VIA FEDERAL EXPRESS

November 7, 1991

Mr. David Catanach Oil Conservation Division 310 Old Santa Fe Trail Santa Fe, New Mexico 87504 76°1891

RE: Form C-108

Sapphire Federal SWD Well No. 1

Lea County, New Mexico

Dear Mr. Catanach:

Enclosed for your review you will find an original copy of Form C-108, Application for Authorization to Inject, and various other information to aid you in processing our request for a permit to inject salt water in the subject well.

Should you require additional information or if I can be of any further help, kindly advise.

Very truly yours,

MITCHELL ENERGY CORPORATION

onge Mulle

George Mullen

GM/lgb

enc.

OIL CONSERVATION DIVISION POST OFFICE BOX 2008 STATE LAND OFFICE MULDING SANTA PE NEW MEXICO 67301

FORM C-108 Revised 7-1-81

1.		Secondary Recovery		e X Disnosal Sto yes	rage
II.	Operator:	Mitchell Energy Corpo	oration		
	Address:	400 W. Illinois, Ste.	1000 Midland,	TX 79701	
	Contact party:	James Blount	Pho	one: <u>915-682-5396</u>	
III.				e of this form for each y be attached if necessa	
IV.	Is this an expa If yes, give th	ansion of an existing pr ne Division order number	roject?	X no oject	
٧.	injection well	nat identifies all wells with a one-half mile re ccle identifies the well	adius circle drawn a:	two miles of any propose round each proposed inje	d ction
VI.	penetrate the p	proposed injection zone.	. Such data shall in ed, location, depth,	within the area of revinclude a description of record of completion, a detail.	each
VII.	Attach data on	the proposed operation	, including:		
	2. Whether 3. Propose 4. Sources the 1 5. If inje at or the 6	the system is open or ed average and maximum is and an appropriate and receiving formation if o ection is for disposal p within one mile of the	closed; injection pressure; alysis of injection o other than reinjected ourposes into a zone e proposed well, atto water (may be measur	e of fluids to be inject fluid and compatibility d produced water; and not productive of oil o ach a chemical analysis red or inferred from exi	with r gas of
VIII.	detail, geologi bottom of all u total dissolved	ical name, thickness, aconderground sources of a solids concentrations as well as any such so	nd depth. Give the drinking water (aqui) of 10,000 mg/l or l	including appropriate li geologic name, and depth fers containing waters w ess) overlying the propo ediately underlying the	to ith
IX.	Describe the pr	roposed stimulation pro	gram, if any.		
x.		iate logging and test di ion they need not be re:		f well logs have been fi	led
XI.	available and p	cal analysis of fresh wa producing) within one mi lls and dates samples we	ile of any injection	e fresh water wells (if or disposal well showin	ıg
XII.	examined avails	drologic connection be	eering data and find	atement that they have no evidence of open fau one and any underground	lts
all.	Applicants must	complete the "Proof o	f Notice" section on	the reverse side of thi	s form.
XIV.	Certification				ثر
	to the best of	my knowledge and belie	f.	application is true and	correct
	Name: Jan	mes Blount	Title	Engineer	
	Signature:	James Glow	Datc	: 10-22-91	

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.

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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.

PTV , IV BRODAL DE LE CESTAS

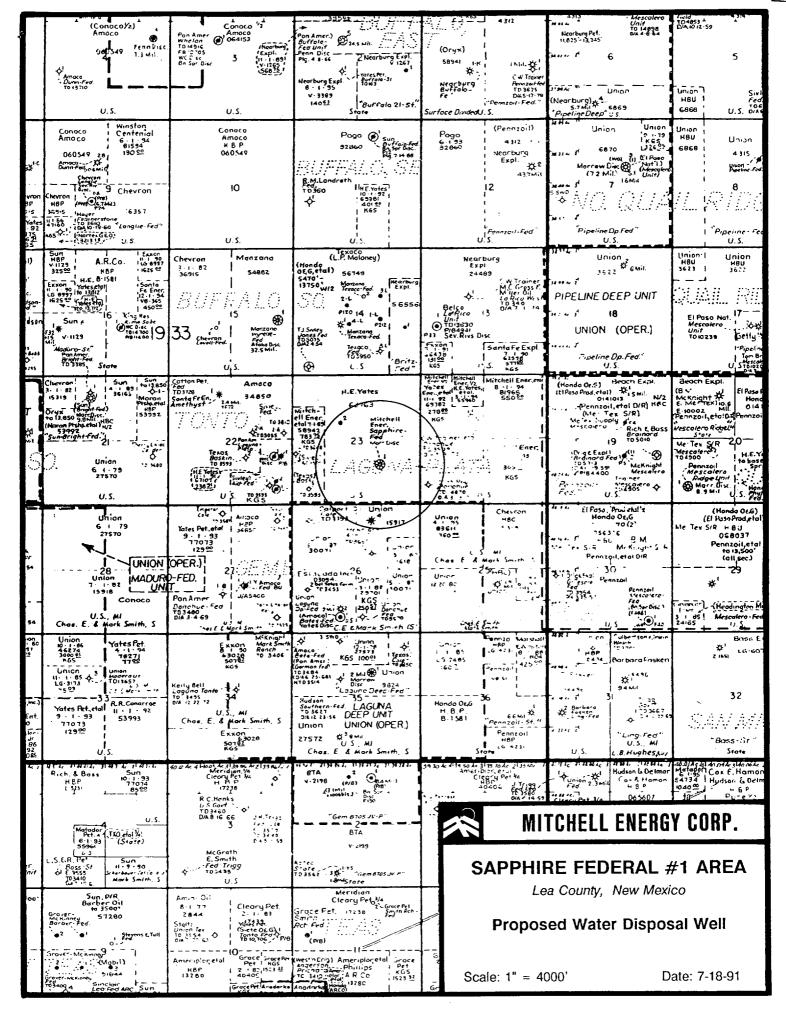
TD: 4820'

13.38 188 BHEFFS 5 500.

III WELL DATA

- A. (1) Sapphire Federal SWD #1 Section 23, T19S, R33E 1600' FSL & 1750' FEL
 - (2) 8 5/8" 32#/ft K-55 @ 500' cmtd to surf.
 12 1/4" hole.
 5 1/2" 15.5# cmtd to surf.
 7 7/8" hole.
 - (3) 2 7/8" 6.5#/ft J-55 fiberglass lined tbg set @ ±4250'.
 - (4) Guiberson Uni-VI pkr @ ±4250'.
- B. (1) Queen Formation.
 - (2) 4300-4820', Open hole.
 - (3) Drilled for injection.
 - (4) New well.
 - (5) Seven Rivers ±3600' in Texaco wells 1 mile north.

 Delaware ±7300' in Sapphire Fed #2 & #1.



- VI. Area of Review Wells:

 Laguna Deep Unit Fed #4

 Sapphire Fed #1

 Sapphire Fed #2

 Donahue #1

 (See attached well bore schematics)
- VII. Proposed Operation:
 - 1. Avg Rate 1000 BPD Max Rate 1500 BPD Avg Volume 300 bbls Max Volume 500 bbls
 - 2. Closed system
 - Avg inj. pressure 1000 psi Max inj. pressure - 2000 psi
 - 4. Water source Delaware (See attached compatability analysis)
 - 5. Disposal Zone Queen (See attached water analysis)
- VIII. Queen Sandstone, 480' thick, 4335-4815'.

 Deepest aguifer in 7-Rivers Bottom @ 870'.
- IX. Propose to stimulate zone w/5,000 gal 15% HCl.
- X. Logs previously filed on Sapphire Fed Unit #1.
- XI. Fresh water sample from well in Sec 18, T19S, R33E is attached.
- XII. I hereby affirm that there is no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

James Blow

Burk Royalty Co. Lea (ounty, N.M. 24-195-33E 10 sx coment @ surface 85/8", 2016/ft set@333'
Cemented to surface 4/250 5x cmt 35 sx coment @ 1650'-1750' 35 SX Cement @ 3200'-3300' 35 SX (e m = + @ 4230' - 4330' TO 48701

Donohue #1

6.L. Elev 3637'

KB 10'

35 sx cement

283-383'

Spudded 2/25/71 P&A 3/13/71

WELL NAME: BURK ROYALTY DONOHUE WELL #1 LOCATION: 800' FSL & 330' FWL, Sec. 24,

T19S, R33E

SPUD DATE: 2-25-71

COMPL. DATE: P&A'd 3-13-91

医大量运动性 化基基基酚 化光 电影 医生物性病 化光

TOTAL DEPTH: 4,870' STATUS/POOL: P&A'd

DLT 7/2/91

Sapphire Federal Ur. + &1

East Gem Field

Lea County, New Mexico

K.B. EKU 3661'

WELL NAME: MITCHELL SAPPHIRE FEDERAL

UNIT WELL #1

LOCATION: 1,650' FEL & 1,650' FSL,

SEC. 23, T19S, R33E

SPUD DATE: 12-31-88 COMPL. DATE: 6-29-91 TOTAL DEPTH: 13,600

STATUS/POOL: PRODUCING, E. GEM-DELAWARE POOL

Toc @ 6285'

CIBP @ 9240

CIBP @ 10,960'

C 18P@ 11,140'

CIBP@ 13210'

@ 475'. Contd w/ 450 sx Class
"C". Circ 1315x to surface

85/e", 32 16/ft, K-55, 570 C CSg
at 5230. Cmt w/28005x
Hall. b Lite plus 300 sh Premium
Plus. Did not circulate. Ran
1" they to 510' and pumped
250 sh PP cmt. Circ 85 sh
to Surface

24, N-80 TBG @ 739 0' SN@ 7360' TA @ 7170'

2: * x 1'4" x 26' RHBC PUMP "/ 76 NORRIS '97' ROD STRING 7220 - 7356' (31 5HOTS)

9250'-52', 9260'-68' ISPF 9288'- 94' ISPF

10,980 - 11,014'; 11,021-35'

11,152-66, 11,196-216' 15PF 11,323-29', 11,385-400 15PF

13,226-35, 13244-518, 13250-56)

ruelth. Nu tool williams to 150.

hole

13421-26,13440-50 45PF Vann Gun

TD: 13,600' 0-1992' 5-95 LT+C
PBTO: 13,555' 1992-10,468' N-80 LT+C
10,468-13,598' 5-95 LT+C
CMtdw/3505X50/50 POZ.

JSB 3/1/91

42.381 50 SHEETS 5 SOUARE 42.382 200 SHEETS 5 SOUARE 42.382 200 SHEETS 5 SOUARE 43.382 200 SHEETS 5 SOUARE 43.582 200 SHEETS 5 SO

TOC - 530'

WELL NAME: MITCHELL SAPPHIRE FEDERAL UNIT WELL #2

LOCATION: 660' FNL & 1980' FWI

SEC. 23, T19S, R33E SPUD DATE: 4-18-91

COMPL. DATE: 6-12-91

TOTAL DEPTH: 8,000

STATUS/POOL: PRODUCING,

E. GEM-DELAWARE POOL

7430'

PERES: 7257-64"

2%" J-55 TBG @

76 NORRIS 97 ROD STRING W/21/2 x 13/ "x \$6" RHBC

> 7303- 67 7330 - 42'

13%" 54,5 # K-55@ 487" CMTD W/ 530 SX C1. C TO

8%" 32# K-55 @3420 CMTD W/ 1100 SX PP LITE

+ 250 SX PP to SURF

SURF.

7380 - 7404'

PERFS: 7586 - 7606'

54 17# K-55 @ 7999'

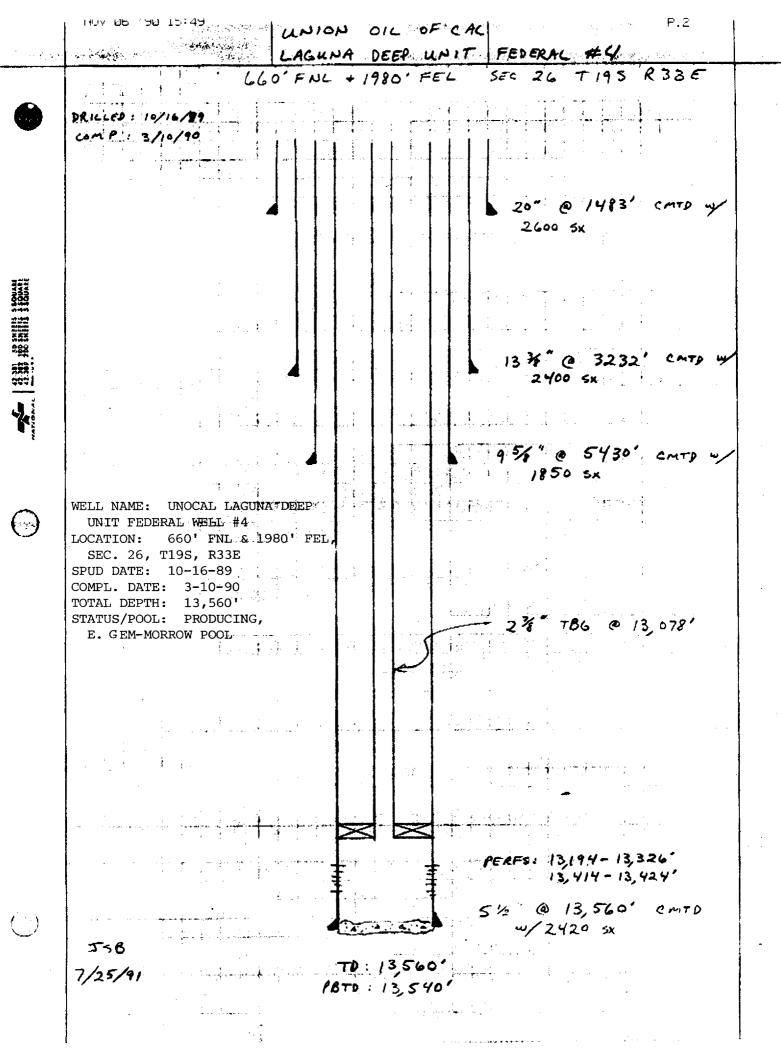
CINTO W/ 1250 SX 50/50

POZ/A.

CIBP@ 7575'

JSB 5/13/91 TD: 8000'

PBTD: 7911'



MARTIN WATER LABORATORIES, INC.

P.O. Box 1468 Phone 943-3234 or 563-1040 Monahans, Texas 79756	RESULT OF WATER	ANALYSES	709 W. Indiana Phone 683-4521 Midland, Texas 79701
		LABORATORY NO.	79185 (Page 3)
To: Mr. Ed Earles		SAMPLE RECEIVED	7-11-91
400 W. Illinois, Suite 1000,	Midland, TX	RESULTS REPORTED	7-16-91
	·····	MESOE IS MEPORTEDIL	

API WATER ANALYSIS REPORT FORM

Company Mitchell En	ergy Corpora	ition	Sample No.	Date Sampled	
Field Legal Descri		Description	County or Pa		
Lease or Unit Well Sapphire #2		Depth	Formation Delaware	Water, B/D	
Type of Water (Produced Produced	i, Supply, etc.)	Sampling Point		Sampled By	

DISSOLVED SOLIDS			OTHER PROPERTIES
CATIONS Sodium, Na (calc.) Calcium, Ca Magnesium, Mg Barium, Ba	mg/l 71,477 32,600 4,374	me/l 3,107.7 1,630.0 360.0	Specific Gravity, 60/60 F. Resistivity (ohm-meters) 77° F. Total Hardness, as CaCO ₃ 75.62 1.1874 0.047
ANIONS	100 200	5 006 0	WATER PATTERNS — me/l
Chloride, Cl Sulfate, SO ₄ Carbonate, CO ₃ Bicarbonate, HCO ₃	$ \begin{array}{r} 180,388 \\ \hline 358 \\ \hline 0 \\ 200 \end{array} $	$\frac{5,086.9}{7.4}$ $\frac{0.0}{3.3}$	STANDARD X1000 № 10 0 0 10 20 X10 X1000 X1000 X1000 X100 X1
			X 100 Mo HHI HHI HHI HHI HHI HHI HHI SO4 X X 1 F. LOGARITHMIC
Total Dissolved Solids (o	289,397		
Iron, Fe (total) Sulfide, as H ₂ S	<u>26.8</u> <u>0.</u> 0		Majnihi + milit + milit + milit + + + + + + milit + m

REMARKS & RECOMMENDATIONS: The objective herein is to evaluate the compatibility of the water from Quail #1 with the waters from Sapphire #1 and #2. In studying these results, we have identified no evidence of any incompatibility between these waters and therefore see no reason why they cannot be effectively mixed with no resulting detrimental effects to be expected.

Jacken Jacken

Waylan C. Martin, M.A.

MARTIN WATER LABORATORIES, INC.

P.O. Box 1468 Phone 943-3234 or 563-104 Monahans, Texas 79756	0 RESULT OF WATER ANALYSES	709 W. Indiana Phone 683-4521 Midland, Texas 79701
	LABORATORY NO	79185
To: Mr. Ed Earles	SAMPLE RECEIVED -	7-11-91
400 W. Illinois, Suite 1000	Midland, TX RESULTS REPORTED_	7-16-91

API WATER ANALYSIS REPORT FORM

Company Mitchell Energy Corporation				tion	Sample No.		Date	Date Sampled	
		Description		County or Parish Lea		State			
Lease o	r Unit Quail	57.	Well #1	Depth	F	ormation Queen	Ws	ter, B/D	
Туре	of Water (Pr Produce		Supply, etc.)	Sampling Point			Sar	npled By	

DISSOLVED SOLIDS OTHER PROPERTIES CATIONS mg/l 79,345 me/lpН 3,449.8 Specific Gravity, 60/60 F. Sodium, Na (calc.) 21,600 1,080.0 Resistivity (ohm-meters) 77° F 0.047 Calcium, Ca Total Hardness, as CaCO3 4,982 410.0 74,500 Magnesium, Mg Barium, Ba WATER PATTERNS - me/l **ANIONS** 174,707 4.926.7 STANDARD Chloride, Cl 477 Sulfate, SO4 X1000 Nali 0 Carbonate, CO3 188 Bicarbonate, HCO₃ X 100 co X 100 M Х LOGARITHMIC Total Dissolved Solids (calc.) 281,298 27.2 1.1 Iron, Fe (total) Sulfide, as H2S

REMARKS & RECOMMENDATIONS:

P. O. BOX 1468 MONAHANS. TEXAS 79756 PH. 943-3234 OR 563-1040 709 W. INDIANA MIDLAND. TEXAS 79701 PHONE 683-4521

RESULT OF WATER ANALYSES

			LABORATORY NO	89112	
то:М	r. Ed Earles		SAMPLE RECEIVED	8-1-91	
400 W. I.	llinois, Suite 1000, M	idland, TX	RESULTS REPORTED	8-6-91	
			···		
COMPANY	Mitchell Energy Cor	poration LEAS	seSmith Rar	ich	
	L				
SECTION	BLOCK SURVEY	COUNTY	Lea s	TATE NM	
	MPLE AND DATE TAKEN:				
	aw water - taken from	water supply	well. 7-31-91		
					-
REMARKS:					
<u> </u>	CHEMICA	AL AND PHYSICA			
		NO. 1	NO. 2	NO. 3	NO. 4
Specific Gravity		1.0031			
pH When Sample			~=	×	ļ
pH When Receiv			97		ļ
Bicarbonate as		359			
	tion as CaCO3				
	tion as CaCO3				
Total Hardness	as CaCO3	63			
Calcium as Ca		12 8			
Magnesium as N		380		 -	
Sodium and/or	Potassium	394			
Sulfate as SO ₄ Chloride as Cl		131	- 		
Iron as Fe		0.	70		ļ
Barium as Ba			00		
Turbidity, Elec					
Color as Pt	cric				
Total Solids, C	'al au lacad	1,283		. =	
Temperature °F					
Carbon Dioxide					
Dissolved Oxys				····	
Hydrogen Sulfid		0.	n		
Resistivity, oh			11		
Suspended Oil					
Filtrable Solids	as mg/				
Volume Filt					
 	· · · · · · · · · · · · · · · · · · ·				
	Resu	ults Reported As Millig	grams Per Liter		
Additional Dete	erminations And Remarks The un	dersigned cer	tifies the above	to be true	and correct
	st of his knowledge an				

Form No. 3

By Kline Tucker

Ronnie D. Tucker, B.S.

Union Oil Co of California 1004 N. Big Spring Midland, TX 79701

Mark Smith
P. O. Box 1296
Lovington, NM 88260

RE: Application for Authorization to Inject

Dear Sirs:

Enclosed is a copy of the Application for Injection for the Sapphire Fed #1-A to be located 1600' FSL and 1750' FEL in Section 23, T19S, R33E. We are proposing to drill the well for salt water disposal. The injection formation will be the Queen at 4300-4900'.

If you have any objections or request for hearing with the Oil Conservation Division please contact within 15 days of receipt of this notice.

If you have any questions about this matter, please call Jim Blount at (915) 682-5396.

Sincerely,

E. R. Earles Dist Drlg Mgr

JSB/tl

SENDER: Complete items 1 and 2 when addition 3 and 4.	al services are desired, and complete items
Put your address in the "RETURN TO" Space on the rever from being returned to you. The return receipt fee will provi the date of delivery. For additional fees the following serv	ide you the name of the nerson delivered to and
and check box(es) for additional service(s) requested. 1. □ Show to whom delivered, date, and addressee's (Extra charge)	address. 2. Restricted Delivery (Extra charge)
3. Article Addressed to:	4. Article Number
Union Oil Co of California	P 355 201 808
1004 N. Big Spring	Type of Service:
Midland, TX 79701	COD Express for Merchandise
	Always obtainsignature of addressee,
5. Signature — Addressee	B. Addresse's Address (ONLY if requested and fee paid)
6. Signature - Agent	77
X Anda G. William	
7. Date of Delivery (0.22-9)	
	1
PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238	· management of the State of th
SENDER: Complete items 1 and 2 when addition 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following sand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee.	ional services are desired, and complete items werse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following seand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge)	ional services are desired, and complete items everse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge)
SENDER: Complete items 1 and 2 when additing 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following stand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to:	ional services are desired, and complete items werse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery
SENDER: Complete items 1 and 2 when additing 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will put the date of delivery. For additional fees the following stand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to: Mark Smith	ional services are desired, and complete items everse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number
SENDER: Complete items 1 and 2 when additing 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following stand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to:	ional services are desired, and complete items verse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number P 355 201 809 Type of Service: Registered Insured Certified COD
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following stand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to: Mark Smith P. C. Box 1296	ional services are desired, and complete items overse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number P 355 201 809 Type of Service: Registered Insured Certified COD Express Mail Receipt for Merchandise Always obtain signature of addressee
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following stand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to: Mark Smith P. C. Box 1296	ional services are desired, and complete items overse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number P 355 201 809 Type of Service: Registered Insured Certified COD Return Receipt for Merchandise
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional fees the following stand check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to: Mark Smith P. C. Box 1296 Lovington, NM 88260	ional services are desired, and complete items verse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number P 355 201 809 Type of Service: Registered Insured Certified COD Express Mail Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if
SENDER: Complete items 1 and 2 when additional 3 and 4. Put your address in the "RETURN TO" Space on the refrom being returned to you. The return receipt fee will provide the date of delivery. For additional service(s) requested. 1. Show to whom delivered, date, and addressed (Extra charge) 3. Article Addressed to: Mark Smith P. C. Box 1296 Lovington, NM 88260 5. Signature – Addressee	ional services are desired, and complete items verse side. Failure to do this will prevent this card rovide you the name of the person delivered to and ervices are available. Consult postmaster for fees e's address. 2. Restricted Delivery (Extra charge) 4. Article Number P 355 201 809 Type of Service: Registered Insured Certified COD Express Mail Receipt for Merchandise Always obtain signature of addressee or agent and DATE DELIVERED. 8. Addressee's Address (ONLY if

the control of the co

AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

I_Kathi Bearden
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 a supplement thereof for a period
of
One weeks.
Beginning with the issue dated
Oct. 25 , 19 91 and ending with the issue dated
Oct. 25 , 1991
Lachi Beaden
General Manager Sworn and subscribed to before
me this OS day of
<u>Oct</u> 19Q1
Haus Parrish
Notary Public

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.

19_95

My Commission expires

LEGAL NOTICE

LEGAL NOTICE
October 25, 1991
NOTICE OF INTENTION
TO INJECT
Mitchell Energy Corp.,
400 West Illinois, Ste. 1000,
Midland, Texas 79701,
hereby gives notice of intention to drill the Sapphire
Fed #1-A located 1600' FSI tention to drill the Sapphire Fed #I-A located 1600' FSL & 1750' FEL, Sec. 23, T19S, R33E, for a SWD well. The disposal zone will be the Queen Formation from 4300'-4900' with a maximum injection pressure of 2000 psi and maximum rate of 1500 BPD. Interested parties must file objections or requests for hearing with the Oil Conservation Division, P.O. BOX 2088, Santa Fe, NM 87501 within 15 days.

9 1012 O

STATE OF NEW MEXICO

ENERGY, MINERALS AND NATURAL RESOLUTE STEPARTMENT

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE NOT 21 RM 9 05

11-13-91

BRUCE KING GOVERNOR POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1980 (505) 393-6161

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501
RE: Proposed: MC DHC NSL NSP SWD WFX PMX
Gentlemen:
I have examined the application for the: The triangle of the second of
Yours very truly, Jerry Sexton Supervisor, District 1