

WELL FILE



GIANT EXPLORATION &  
PRODUCTION COMPANY

2200 Bloomfield Highway  
Post Office Box 2810  
Farmington, New Mexico  
87499-2810

|          |          |
|----------|----------|
|          | FAX      |
| 505      | 505      |
| 326-3325 | 327-7987 |

August 27, 1993

Mr. Frank Chavez  
New Mexico Oil Conservation Division  
1000 Rio Brazos Road  
Aztec, New Mexico 87410

Subject: Central Bisti Unit No. 29  
1980' FSL, 660' FEL  
I Sec. 8, T25N, R12W  
San Juan County, New Mexico

RECEIVED  
AUG 31 1993  
OIL CON. DIV.  
DIST. 3

Dear Mr. Chavez:

Enclosed for your information is our Application for Authorization to Inject for the above referenced well. The original Application has been sent to the New Mexico Oil Conservation Division in Santa Fe for approval.

Sincerely,

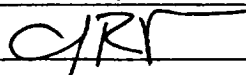
A handwritten signature in cursive script, reading "Diane G. Jaramillo".

Diane G. Jaramillo  
Administrative Manager

/dgj

Enclosure

APPLICATION FOR AUTHORIZATION TO INJECT OIL CON. DIST. 2

- I. PURPOSE: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage  
Application qualifies for administrative approval? ☐ Yes ☐ No
- II. OPERATOR: Giant Exploration & Production Company  
ADDRESS: P.O. Box 2810, Farmington, New Mexico 87499  
CONTACT PARTY: Jeffrey R. Vaughan PHONE: (505) 326-3325
- III. WELL DATA: Complete the data required on the reverse side of this form for each well processed 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 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 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: Jeffrey R. Vaughan TITLE: Vice President, Operations  
SIGNATURE:  DATE: \_\_\_\_\_
- \* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstance of the earlier submittal. \_\_\_\_\_