Form 3160–5 (November 1983) (Formerly 9–331) DEPARTMENT OF THE INTERBUREAU OF LAND MANAGEMEN	SUBMIT IN TRIPLICATE® RIOR (Other instructions on re- rerse side)	oudget Bureau Expires Augus 5. LEASE DESIGNATION 609000410	No. 1994-01 131-1985
SUNDRY NOTICES AND REPORTS (Do not use this term for proposals to drill or to deepen or plug Use "APPLICATION FOR PERMIT—" for such	ON WELLS back to a different reservoir. proposals.)	6. IF INDIAN, ALLOTTE Jicarilla Ap	
OIL GAS WELL OTHER Saltwater Disposal NAME OF OPERATOR		7. UNIT AGREEMENT N.	A DE CO
		8. FARM OR LEASE NAI	48
Conoco Inc.		Jicarilla 30	
3. ADDRESS OF OPERATOR		9. WELL NO.	
P.O. Box 460 - Hobbs, NM 88240		#1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT	
	•	Und. Mesavero	le
915' FNL & 330' FEL		11. SEC., T., R., M., OR E SURVEY OR ARMA	LE. AND
14. PERMIT NO.		30 - 25N - 4W	1
20 000 05000	P, RT, GR, etc.)	12. COUNTY OR PARISE	13. STATE
30-039-05828 6990' KB		Rio Arriba	NM
Check Appropriate Box To Indicate Notice of Intention to: TEST WATER SHUT-OFF PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* CHANGE PLANS (Other) Apply for injection permit W/EPA 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent proposed work. If well is directionally drilled, give subsurface locat	WATER SHUT-OFF PRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of Completion or Recompletion)	EEPAIRING W ALTERING CA ABANDONMENT f multiple completion o	n Well
This is to inform you that we are applying to the "Underground Injection Control" program, on Indian lands effective 11-25-89. We are a at a rate of 1 BPM and at a depth of 4846' to We have been disposing of water into this we authority granted by the Oil Conservation Div	o the EPA for an inject as the EPA will have the term of the second to t	tion permit und UIC authority t 1800 psig,	and tones berti-
	OILC	10 F	

Approved Subject to EPA
Approved Subject to EPA

FOR

18. I hereby certify that the foregoing is true and correct		
SIGNED No Baker W.W. Baker	TITLE Administrative Supervisor	DATE August 29, 1989
(This space for Federal or State office use)		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	APPROVED
	\$2000	SEP 1 8 1989 YV

*See Instructions on Reverse Side

Ken Townsend AREA MANAGER