

H. L. BROWN, JR.
POST OFFICE BOX 2237
MIDLAND, TEXAS 79702-2237

91 8 35

January 24, 1994

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
P. O. Box 2088
Santa Fe, NM 87501

Attention: Mr. David R. Catanach

Re: Request Amended Injection Interval
Holly Federal "27" Well #1
Unit J of Section 27, T-7S, R-37E
Roosevelt County, New Mexico

Gentlemen:

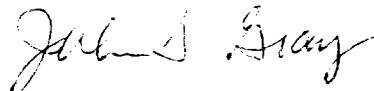
We herein request that Administrative Order No. SWD-438 approved on the 16th day of August, 1991 and amended June 30, 1992 be amended to permit the injection of salt water for disposal purposes into the San Andres formation at approximately 3969' to 4870'. The subject order has stated an interval of 4348' to 4930', which was the intended interval at the time the order was amended on June 30, 1992.

Attached for your information is an "Injection Well Data Sheet" which includes a schematic of the current completion. We intend to perforate above the current injection interval, break the new perforations down with acid, fracture treat the entire zone and put the well back on injection.

A response to this request at your earliest convenience would be greatly appreciated. If any additional information or correspondence is required, please contact me at 915/683-5216.

Yours very truly,

H. L. BROWN, JR.



John T. Gray
Production Engineer

JTG/ew
Enclosure

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO. 30-041-20530
5. Indicate Type of Lease Federal/SWD <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. NM 12852

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	7. Lease Name or Unit Agreement Name Holly "27" Federal
2. Name of Operator H. L. Brown, Jr.	8. Well No. 1
3. Address of Operator P. O. Box 2237, Midland, TX 79702	9. Pool name or Wildcat San Andres
4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>27</u> Township <u>75</u> Range <u>37E</u> NMPM <u>Roosevelt</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4047' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Objective: Open additional San Andres interval to injection.
Fracture treat new and old San Andres intervals.

Procedure: Perforate San Andres @ 3969'-79', 4025'-32', 4067'-4115', 4190'-4225', 77'-83', & 4307'-15'. Breakdown perms w/acid. Frac entire San Andres Zone 3969'-4870'. Rerun injection pkr & set at 3940'. Pressure test backside to 500 psig for 30 minutes. Return to produced water disposal duty.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John T. Gray TITLE Production Engineer DATE 1/24/94

TYPE OR PRINT NAME John T. Gray TELEPHONE NO. 915/683-5216

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: