

BUREAU OF LAND MANAGEMENT
CARLEBAD RESOURCE AREA

Disposal of Produced Water From Federal Wells

Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

1. This agency be notified of any change in your method or location of disposal.
2. Compliance with all provisions of NTL-2B.
3. This agency shall be notified of any spill or discharge as required by NTL-3A.
4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
5. All aboveground structures on the lease shall be painted sandstone brown, Federal Std. 595-20313, or 30313, within 90 days if you have not already done so.
6. Any on lease open top storage tanks or pits shall be covered with a wire screen or plastic/nylon netting to prevent entry by birds and other wildlife.
7. This approval does not constitute right-of-way approval for any off lease activities. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.

NEW MEXICO OIL CONSERVATION COMMISSION
GAS - OIL RATIO TESTS

G-116
Revised 1-1-65

Company		Well		Location		Date of Test		Type of Test - (X)		Scheduled		Completion		Special	
Address		WELL NO.	U	S	T	R	TEST	STATE	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	WATER BBLs.	PROD. DURING TEST	GAS - OIL RATIO CU. FT. BBL
LEASE NAME															
Amoco Production Company		P.O. Drawer A, Level 1 and, Texas 79336		Carlsbad Morrow East											
Baumgartner Fed Com		1	L	26	21	27	5-20-78	P	10/64"	1900	-	24	0	-	0 347
0+1-NMOC															
1-F11e															
1-RMA															
30 Day Test After Completion															

No well will be assigned an allowable greater than the amount of oil produced on the official test.
During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowables when authorized by the Commission.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 303 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

Randy Atkins
Administrative Analyst
June 16, 1978

(Date)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Amoco Production Company

3. Address and Telephone No.

P.O. Box 3092 Houston, TX 77253 713-584-7213 Rm. 17.184

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL X 660' FWL - UNIT 1

Sec. 26, T-21-S, R-27-E

5. Lease Designation and Serial No.

NM-0553785

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Baumgartner Fed. Gas Com. #1

8. Well Name and No.

30-015-22359

9. API Well No.

Burton Flat Morrow

10. Field and Pool, or Exploratory Area

Eddy, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Disposal

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Amoco hereby requests approval to add an additional disposal site for subject property. Shown below is detailed information on the site:

1) Formation Producing Water: Morrow

2) Average Barrels of Water per day: 2

3) Water Storage: One 250 bbl. tank

4) Method of Water Transport: Trucked by Roland Trucking

5) Disposal Name: Springs Unit Well No. 2 (ORDER SWD-86)

Sec. 27, T-20-S, R-26-E, UNIT 1

1650' FSL X 750' FWL

Eddy County, New Mexico

14. I hereby certify that the foregoing is true and correct

Signed

H. I. Blum (H. I. Blum) Title Staff Business Analyst

Date

3-2-93

(This space for Federal or State office use)

Approved by

Title

Date

3/24/93

Conditions of approval, if any:



LTR



Job separation sheet

N.M.O.C.D. COPY

Form 9-331
Dec. 1973

ARTESIA. OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other _____
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL x 650' FWL, Sec. 26
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: (Unit L, NW/4 SW/4)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

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RECEIVED

APR 7 1980

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
NM-0553785
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Baumgartner Fed. Com.
9. WELL NO.
1
10. FIELD OR WILDCAT NAME ~~East Co~~
~~Und. Burton Flat~~ Morrow
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
26-21-27
12. COUNTY OR PARISH | 13. STATE
Eddy | NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3188.9 GR

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to increase production from the Morrow Zone by the following method:

Perforate intervals 11,843'-11,858' and 11,466'-11,480' with 2 JSPF. Evaluate well production. Acid program will be determined from well evaluation.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Martusko TITLE Asst. Admin. Ana. DATE 4-3-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY _____

TITLE _____ DATE _____

0+4 USGS-A 1-Hou 1-Susp 1-MKE 1-Cnamplin 1-Monsanto

*See Instructions on Reverse Side