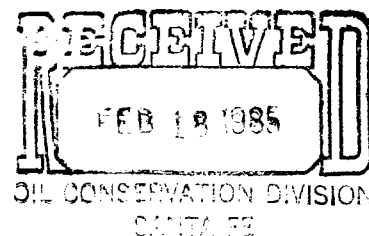




Donald W. Johnson
Division Manager
Production Department
Hobbs Division
North American Production

Conoco Inc.
P.O. Box 460
726 East Michigan
Hobbs, NM 88240
(505) 393-4141

COLLEEN
JAN 5



February 5, 1985

New Mexico Oil Conservation Division
P. O. Box 2088
Santa Fe, NM 87501

Gentlemen:

Convert 13 MCA Unit Wells To Water Injection Wells

Conoco Inc. respectfully requests authority to convert the 13 MCA Unit wells shown on the attached page to active water injection wells. The additional injection wells will increase the total effective input into nonswept zones.

The proposed average daily injection rate will be 105 BHPD with a maximum rate of 200 BHPD. Proposed average injection pressure will be 2000 psi surface pressure with a maximum pressure of 2150 psi. No fresh water wells exist within one mile of the proposed injection wells.

During conversion procedures, we plan to acidize with 3000 gallons 10 weight percent acetic acid with 1 percent mutual solvent.

This application is consistent with operations being conducted in the MCA Unit and administrative approval is requested.

Yours very truly,

RCB:jr

Convert 13 MCA Unit Wells To Injection

<u>Well Number</u>	<u>Location</u>	<u>Status</u>
43	1980' FNL & 1980' FEL, Section 21	Oil
122	660' FNL & 660' FEL, Section 27	Oil
156	2580' FNL & 2595' FWL, Section 29	S.I.
182	2615' FSL & 2570' FEL, Section 27	S.I.
202	660' FSL & 660' FWL, Section 26	Oil
282	1295' FNL & 2615' FWL, Section 27	Oil
299	175' FNL & 1295' FWL, Section 27	Oil
311	1295' FNL & 2615' FWL, Section 26	S.I.
318	25' FNL & 1295' FEL, Section 28	Oil
327	1225' FSL & 2615' FEL, Section 22	Oil
346	55' FSL & 1200' FWL, Section 27	Oil
349	75' FSL & 1295' FWL, Section 23	Oil
350	2615' FSL & 1295' FWL, Section 26	Oil

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage
Application qualifies for administrative approval? ☒ yes ☐ no
- II. Operator: Conoco Inc.
Address: P. O. Box 460, Hobbs, NM 88240
Contact party: Coleen Bose Phone: 393-4141
- III. 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.
- 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 source 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: Robert Gault Title Division Administrative Manager
Signature: [Signature] Date: 1-16-85
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. Well logs were submitted for each well when completed.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

P 335 779 398
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

(RCB)

SENT TO		Mr. Norman Caswell	
STREET AND NO.		Route 1	
P.O. STATE AND ZIP CODE		Meadow, Texas 79345	
POSTAGE		\$.20	
CERTIFIED FEE		.75	
SPECIAL DELIVERY		.	
RESTRICTED DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED		.60	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		.	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		.	
TOTAL POSTAGE AND FEES		\$ 1.72	
POSTMARK OR DATE		NOV 6 1984	

P 335 778 274
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

SENT TO		Norman Caswell	
STREET AND NO.		Route 1	
P.O. STATE AND ZIP CODE		Meadow, Texas 79345	
POSTAGE		\$.20	
CERTIFIED FEE		.75	
SPECIAL DELIVERY		.	
RESTRICTED DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED		.60	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		.	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		.	
TOTAL POSTAGE AND FEES		\$ 1.55	
POSTMARK OR DATE		NOV 6 1984	

P 335 779 397
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

(RCB)

SENT TO		Mr. Dallas McCasland	
STREET AND NO.		P.O. Box 206	
P.O. STATE AND ZIP CODE		Eunice, N.M. 88231	
POSTAGE		\$.20	
CERTIFIED FEE		.75	
SPECIAL DELIVERY		.	
RESTRICTED DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED		.60	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		.	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		.	
TOTAL POSTAGE AND FEES		\$ 1.72	
POSTMARK OR DATE		NOV 6 1984	

P 335 778 277
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

(JRL)

SENT TO		Mid American Pipeline	
STREET AND NO.		Drawer 30070	
P.O. STATE AND ZIP CODE		Hobbs, N.M. 88240	
POSTAGE		\$.20	
CERTIFIED FEE		.75	
SPECIAL DELIVERY		.	
RESTRICTED DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED		.60	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		.	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		.	
TOTAL POSTAGE AND FEES		\$ 1.55	
POSTMARK OR DATE		NOV 9 1984	

P 335 778 275
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

(JRL)

SENT TO		Dallas McCasland	
STREET AND NO.		P.O. Box 206	
P.O. STATE AND ZIP CODE		Eunice, N.M. 88231	
POSTAGE		\$.20	
CERTIFIED FEE		.75	
SPECIAL DELIVERY		.	
RESTRICTED DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED		.60	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		.	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		.	
TOTAL POSTAGE AND FEES		\$ 1.55	
POSTMARK OR DATE		NOV 3 1984	

P 335 778 276
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

(JRL)

SENT TO		American Petrofina Co. of Texas	
STREET AND NO.		P.O. Box 2990	
P.O. STATE AND ZIP CODE		Midland, Tx. 79702	
POSTAGE		\$.20	
CERTIFIED FEE		.75	
SPECIAL DELIVERY		.	
RESTRICTED DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED		.60	
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		.	
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		.	
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		.	
TOTAL POSTAGE AND FEES		\$ 1.55	
POSTMARK OR DATE		NOV 6 1984	



Production Department
Hobbs Division
North American Production

Conoco Inc.
P.O. Box 460
726 East Michigan
Hobbs, NM 88240
(505) 393-4141

January 16, 1985

Mr. Norman Caswell
Route 1
Meadow, Texas 79345

Dear Mr. Caswell:

On October 30, 1984, we notified you of our plans to convert 11 wells in the MCA Unit to water injection for the purpose of secondary recovery. Since that time, we have added 2 wells to be converted, MCA Unit Nos. 349 and 350. Please see the attachment for the list of 13 wells to be converted.

Also attached for your information and file is a copy of our Application for Authorization to inject to the New Mexico Oil Conservation Division.

Yours very truly,

A handwritten signature in dark ink, appearing to read "Robert Gault III".

R. Gault, III
Division Administrative Manager

RCB:jr
Attachments

MCA Unit Wells to be Converted to Water Injection Wells

MCA Unit No. 43	Sec. 21, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.122	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.156	Sec. 29, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.182	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.202	Sec. 26, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.282	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.299	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.311	Sec. 26, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.318	Sec. 28, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.327	Sec. 22, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.346	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.349	Sec. 23, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.350	Sec. 26, T-17S, R-32E, Lea County, New Mexico



Sent certified
mail 11/2/84

Roger M. Kirk
Division Administrative Manager
Production Department
Hobbs Division
North American Production

Conoco Inc.
P.O. Box 460
726 East Michigan
Hobbs, NM 88240
(505) 393-4141

October 30, 1984

Mr. Norman Caswell
Route 1
Meadow, Texas 79345

Dear Mr. Caswell:

This is to notify you, as required by rule 701(B) of the NMOCD Rules and Regulations, that Conoco Inc. plans to convert 11 wells in the MCA Unit to Water Injection for the purpose of secondary recovery. Please see the attachment for a list of the wells to be converted.

Also attached for your information and file is a copy of our Application for Authorization to Inject to the New Mexico Oil Conservation Division.

Yours very truly,

A handwritten signature in cursive script, appearing to read "Roger M. Kirk".

Roger M. Kirk
Division Administrative Manager

JRL:tr

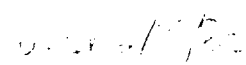
Attachments

MCA Unit Wells to be Converted to Water Injection Wells

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MCA Unit No.122	Sec.27, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.156	Sec.29, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.182	Sec.27, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.202	Sec.26, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.282	Sec.27, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.299	Sec.27, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.311	Sec.26, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.318	Sec.28, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.327	Sec.22, T-17S,R-32E, Lea County, New Mexico
MCA Unit No.346	Sec.27, T-17S,R-32E, Lea County, New Mexico

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage
Application qualifies for administrative approval? ☒ yes ☐ no
- II. Operator: Conoco Inc.
Address: P. O. Box 460, Hobbs, NM 88240
Contact party: John R. Lopez Phone: 393-4141
- III. 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.
- 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 source 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: Roger M. Kirk Title Division Administrative Manager
Signature: *Roger M. Kirk* Date: 10-30-84
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.



Conoco Inc.
P.O. Box 460
726 East Michigan
Hobbs, NM 88240
(505) 393-4141

New Mexico Oil Conservation Division
P. O. Box 2088
Santa Fe, NM 87501

Convert 13 MCA Unit Wells To Water Injection Wells

The proposed average daily injection rate will be 105 BWPD with a maximum rate of 200 BWPD. Proposed average injection pressure will be 2000 psi surface pressure with a maximum pressure of 2150 psi. No fresh water wells exist within one mile of the proposed injection wells.

This application is consistent with operations being conducted in the MCA Unit and administrative approval is requested.

Donald McGowan

RCB:jr

Convert 13 MCA Unit Wells To Injection

<u>Well Number</u>	<u>Location</u>	<u>Status</u>
43	1980' FNL & 1980' FEL, Section 21	Oil
122	660' FNL & 660' FEL, Section 27	Oil
156	2580' FNL & 2595' FWL, Section 29	S.I.
182	2615' FSL & 2570' FEL, Section 27	S.I.
202	660' FSL & 660' FWL, Section 26	Oil
282	1295' FNL & 2615' FWL, Section 27	Oil
299	175' FNL & 1295' FWL, Section 27	Oil
311	1295' FNL & 2615' FWL, Section 26	S.I.
318	25' FNL & 1295' FEL, Section 28	Oil
327	1225' FSL & 2615' FEL, Section 22	Oil
346	55' FSL & 1200' FWL, Section 27	Oil
349	75' FSL & 1295' FWL, Section 23	Oil
350	2615' FSL & 1295' FWL, Section 26	Oil

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: ☒ Secondary Recovery ☐ Pressure Maintenance ☐ Disposal ☐ Storage
Application qualifies for administrative approval? ☒ yes ☐ no
- II. Operator: Conoco Inc.
Address: P. O. Box 460, Hobbs, NM 88240
Contact party: Coleen Bose Phone: 393-4141
- III. 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.
- 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 source 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: Robert Gault Title Division Administrative Manager
Signature: [Signature] Date: 1-16-85
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal. Well logs were submitted for each well when completed.

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; location by Section, Township, and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) the intended purpose of the injection well; with the exact location of single wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- (4) a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2000, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

P 335 779 398
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse) (RCB)

SENT TO
Mr. Norman Caswell
STREET AND NO.
Route 1
P.O. STATE AND ZIP CODE
Meadow, Texas 79345

POSTAGE \$.20
CERTIFIED FEE .75
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SHOW TO WHOM AND DATE DELIVERED .60
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$ 1.55
POSTMARK OR DATE
SAN ANTONIO, TEXAS
NOV 8 1984
USPO

PS Form 3800, Apr. 1976

P 335 778 274
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Norman Caswell
STREET AND NO.
Route 1
P.O. STATE AND ZIP CODE
Meadow, Texas 79345

POSTAGE \$.20
CERTIFIED FEE .75
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SHOW TO WHOM AND DATE DELIVERED .60
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$ 1.55
POSTMARK OR DATE
SAN ANTONIO, TEXAS
NOV 8 1984
USPO

PS Form 3800, Apr. 1976

P 335 779 397
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse) (RCB)

SENT TO
Mr. Dallas McCasland
STREET AND NO.
P.O. Box 206
P.O. STATE AND ZIP CODE
Eunice, N.M. 88231

POSTAGE \$.20
CERTIFIED FEE .75
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SHOW TO WHOM AND DATE DELIVERED .60
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$ 1.55
POSTMARK OR DATE
SAN ANTONIO, TEXAS
NOV 8 1984
USPO

PS Form 3800, Apr. 1976

P 335 778 277
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
MidAmerican Pipeline
STREET AND NO.
Drawer 30070
P.O. STATE AND ZIP CODE
Hobbs, N.M. 88240

POSTAGE \$.20
CERTIFIED FEE .75
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SHOW TO WHOM AND DATE DELIVERED .60
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$ 1.55
POSTMARK OR DATE
SAN ANTONIO, TEXAS
NOV 9 1984
USPO

PS Form 3800, Apr. 1976

P 335 778 275
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Dallas McCasland
STREET AND NO.
P.O. Box 206
P.O. STATE AND ZIP CODE
Eunice, N.M. 88231

POSTAGE \$.20
CERTIFIED FEE .75
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SHOW TO WHOM AND DATE DELIVERED .60
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$ 1.55
POSTMARK OR DATE
SAN ANTONIO, TEXAS
NOV 8 1984
USPO

PS Form 3800, Apr. 1976

P 335 778 276
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
American Petrofina Co. of Texas
STREET AND NO.
P.O. Box 2990
P.O. STATE AND ZIP CODE
Midland, Tx. 79702

POSTAGE \$.20
CERTIFIED FEE .75
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
SHOW TO WHOM AND DATE DELIVERED .60
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY
SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY

TOTAL POSTAGE AND FEES \$ 1.55
POSTMARK OR DATE
SAN ANTONIO, TEXAS
NOV 8 1984
USPO

PS Form 3800, Apr. 1976

AFFIDAVIT OF PUBLICATION

State of New Mexico,

County of Lea.

I, _____

Robert L. Summers

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not in a supplement thereof for a period

of _____

One _____ weeks.

Beginning with the issue dated

November 6, 19 84

and ending with the issue dated

November 6, 19 84

Robert L. Summers
Publisher.

Sworn and subscribed to before

me this 6 day of

November, 19 84

Jane Paulowsky
Notary Public.

My Commission expires _____

3-24, 19 87

(Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

12

LEGAL NOTICE

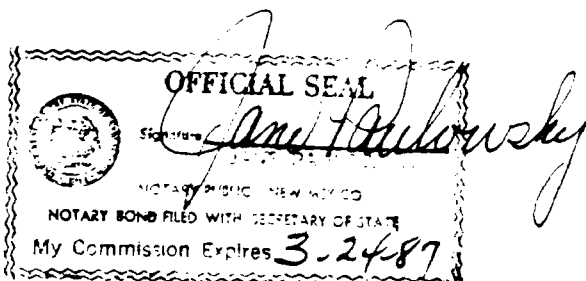
November 6, 1984

CONVERT WELLS TO WATER INJECTION WELLS

Conoco Inc., 726 E. Michigan, P. O. Box 460, Hobbs, New Mexico, Phone: 505/393-4141, Mr. D. W. Johnson, Division Manager of Production, intends for the purpose of secondary recovery, to convert the following wells in Lea County to water-injection wells.

Well Name	Location	Total Depth	Formation
MCA Unit No. 431	1988' FNL & 1980' FEL, Sec. 27, T-17S, R-32E	4119'	Grayburg-San Andres
MCA Unit No. 122	660' FNL & 660' FEL, Sec. 27, T-17S, R-32E	4089'	Grayburg-San Andres
MCA Unit No. 238	2388' FNL & 2393' FNL, Sec. 28, T-17S, R-32E	4080'	Grayburg-San Andres
MCA Unit No. 182	2615' FSL & 2570' FEL, Sec. 27, T-17S, R-32E	4077'	Grayburg-San Andres
MCA Unit No. 202	660' FSL & 660' FNL, Sec. 26, T-17S, R-32E	4300'	Grayburg-San Andres
MCA Unit No. 282	1285' FNL & 2615' FNL, Sec. 27, T-17S, R-32E	4184'	Grayburg-San Andres
MCA Unit No. 299	173' FNL & 1295' FNL, Sec. 27, T-17S, R-32E	4200'	Grayburg-San Andres
MCA Unit No. 371	1295' FNL & 2615' FNL, Sec. 26, T-17S, R-32E	4325'	Grayburg-San Andres
MCA Unit No. 318	25' FNL & 1295' FEL, Sec. 28, T-17S, R-32E	4200'	Grayburg-San Andres
MCA Unit No. 327	1225' FSL & 2615' FEL, Sec. 22, T-17S, R-32E	4200'	Grayburg-San Andres
MCA Unit No. 346	55' FSL & 1200' FNL, Sec. 27, T-17S, R-32E	4925'	Grayburg-San Andres

Operator plans to inject produced water at a rate of approximately 200 barrels per day with surface pressure of about 2150 psi. Any objections to this intent or request for hearing must be filed with the New Mexico Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico, 87501 within 15 days from the date of this publication.



AFFIDAVIT OF PUBLICATION

State of New Mexico,

County of Lea.

I, _____

Robert L. Summers

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not in a supplement thereof for a period

of _____

One weeks.

Beginning with the issue dated

January 24, 1985

and ending with the issue dated

January 24, 1985

Robert L. Summers
Publisher.

Sworn and subscribed to before

me this 25 day of

January, 1985
Dora Murphy
Notary Public

My Commission expires _____

Nov. 14, 1988
(Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

LEGAL NOTICE
JANUARY 24, 1985
CONVERT WELLS TO
WATER INJECTION WELLS
Conoco Inc., 726 E. Michigan, P. O. Box 460, Hobbs, New Mexico, Phone: 505/393-4141, Mr. D. W. Johnson, Division Manager of Production, intends for the purpose of secondary recovery, to convert the following wells in Lea County to water injection wells.

Well Name	Location	Total Depth	Formation
MCA Unit No. 349	75' FSL & 1295' FWL, Sec 23, T-17S, R-32E	4350'	Grayburg-San Andres
MCA Unit No. 350	2615' FSL & 1295' FWL, Sec 26, T-17S, R-32E	4350'	Grayburg-San Andres

Operator plans to inject produced water at a rate of approximately 200 barrels per day with surface pressure of about 2150 psi. Any objections to this intent or request for hearing must be filed with the New Mexico Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico, 87501 within 15 days from the date of this publication.



Production Department
Hobbs Division
North American Production

Conoco Inc.
P.O. Box 480
728 East Michigan
Hobbs, NM 88240
(505) 393-4141

January 16, 1985

Mr. Dallas McCasland
P. O. Box 206
Eunice, NM 88231

Dear Mr. McCasland:

On October 30, 1984, we notified you of our plans to convert 11 wells in the MCA Unit to water injection for the purpose of secondary recovery. Since that time, we have added 2 wells to be converted, MCA Unit Nos. 349 and 350. Please see the attachment for the list of 13 wells to be converted.

Also attached for your information and file is a copy of our Application for Authorization to inject to the New Mexico Oil Conservation Division.

Yours very truly,

A handwritten signature in dark ink, appearing to read "R. Gault, III", with a stylized flourish at the end.

R. Gault, III
Division Administrative Manager

RCB:jr
Attachments

MCA Unit Wells to be Converted to Water Injection Wells

MCA Unit No. 43	Sec. 21, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.122	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.156	Sec. 29, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.182	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.202	Sec. 26, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.282	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.299	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.311	Sec. 26, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.318	Sec. 28, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.327	Sec. 22, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.346	Sec. 27, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.349	Sec. 23, T-17S, R-32E, Lea County, New Mexico
MCA Unit No.350	Sec. 26, T-17S, R-32E, Lea County, New Mexico