



STATE OF NEW MEXICO  
ENERGY, MINERALS and NATURAL RESOURCES DIVISION  
OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE

BRUCE KING  
GOVERNOR

ANITA LOCKWOOD  
CABINET SECRETARY

1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6178

April 13, 1993

Mr. Pat Woosley  
A.P.A. Development, Inc.  
PO Box 215  
Cortez, CO 81321

RE: Temporarily Abandoned Injection Wells

Navajo AA #4, E-17-32N-17W	Navajo AA #13, B-20-32N-17W
Navajo #11, E-27-32N-17W	Navajo #10, J-27-32N-17W
Navajo #6, K-27-32N-17W	Navajo #3, O-27-32N-17W
Navajo #12, I-28-32N-17W	Navajo M #2, K-33-32N-17W
Navajo M #7, B-34-32N-17W	Navajo P #11, D-35-32N-17W
Navajo P #9, F-35-32N-17W	Navajo P #7, J-35-32N-17W
Navajo P #6, P-35-32N-17W	

Dear Mr. Woosley:

Our records indicate that there has been a continuous six-month period of non-injection into these injection wells. Pursuant to Rule 705-C-1, your authorization to inject has terminated. You are required to file for a permit to inject under Rule 701 prior to any injection.

Also, the above wells are inactive and require P&A or TA approval under Rules 201, 202 and 203. Please add these wells to the previous list dated December 27, 1991. Plans to bring these wells into compliance are to be submitted by June 1, 1993 and work completed by June 1, 1994.

If you have any questions please feel free to contact this office.

Sincerely,

*Dianna K. Fairhurst*

Dianna K. Fairhurst  
Deputy Oil & Gas Inspector

DKF/sh

XC: TA File  
UIC File  
David Catanach-UIC Director  
Well File  
David Holguin-EPA

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator <b>Harrison Petroleum 37453</b>		Well API No. <b>30-045-11255</b>
Address <b>P. O. Box 352, Shiprock, NM., 87420</b>		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Change of Operator
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>A.P.A. Development, Inc., Box 215, Cortez, Co., 81321</b>		

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Navajo 14160</b>	Well No. <b>6</b>	Pool Name, Including Formation <b>Many Rocks Gallup 44690</b>	Kind of Lease NAVAJO State, Federal or Fee	Lease No. <b>14-20-603-5012</b>
Location Unit Letter <b>K</b> : 1980 Feet From The <b>South</b> Line and 1980 Feet From The <b>West</b> Line Section <b>27</b> Township <b>32N</b> Range <b>17W</b> , NMPM, <b>San Juan</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Gary Williams, Energy Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>89 Rd., Blmfld., NM., 87413</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>K</b>	Sec. <b>27</b>
	Twp. <b>32N</b>	Rge. <b>17W</b>
Is gas actually connected?		When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE		DEPTH SET		SACKS OF CEMENT			
					<b>RECEIVED</b>			
					<b>JAN 31 1994</b>			
					<b>OIL CON. DIV. I</b>			

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Leo J. Harrison Sr.  
Printed Name Leo J. Harrison, Sr.  
Date 1-26-94 Telephone No. 368-5137

**OIL CONSERVATION DIVISION**

Date Approved JAN 31 1994  
By Brian D. Chang  
Title SUPERVISOR DISTRICT #3

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.