injection Zone and Interval: San Andres 4802'-5432'

Injection Pressure and Rate: 960 psi and 500 BWPD

OBJECTIONS may be filed with the Oil Conservation Division within fifteen (15) days after the publication of this notice. Objections, if any, should be mailed to Oil Conservation Division, 1220 South St Francis Dr., Santa Fe, New Mexico 87505:

#25977

67106074

00055850

BC OPERATING INC PO BOX 50820 MIDLAND, TX 79710

SENDER: COMPLETE THIS SECTION,	COMPLETE THIS SECTION ON DE	LIVERY
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature	☐ Agent
■ Print your name and address on the reverse	XISICE	
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Printed Name)	C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from its	m 1? Yes
1. Article Addressed to:	If YES, enter delivery address belo	ow: 🗆 No
Davy angell		
P.D. BOK 190		
Paraginate 1/11 1	3. Service Type Certified Mall DExpress Mall	ail
o poording love	☐ Registered ☐ Return Rec	elpt for Merchandise
88260-0190	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	□ Yes
2. Article Number 7008 18		Li res
(Transfer from service label)		
PS Form 3811, February 2004 Domestic Re	turn Receipt	102595-02-M-1540
SENDER: COMPLETE, THIS SECTION	COMPLETE THIS SECTION ON DELL	VERY
© Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Stanature	☐ Agent
Print your name and address on the reverse	xgv	☐ Addressee
so that we can return the card to you. Attach this card to the back of the mailpiece,	B. Received by (Fir ted Name)	C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from item	7126 W
Article Addressed to:	If YES, enter delivery address below	v: 🗆 No
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	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	П У
2. Article Number		☐ Yes
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DC Form 3811 February 2004		
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PS Form 3811, February 2004 Domestic Reti	urn Receipt	102595-02-M-1 54 0
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ENDER: COMPLETE THIS SECTION 4	COMPLETE THIS SECTION ON DELIVI	
ENDER: COMPLETE THIS SECTION: Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired.		ERV≱ □ Agent
ENDER: COMPLETE THIS SECTION: Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired. Print your name and address on the reverse	COMPLETE THIS SECTION ON DELIVIA. A. Signature	ERV≱ □ Agent □ Addressee
ENDER: COMPLETE THIS SECTION. Complete items 1, 2, and 3. Also complete item 4 1f 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,	COMPLETE THIS SECTION ON DELIVIA. A. Signature	ERV≱ □ Agent
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ENDER: COMPLETE THIS SECTION. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	COMPLETE THIS SECTION ON DELIVIA. A. Signature X B. Received by (Printed Name)	☐ Agent☐ Addressee☐ Date of Delivery
ENDER: COMPLETE THIS SECTION. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to:	COMPLETE THIS SECTION ON DELIVIA. A. Signature X B. Received (Printed Name) O. Is delivery address different from item of the property address below:	Agent Addressee Date of Delivery
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ENDER: COMPLETE THIS SECTION. Complete items 1, 2, and 3. Also complete item 4 If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: LUMBUH Aut Foul D. L.	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item of the period of the pe	Agent Addressee Date of Delivery
ENDER: COMPLETE THIS SECTION. Complete items 1, 2, and 3. Also complete item 4 1f 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: LUMBHUM LATE ROLL D.D. BOY IIII	COMPLETE THIS SECTION ON DELIVIA. A. Signature X B. Received by (Printed Name) D. Is delivery address gifferent from item of the property address below:	Agent Addressee Date of Delivery Yes No
ENDER: COMPLETE THIS SECTION. Complete items 1, 2, and 3. Also complete item 4 lf 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: WHALHAW LALE ROLL P. O. BOK 1148	A. Signature X B. Received by (Printed Name) D. Is delivery address different from item of the period of the pe	Agent Addressee Date of Delivery Yes No

2. Article Number 7008 1830 0004 2589 2427 (Transfer from service label)



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Track & Confirm

FAQs

Track & Confirm

Search Results

Label/Receipt Number: 7008 1830 0004 2589 2458

Service(s): Certified Mail

Status: Unclaimed

Track & Confirm

Enter Label/Receipt Number.

Your item was returned to the sender on August 14, 2010 because it was not claimed by the addressee.

Go>

Detailed Results:

• Unclaimed, August 14, 2010, 5:29 pm, HOUSTON, TX

Forms

- Notice Left, July 28, 2010, 7:08 pm, HOUSTON, TX 77063
- Notice Left, July 27, 2010, 12:15 pm, HOUSTON, TX 77063
 Arrival at Unit, July 27, 2010, 7:25 am, HOUSTON, TX 77063

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. - Go >

Customer Service

Gov't Services

Careers

Privacy Policy

Terms of Use

Business Customer Galeway

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Site Map

No FEAR Act EEO Data





District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Avenue, Artesia, NM 88210 District III 1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico Energy Minerals and Natural Resources Department

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

July 21,

Form C-144 C.

For closed-loop systems that only use above ground steel tanks or haul-off bins and prop to implement waste removal for closure, subt to the appropriate NMOCD District Office.

Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit Closure

Piezse be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the movimoment. No does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinane incomments. No does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinane. Poly of the provided provided and the provided		ividual closed-loop system request. For any application request other than for a and propose to implement waste removal for closure, please submit a Form C-144.
Operators: BC OPERATING INC. OGRID #: 160825 Address: _PO BOX 50820 Eacility or well name: _ Angell #3 API Number:	Please be advised that approval of this request does not relieve the operator of environment. Nor does approval relieve the operator of its responsibility to co	liability should operations result in pollution of surface water, ground water or the mply with any other applicable governmental authority's rules, regulations or ordinan
Address PO BOX 50820 Facility or well name:		OGRID #: 160825
Facility or well name: Angell #3 API Number: 30-025-39690 Common C		
API Number: 30-025-39690 OCD Permit Number: UIL or Qtr(Qtr		
U/L or Qtr/Qtr		
Center of Proposed Design: Latitude		
Surface Owner: Federal State Private Tribal Trust or Indian Alloment Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steel Tanks or Haul-off Bins Signs: Subsection C of 19.15.17.11 NMAC 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signed in compliance with 19.15.3.103 NMAC Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are anached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.19 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: 30-025-39076		
Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: Drilling a new well Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) P&A Above Ground Steel Tanks or Haul-off Bins		
12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers Signed in compliance with 19.15.3.103 NMAC Closed-loop Systems Permit Application Attachment Checklist: Subsection B of 19.15.17.9 NMAC Instructions: Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached. Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of \$19.15.17.12 NMAC Operating and Maintenance Plan - based upon the appropriate requirements of \$19.15.17.19 NMAC and 19.15.17.13 NMAC Previously Approved Design (attach copy of design) API Number: 30-025-39076 Previously Approved Operating and Maintenance Plan API Number: 30-025-39076 Swate Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: (19.15.17.13.D NMAC) Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: Disposal Facility Permit Number: NM01-0006 Disposal Facility Name: Disposal Facility Permit Number: NM01-0006 Ves (If yes, please provide the information below) No No No No No No No N	 ∑Closed-loop System: Subsection H of 19.15.17.11 NMAC Operation: ☐ Drilling a new well ☐ Workover or Drilling (Applies to a Drilling Above Ground Steel Tanks or ☐ Haul-off Bins 	activities which require prior approval of a permit or notice of intent) P&A
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Instructions: Please indentify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required. Disposal Facility Name: Controlled Recovery, Inc Disposal Facility Permit Number: NM01-0006	 ☑ Design Plan - based upon the appropriate requirements of 19.15.17 ☑ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17 ☑ Closure Plan (Please complete Box 5) - based upon the appropriate ☑ Previously Approved Design (attach copy of design) 	e requirements of 19.15.17.12 NMAC erequirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC er:30-025-39076
Disposal Facility Name:	Instructions: Please indentify the facility or facilities for the disposal of facilities are required.	f liquids, drilling fluids and drill cuttings. Use attachment if more than two
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations? Yes (If yes, please provide the information below) No Required for impacted areas which will not be used for future service and operations: Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Pint) Star Hamel Title: Regulatory Analyst Signature: Date: 8/17/2010 Date: 8/17/2010		
Soil Backfill and Cover Design Specifications based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC 6. Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (Point) Star Harrell Title:Regulatory Analyst Signature:8/17/2010	Will any of the proposed closed-loop system operations and associated ac	
Operator Application Certification: I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief. Name (P(int) Star Harvell Signature:	Soil Backfill and Cover Design Specifications based upon the ap Re-vegetation Plan - based upon the appropriate requirements of Su	opropriate requirements of Subsection H of 19.15.17.13 NMAC absection I of 19.15.17.13 NMAC
Name (Print) Star Hanell Title: Regulatory Analyst Date: 8/17/2010	Operator Application Certification:	e, accurate and complete to the best of my knowledge and belief.
	Name (Print) Star Hamell	Title:Regulatory Analyst

OCD Approval: Permit Application (including closure plan) Closure J	Plan (only)
OCD Representative Signature:	Approval Date:
Title:	OCD Permit Number:
8. Closure Report (required within 60 days of closure completion): Subsection Instructions: Operators are required to obtain an approved closure plan prior The closure report is required to be submitted to the division within 60 days of section of the form until an approved closure plan has been obtained and the complete the complete that the complete the complete that the complete that the complete the complete that the c	to implementing any closure activities and submitting the closure repo the completion of the closure activities. Please do not complete this
	Closure Completion Date:
9. Closure Report Regarding Waste Removal Closure For Closed-loop System Instructions: Please indentify the facility or facilities for where the liquids, dri two facilities were utilized.	lling fluids and drill cuttings were disposed. Use attachment if more th
Disposal Facility Name:	Disposal Facility Permit Number:
Disposal Facility Name:	Disposal Facility Permit Number:
Were the closed-loop system operations and associated activities performed on o Yes (If yes, please demonstrate compliance to the items below) No	r in areas that will not be used for future service and operations?
Required for impacted areas which will not be used for future service and operated Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique	ions:
Operator Closure Certification: I hereby certify that the information and attachments submitted with this closure belief. I also certify that the closure complies with all applicable closure requires	ments and conditions specified in the approved closure plan.
Name (Print):	Title:
Signature:	Date:
e-mail address:	Telephone:

BC Operating, Inc. Closed Loop System

Design Plan

Equipment List

- 2-414 MI Swaco Centrifuges
- 2 Ml Swaco 4 screen Moongoose Shale Shakers
- 2 double screen Shakers with rig inventory
- o 2 CRI Haul off bins with track system
- 2 additional 500bbl Frac tanks for fresh and brine water
- 2 500bbl water tanks with rig inventory
- * Equipment manufactures may vary due to availability but components will not.

Operation and Maintenance

The system along with equipment will be inspected numerous times a day by each tour to make sure all equipment is operating correctly. Routine maintenance will be done to keep system running properly. Any leak in system will be repaired and/or contained immediately and the OCD notified within 48 hours of the remediation process start.

Closure Plan

While drilling all cuttings and fluids associated with drilling will be hauled off and disposed of via Controlled Recovery Incorporated facilities Permit R-9166/20/-006

DATE IN	SUSPENSE	ENGINEER	LOGGED IN	TYPE	APP NO.

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

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



	·	ADMINISTRATIVE APPLICATION		AND DECLILATIONS
		ANDATORY FOR ALL ADMINISTRATIVE APPLICATION WHICH REQUIRE PROCESSING AT THE D		AND REGULATIONS
Appn	[DHC-Dow [PC-Po	ndard Location] [NSP-Non-Standard Pror nhole Commingling]	ingling] [PLC-Pool/Lease Com age] [OLM-Off-Lease Measurer ssure Maintenance Expansion] ection Pressure Increase]	mingling] ment]
[1]	TYPE OF AF	PPLICATION - Check Those Which Apply Location - Spacing Unit - Simultaneous I NSL NSP SD	· •	
	Check [B]	One Only for [B] or [C] Commingling - Storage - Measurement DHC CTB PLC Injection - Disposal - Pressure Increase -	`	
	[D]	Other: Specify	IPI EOR PPR	
[2]	NOTIFICAT: [A]	ION REQUIRED TO: - Check Those Who Working, Royalty or Overriding Roy		
	[B]	Offset Operators, Leaseholders or Su	arface Owner	
	[C]	Application is One Which Requires	Published Legal Notice	
	[D]	Notification and/or Concurrent Appr U.S. Bureau of Land Management - Commissioner of Pu		
	[E]	For all of the above, Proof of Notific	ation or Publication is Attached, a	and/or,
	[F]	Waivers are Attached		
[3]	-	CURATE AND COMPLETE INFORMA TION INDICATED ABOVE.	ATION REQUIRED TO PROC	ESS THE TYPE
[4] approv	al is accurate an	FION: I hereby certify that the information and complete to the best of my knowledge. I quired information and notifications are sub-	also understand that no action w	
	Note:	Statement roust be completed by an individual wit	h managerial and/or supervisory capac	ity.
Star L.	Harrell	*hother.	Regulatory Analyst	8/17/10
Print o	r Type Name	Signature	Title	Date
			sharrell@blackoakres.com e-mail Address	

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