

**Avalon State No. 1**Operator: **Fasken Oil and Ranch, Ltd.**

GL: 3305'

KB: 3321'

Location: 1400' FSL and 1650' FWL  
 Sec 7, T21S, R26E  
 Eddy County, NM

Compl.: 10/24/1972 released rig  
 API #: 30-015-20743  
 PBDT: 10300'  
 TD: 10,800'

Casing: 9-5/8" 40# J-55 @ 2327' KB  
 w/2350sx + 648 cuft concrete  
 TOC surf

**Tops**Bone Spring 3940'1st Bone Spr Sd 5500'

3950'

3rd Bone Spr Sd 7558'Wolfcamp 8020'

42 sx 8100'-8200' existing

Penn Lime 8850'

42 sx 8900'-9000' existing

Current plugs as fo 10-24-72:

42 sx 8100'-8200' existing  
 42 sx 8900'-9000' existing  
 42 sx 10300'-10400' existing  
 42 sx 10725'-10625' existing

Atoka 9765'Morrow 10322'

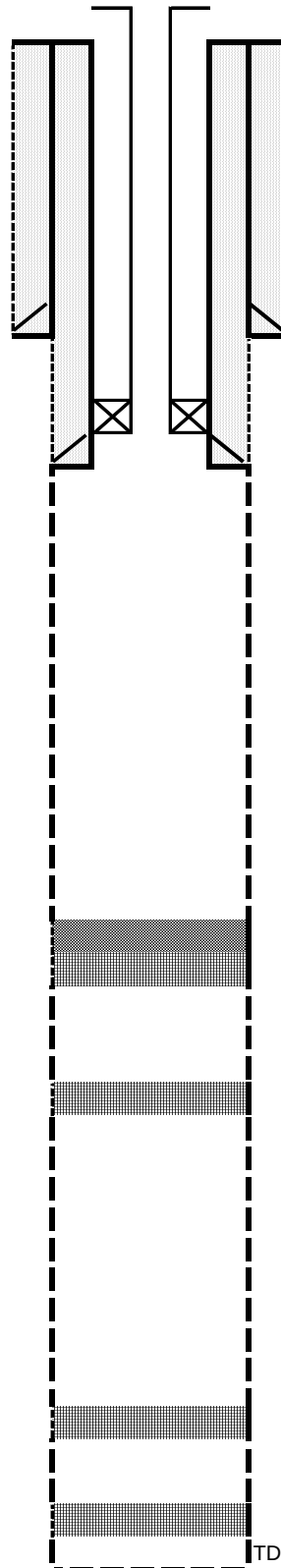
42 sx 10300'-10400' existing

Hole Sizes 17-1/2" 470'  
 12-1/4" 470'-2327"  
 8-3/4" 10,800'

Barnett 10708'

42 sx 10725'-10625' existing

TD: 10,800'



9-5/8" 40# J-55 @ 2327' KB  
 w/2350sx + 648 cuft concrete  
 TOC surf

cwb

4/5/2022

Avalon St wb diagram 4-23-07

**District I**  
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**District II**  
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Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

DEFINITIONS  
  
Action 99625

DEFINITIONS

|                                                                                      |                                                                                   |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Operator:<br><br>FASKEN OIL & RANCH LTD<br>6101 Holiday Hill Rd<br>Midland, TX 79707 | OGRID:<br><br>151416                                                              |
|                                                                                      | Action Number:<br><br>99625                                                       |
|                                                                                      | Action Type:<br><br>[UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI) |
|                                                                                      |                                                                                   |

DEFINITIONS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For the sake of brevity and completeness, please allow for the following in all groups of questions and for the rest of this application: <ul style="list-style-type: none"><li>this application's operator, hereinafter "this operator".</li></ul>                                                                                                                                                                                                                                                                                   |
| This form must be completed as part of OCD's Seismicity Response Protocol and updated after any qualifying event thereafter.                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Applicability:</b> This form must be completed for each well classified as an Underground Injection Control (UIC) Class II disposal well or Class II enhanced recovery injection well with active injection authority (wells). "Active injection authority" means a well that is authorized to inject pursuant to an administrative permit or hearing order. This includes wells that have an approved Application for Permit to Drill and have an approved injection permit but have not yet been drilled or commenced injection. |

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QUESTIONS

Action 99625

**QUESTIONS**

|                                                                                  |                                                                               |
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|                                                                                  | Action Number:<br>99625                                                       |
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**QUESTIONS**

|                      |                                      |
|----------------------|--------------------------------------|
| <b>Prerequisites</b> |                                      |
| Well                 | [30-015-20743] AVALON STATE SWD #001 |

**Seismic Event Information***The source and reference ID is required, if you would like to submit information of a new seismic event.*

|                                                          |            |
|----------------------------------------------------------|------------|
| Source of information (i.e., USGS, NMTSO, TexNet, other) | OCD GIS    |
| Reference ID from source of information                  | us7000gx5v |
| Magnitude                                                | 2.6        |
| Latitude                                                 | 32.55000   |
| Longitude                                                | -104.43000 |
| Date of occurrence                                       | 03/25/2022 |
| Depth of occurrence (kilometers)                         | 5.00       |

**Injection Order***Please indicate the latest (current) injection order permitting injection for this well.*

|                     |                             |
|---------------------|-----------------------------|
| Admin Order (SWD-#) | SWD-1115-0 [pKVR0801462490] |
| Hearing Order (R-#) | Not answered.               |

**Well Information***The following information is required for each well permitted within a 10-mile proximity of the epicenter.*

|                                                                      |              |
|----------------------------------------------------------------------|--------------|
| Distance from epicenter (miles)                                      | 7            |
| Top perforated and/or open-hole interval (vertical depth in feet)    | 4,194        |
| Bottom perforated and/or open-hole interval (vertical depth in feet) | 7,817        |
| Formation(s) completed                                               | Bone Springs |

**Well Information Prior to Injection Volume Reduction***Daily rates and pressures are based on the active injection days during the prior 6-month period.*

|                                                                 |       |
|-----------------------------------------------------------------|-------|
| Average daily injection rate (BBLS per day), prior to reduction | 112   |
| Average injection daily pressure (PSI), prior to reduction      | 920   |
| Well Type (i.e., Commercial, Lease Only, Single Operator)       | Lease |

**Well Information After Injection Volume Reduction***The following information is required for each well permitted within a 10-mile proximity of the epicenter.*

|                                                                      |            |
|----------------------------------------------------------------------|------------|
| Required injection rate reduction percentage (0%, 25%, 50%, Shut-in) | 0%         |
| Average daily injection rate (BBLS per day) limit, post reduction    | 206        |
| Average injection daily pressure (PSI) limit, post reduction         | 960        |
| Reduction start date                                                 | 03/25/2022 |
| Reduction achieved date                                              | 03/25/2022 |

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ACKNOWLEDGMENTS

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**ACKNOWLEDGMENTS**

|                                                                                  |                |                                                               |
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|                                                                                  | Action Number: | 99625                                                         |
|                                                                                  | Action Type:   | [UF-SA] Seismicity Response Protocol Information (UF-SA-SRPI) |
|                                                                                  |                |                                                               |

**ACKNOWLEDGMENTS**

|                                     |                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | This operator acknowledges that it must take the appropriate following action(s) as part of its seismic response protocol:                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> | This operator shall report the daily injection volumes and pressures for each well on a weekly basis on the form prescribed by the OCD. The report is due on the Wednesday the week following the weekly monitoring interval.                                                                                            |
| <input checked="" type="checkbox"/> | This operator shall start or continue to digitally measure injection volumes and pressures for each well at a minimum of an hourly basis, and shall archive the data and make it available to OCD upon receipt of a written request.                                                                                     |
| <input checked="" type="checkbox"/> | This operator shall monitor seismicity events with magnitudes equal to or greater than M2.5 within a radius of 10 miles around each well using USGS / NMTSO data, and shall archive the data and make it available to OCD upon receipt of a written request.                                                             |
| <input checked="" type="checkbox"/> | This operator shall notify OCD and provide updated pertinent well information within 24 hours of an event greater than M 2.5 within a radius of 10 miles around each well using this OCD form.                                                                                                                           |
| <input checked="" type="checkbox"/> | After each event greater than M 2.5 within a radius of 10 miles around each well, this operator shall inspect well head and well equipment of each well to ensure proper working order. As part of this inspection, Operator should evaluate whether a Bradenhead test or MIT is warranted to ensure wellbore integrity. |
| <input checked="" type="checkbox"/> | I certify that, after reasonable inquiry and based on the available information at the time of submittal, this Seismic Information Form is true and correct to the best of my knowledge, and I acknowledge that a false statement may be subject to civil and criminal penalties under the Oil and Gas Act.              |

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CONDITIONS  
  
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CONDITIONS

|                                                                                  |                                                                               |
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CONDITIONS

| Created By | Condition           | Condition Date |
|------------|---------------------|----------------|
| aschaefer  | Accepted for record | 1/6/2023       |