Purpose: Secondary Recovery Pressure Haintonnous Di-moil Storage Application qualifies for administrative approval? Secondary Di-moil Storage Di-moil		
Operators: Overland Oil & Gas Corp. Address: 3539 E. 30th Suite 108 Farmington, New Mexico Contact party: Ralph Abbott	APP. TO	ATION FOR AUTHORIZATION TO INJECT
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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. 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, treard of completion, and a schematic of any pluged well illustrating all plugging detail. 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. Forposed average and maximum fulceton pressure: 4. Sources and an appropriate of the completion of the proposed very and an appropriate of the completion of the comp	111.	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.
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