

McCasland
Exhibits 1-15

Complete Set

APPLICATION FOR AUTHORIZATION TO INJECT

- I. Purpose: Secondary Recovery Pressure Maintenance Disposal Storage
Application qualifies for administrative approval? yes no
- II. Operator: McCasland Oil Disposal System Partnership
Address: P. O. Box 98, Eunice, NM 88231
Contact party: Robert Calhoon Phone: (505) 393-3531
- 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: Gary W. Fonay Title Consultant

Signature: *Gary W. Fonay* Date: August 20, 1985

- * 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.

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.

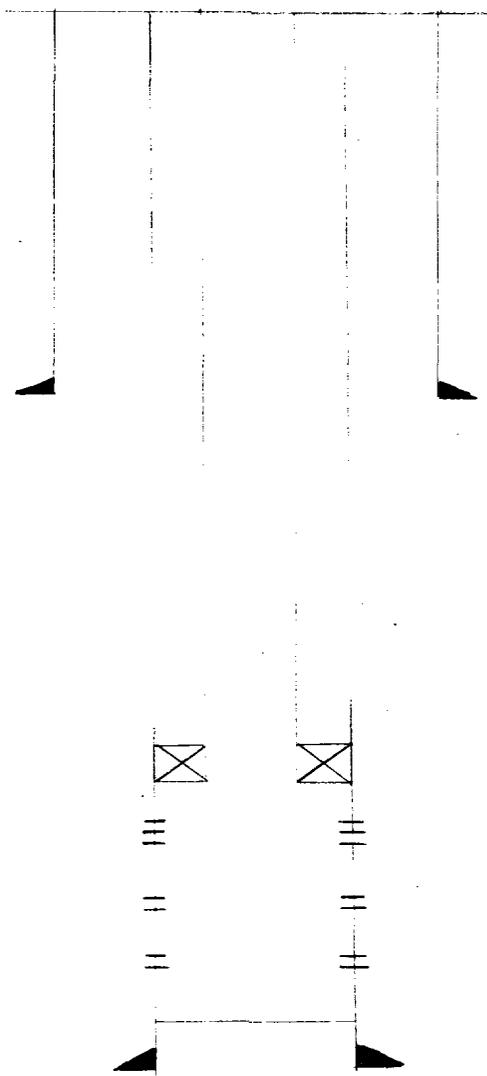
NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

BEFORE EXAMINER STOGNER OIL CONSERVATION DIVISION	
<i>McCasland</i>	EXHIBIT NO. <u>2</u>
CASE NO.	<u>8661</u>

INJECTION WELL DATA SHEET

McCasland Disposal System Steve State
 OPERATOR LEASE
 1 2310' FWL & 1980' FNL 1 22S 35E
 WELL NO. FOOTAGE LOCATION SECTION TOWNSHIP RANGE

Schematic



Tabular Data

Surface Casing

Size 8 5/8" @ 417' Cemented with 300 sx.

TOC Circ 50 sx feet determined by _____

Hole size 12 1/4"

Intermediate Casing

Size _____" Cemented with _____ sx.

TOC _____ feet determined by _____

Hole size _____

Long string

Size 5 1/2" @ 4300' Cemented with 700 sx.

TOC Circ 100 sx feet determined by _____

Hole size 7 7/8"

Total depth 4300'

Injection interval

3824 feet to 4248 feet
 (perforated ~~xxxxxxx~~, indicate which)

Perforations 3824-3918' - *tested and saw well*
4150-4181' - *tested water*
4243-4248' - *tested water*

Spudded 12-29-80

BEFORE EXAMINER STOGNER
 OIL CONSERVATION DIVISION
 McCasland EXHIBIT NO. 3
 CASE NO. 8661

3824
 2
 764.8

Tubing size 2 7/8" lined with plastic-coated set in a
 (material)
Baker Model AD-1 packer at 3700 feet
 (brand and model)

Other Data

- Name of the injection formation Yates-Seven Rivers
- Name of Field or Pool (if applicable) Jalmat
- Is this a new well drilled for injection? Yes No
 If no, for what purpose was the well originally drilled? The well was drilled as a potential gas producer in the Jalmat pool.
- Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used) No
- Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area. The Queen formation is also productive in the Jalmat pool to the east approximately 2 miles. Depth to the Queen would be approximately 300'.

VI. Wells Within Area of Review

<u>Well Name</u>	<u>Date Spudded</u>	<u>Location</u>
Tenneco Amerada St. No. 1	1/06/56	660' FNL & 1980' FEL Sec. 1, T-22S, R-35E
Humble NM ST. AR No. 1	8/28/56	660' FNL & 1980' FWL Sec. 1, T-22S, R-35E
Continental St. F-1-A No. 1	2/03/39	1980' FNL & 990' FEL Sec. 1, T-22S, R-35E

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION
McCasland EXHIBIT NO. 4
CASE NO. 8661

Tenneco
 Amerada St. #1
 T-22S R-35E Sec. 1
 660' FNL 1980' FEL

Spot 10 sx plug
 15'-0'

Spot 40 sx plug
 380'-250'

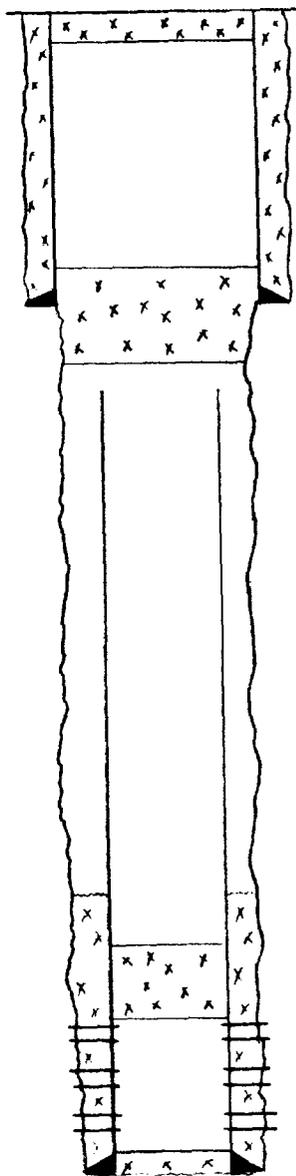
Cut 5 1/2" @ 586'
 & pulled

Spot 25 sx
 plug 3750-3450

318' 8 5/8" cmt w/270 sx
 circ. to surf.

TOC @ 3150'

Perfs 3768-94
 3802-22
 3826-44
 3858' 5 1/2" cmt w/200sx



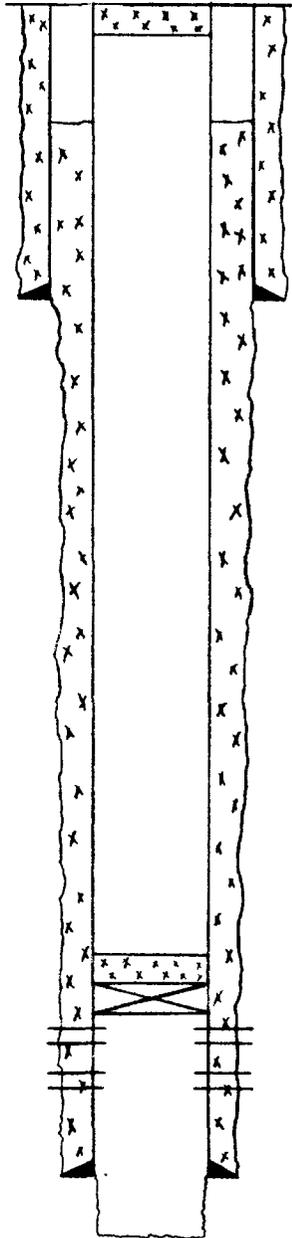
TD 3858

Spud 1/6/56
 Treat 3802-3822
 3826-3844 w/350 bbls oil & 15000# sd
 prod. 100% water
 Treat 3768-3794 w/350 bbls oil & 14000# sd
 IP 48 BOPD
 P&A 3/16/71

BEFORE EXAMINER STOGNER
 OIL CONSERVATION DIVISION
McCasland EXHIBIT NO. 5
 CASE NO. 8661

Humble Oil & Ref. Co.
 New Mexico St. AR #1
 T-22S R-35E Sec. 1
 660' FNL & 1980' FWL

10' cmt. plug
 @ surface



TOC 5 1/2" x 8 5/8" annulus
 @ 100'

357' 8 5/8" cmt w/200sx
 circ. to surf.

5 1/2" csg
 loaded w/mud

CIBP @ 3725'
 w/10sx cmt on
 top

Perfs 3755-80
 3834-52

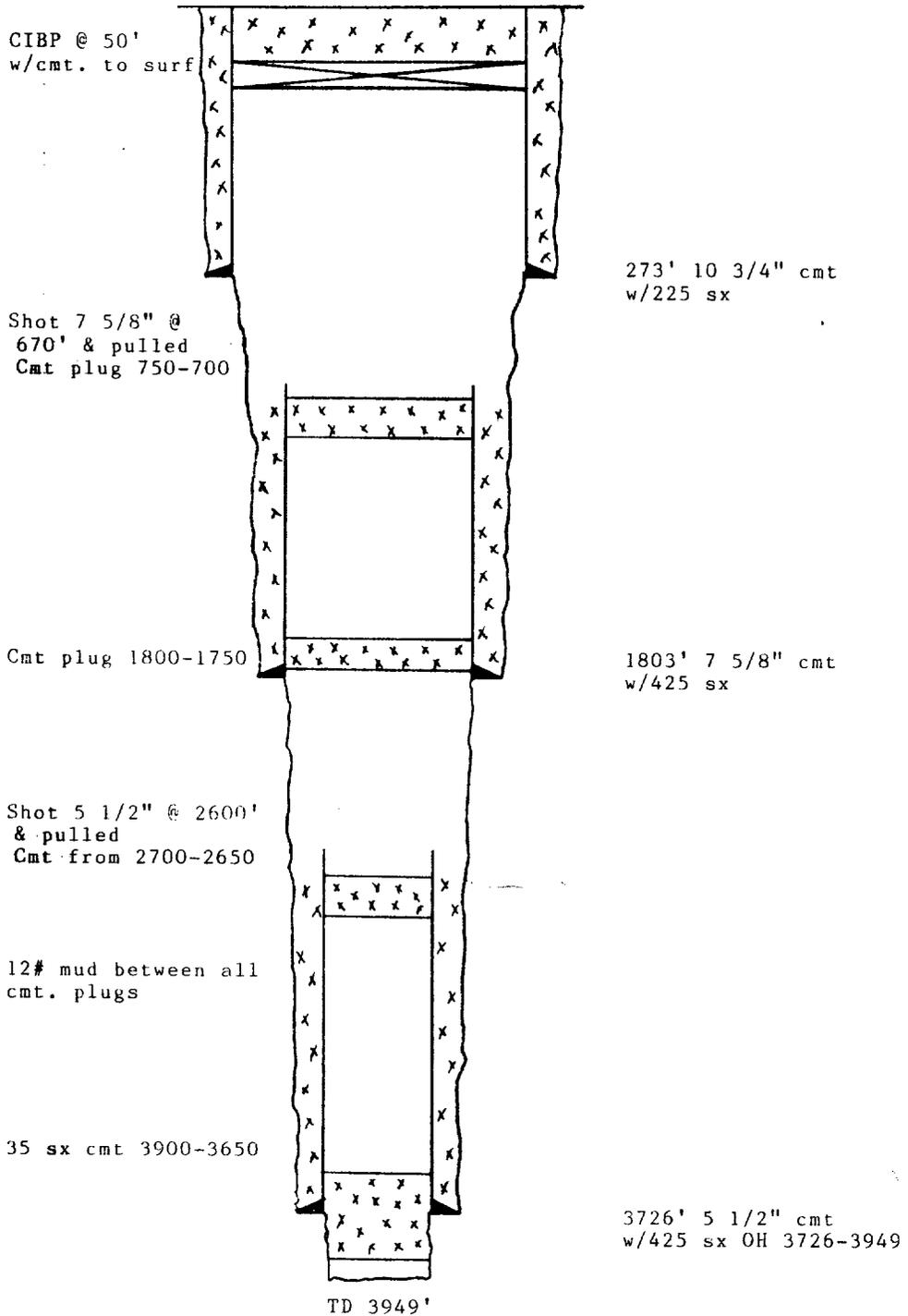
5 1/2" @ 3872' cmt w/1350sx
 OH 3872'-3961'

TD 3961'

Spud 8/28/56
 Treat 3755-80 w/ acid wash & 15,000 gals oil & 15,600# sd
 Treat 3834-52 w/1000gals acid & 10,000 gals oil & 10,000# sd
 Treat OH w/ 20,000 gals oil & 20,000# sd
 IP 8 BOPD Yates formation
 Plug 3/15/57

BEFORE EXAMINER STOGNE
 OIL CONSERVATION DIVISION
 McAsland EXHIBIT NO. 6
 CASE NO. 8661

Continental Oil Co.
 State F-1-A #1
 T-22S R-35E Sec. 1
 1980' FNL & 990' FEL



Spud 2/3/39
 Treat OH w/2000 gals acid
 Shot 3800-3900 w/235 Qts Nitro
 IP 192 RCPD
 P&A 2-47

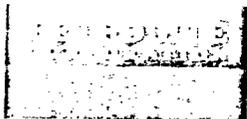
BEFORE EXAMINER STOGNER
 OIL CONSERVATION DIVISION
McCasland EXHIBIT NO. 7
 CASE NO. 8661

VII. Proposed Operations

1. Expect average daily injected volume to be 600 BWPD.
Expect average daily injection pressure to be vacuum.
2. System is closed.
3. Maximum daily rate of 1250 BWPD.
Maximum injection pressure of 700 psi.
4. The system is a disposal system with a variety of produced brines from the area to go into the well. Attached is an analysis of a sample of the water to be disposed of. This water will have no problem with compatibility with the Yates and Seven Rivers water. Offset wells currently are disposing of this water in the Yates and Seven Rivers formation.
5. There are producing wells within one mile in this same horizon.

Perm #1 - C 7²
#2 - D

BEFORE EXAMINER STOGNER OIL CONSERVATION DIVISION
<u>McIsland</u> EXHIBIT NO. <u>8</u>
CASE NO. <u>8661</u>



TRETOLITE DIVISION

369 Marshall Avenue / Saint Louis, Missouri 63119
(314) WD 1-3500/TWX 910-760-1660/Telex 44-2417

WATER ANALYSIS REPORT

COMPANY McCasland Disposal System ADDRESS Eunice, NM DATE: 7-10-85

SOURCE Water Tank DATE SAMPLED 7-10-85 ANALYSIS NO. _____

Analysis

1. pH 6.5
2. H₂S (Qualitative) 13 ppm
3. Specific Gravity 1.080
4. Dissolved Solids _____
5. Suspended Solids _____
6. Phenolphthalein Alkalinity (CaCO₃) _____
7. Methyl Orange Alkalinity (CaCO₃) _____
8. Bicarbonate (HCO₃) _____
9. Chlorides (Cl) _____
10. Sulfates (SO₄) _____
11. Calcium (Ca) _____
12. Magnesium (Mg) _____
13. Total Hardness (CaCO₃) _____
14. Total Iron (Fe) _____
15. Barium (Qualitative) _____
16. Strontium _____

Mg/L

ANALYSIS NO.

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION

McCasland EXHIBIT NO. 9

CASE NO. 8661

108,877		
450		
549	÷ 61	9 HCO ₃
65,012	÷ 35.5	1831 Cl
2,250	÷ 48	47 SO ₄
9,680	÷ 20	484 Ca
923	÷ 12.2	76 Mg
28,000		

*Milli equivalents per liter

PROBABLE MINERAL COMPOSITION

484	Ca	←	HCO ₃	9
76	Mg	←	SO ₄	47
1327	Na	←	Cl	1831

Saturation Values	Distilled Water 20°C
Ca CO ₃	13 Mg/L
Ca SO ₄ • 2H ₂ O	2,090 Mg/L
Mg CO ₃	103 Mg/L

Compound	Equiv. Wt.	X	Meq/L	=	Mg/L
Ca (HCO ₃) ₂	81.04		9		729
Ca SO ₄	68.07		47		3,199
Ca Cl ₂	55.50		428		23,754
Mg (HCO ₃) ₂	73.17		0		0
Mg SO ₄	60.19		0		0
Mg Cl ₂	47.62		76		3,619
Na HCO ₃	84.00		0		0
Na ₂ SO ₄	71.03		0		0
Na Cl	58.46		1327		77,576

REMARKS _____

Respectfully submitted
TRETOLITE COMPANY

TRITYOLITE

289 Marshall Avenue / Saint Louis, Missouri 63119
(314) 961 3500 / TWX 910 760-1650 / Telex 44 2417

STABILITY INDEX CALCULATIONS

(Stiff-Davis Method)

CaCO₃ Scaling Tendency

Water Analysis No. _____

pH 6.5

TOTAL IONIC STRENGTH 1.81

SI at (80)°F = .48

SI at (120)°F = 1.02

Remarks: Probability of severe calcium sulfate scaling.

SCALING TENDENCY CALCULATIONS (Skillman-McDonald-Stiff Method)

Calcium sulfate

X = .2186

S = 272 mg/l @ 70 °F

S = 240 mg/l @ 110 °F

VIII. Geological Data

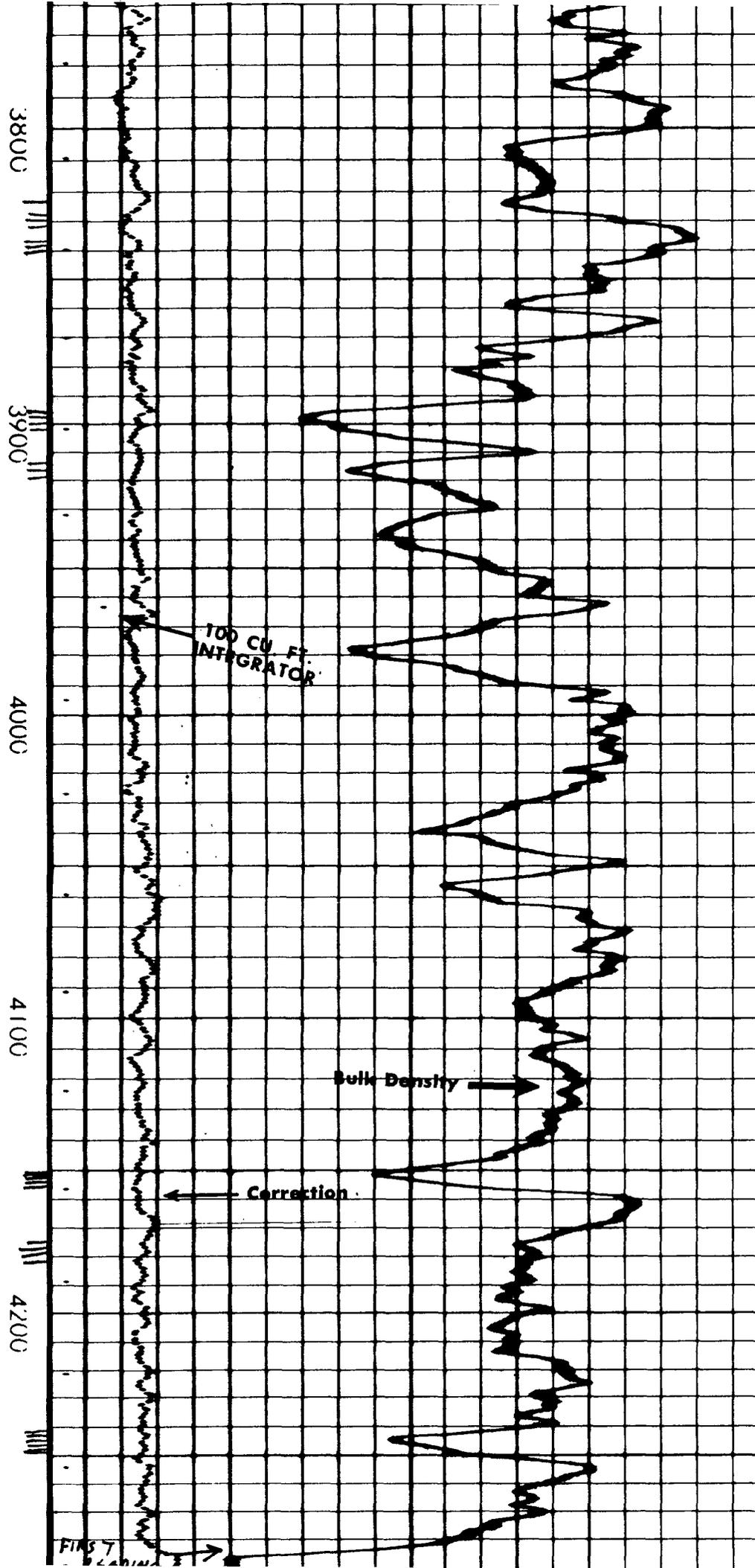
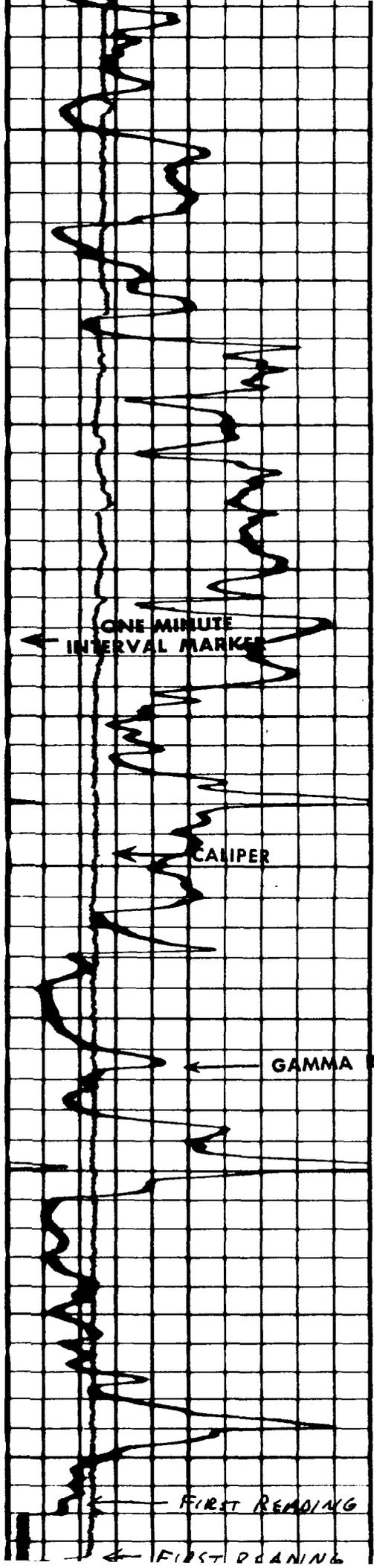
The Yates formation is composed of sandstone and dolomite stringers with a thickness in this area of approximately 400' from 3760'-4160'.

The Seven Rivers formation is composed of dolomite and limestone and extends from 4160' to TD (4300').

Fresh water in the area is from the Ogallala formation at a depth of approximately 175'.

- IX. No stimulation program is planned. Before putting the well on injection, two cast iron bridge plugs will have to be drilled out. If necessary, the well will be acidized with 15% HCl and reperforated to provide sufficient disposal rate.
- X. Filed with the state commission.
- XI. Attached is a chemical analysis from the only fresh water producing well within a mile, with analyses available. There are two fresh water wells located within a mile of the proposed disposal well as discussed in the attached letter.
- XII. All available engineering and geological data have been examined and I have found no evidence of open faults or any other connection between the disposal zone and any underground source of drinking water.

BEFORE EXAMINER STOGNER	
OIL CONSERVATION DIVISION	
<i>McCasland</i>	EXHIBIT NO. <u>10</u>
CASE NO.	<u>8661</u>



BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION

McCasland EXHIBIT NO. 11

CASE NO. 8661

22.36.6.41200

ANALYTICAL STATEMENT - GW

COUNTY Lea

LAB NO. RSED 13487

176

Location CP-

Date of collection 11-16-84

Source (type of well) driid

Owner Cities Services

Closson Lease

Date drld _____ Cased to _____ ft

Depth 174'± Diam _____

WBV log

Water level _____ ft

Sampled after pumping POA hrs

Yield _____ GPM (meas or est)

Pt of coll DP

Appearance Clear

Temp (°F) _____ Use STK

Collector ABM

Chemist TN & FAC

Date completed 11-30-84

Checked by _____

Date transmitted _____

Ignition Loss _____ Color _____

Dissolved Solids: _____

Residue at 180°C _____

Calculated (Sum) _____

Tons per Acre Foot _____

Hardness as CaCO₃ _____

Non-carbonate Hardness _____

% Na _____ SAR _____ pH _____

Specific Conductance (micromhos at 25°C) 7149

	epm	ppm
SiO ₂		
Fe		
Ca		
Mg		
Na		
K		
Na+K		
HCO ₃		
CO ₃		
SO ₄		
Cl		<u>2166</u>
F		
NO ₃		

BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION

McCasland EXHIBIT NO. 12

CASE NO. 8661

22: 2200 3/10
73: 1946/6432

176

Chloride

1st reading 17.5 ml

2nd reading 7.00 ml

Difference 10.5 ml

Blank _____ ml

Adjusted difference 10.5 ml

X = 10.5 = _____ ppm Cl

Analysis by JPL Date _____

Specific Conductance @ 25°C

Tx 15.0 °C

Rx 623.1

R KCl 477

Kx10³ 440 micromhos

Analysis by FN Date 11-20-84

Rx - rxn
Tx 15.0
R1 614.5
R KCl 470
Kx10³ 440



STATE OF NEW MEXICO

STATE ENGINEER OFFICE

SANTA FE

S. E. REYNOLDS
STATE ENGINEER

BATAAN MEMORIAL BUILDING
STATE CAPITOL
SANTA FE, NEW MEXICO 87503

June 27, 1985

Gary Fonay
P.O. Box 1666
Hobbs, New Mexico 88240

Dear Sir:

As per your request of June 27, 1985, I checked our card files to locate wells within Sections 1 & 2, T. 22 S., R. 35 E., and Section 36, T. 21 S., R. 35 E. I could not find any of the wells we have on record, located in these Sections. I contacted Jim Wright of our Roswell District Office and asked him to check his records. He could not find any in his records. He did point out to me that there are two (2) wells located in the center of Section 6, T. 22 S., R. 36 E., which he said you should know for your purposes.

If you have any further questions regarding wells in this area it would be convenient for you to contact Jim Wright in our Roswell Office, Phone #622-6521.

If we can be of further assistance to you, please feel free to call.

Sincerely,

S. E. Reynolds
State Engineer

By: *Frank Craig*
Frank Craig
Water Rights Division

FC:jcs

BEFORE EXAMINER STOGNER OIL CONSERVATION DIVISION
<i>McCasland</i> EXHIBIT NO. <u>13</u>
CASE NO. <u>8661</u>

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:
 Ray Pierce
 Post Office Box 303
 Eunice, NM 88231

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 845

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *Ms. Ray A. Pierce*

6. Signature - Agent
 X *JUL 29 1985*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT



PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN-TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:

Warrior Inc.
 Post Office Box 5315
 Hobbs, New Mexico 88241

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD P 612 378 856

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X *Molly Swafford*

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT



PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom; date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:

Gulf Oil Co.
Post Office Box 670
Hobbs, New Mexico 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 985

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *Don Davis*

7. Date of Delivery
1985

8. Addressee's Address (*ONLY if requested and fee paid*)

[Signature]

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Conoco Inc.
Post Office Box 460
Hobbs, New Mexico 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 987

Always obtain signature of addressee or agent and **DATE DELIVERED.**

- Signature - Addressee
X
- Signature - Agent
X *[Signature]*
- Date of Delivery
JUL 19 1983
- Addressee's Address (ONLY if requested and paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:

Amerada Hess Corp.
 Drawer D
 Monument, NM 88265

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 982

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *Donnell Barister*

7. Date of Delivery
JUL 9 1985

8. Addressee's Address (ONLY if requested and fee paid)

Monument, NM

paid

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

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- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 Cities Service
 Post Office Box 1919
 Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 988

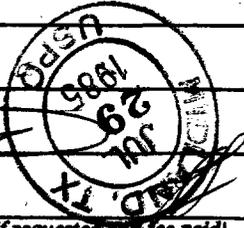
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 7-29-85

8. Addressee's Address (ONLY if requested and fee paid)



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Tenneco Oil Co.
7990 IH 10 W.
San Antonio, TX 78230

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> OOD P 612 378 986

Always obtain signature of addressee or agent and **DATE DELIVERED**

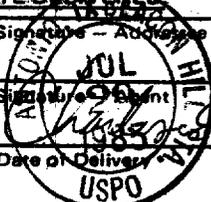
5. Signature - Addressee
X

6. Signature - Agent
X *Carano*

7. Date of Delivery
JUL 1983

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT



RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517
PS Form 3800, Feb. 1982

Sent to Warrior Inc.	
Street and No. Post Office Box 5315	
P.O., State and ZIP Code Hobbs, NM 88241	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 985

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to Gulf Oil Co.	
Street and No. Post Office Box 670	
P.O. State and ZIP Code Hobbs, NM 88240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 982

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Amerada Hess Corp.	
Street and No. Drawer D	
P.O., State and ZIP Code Monument, NM 88265	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 845

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
★ U.S.G.P.O. 1983-403-517

Sent to Ray Pierce	
Street and No. Post Office Box 303	
P.O., State and ZIP Code Eunice, NM 88231	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 988

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to Cities Service	
Street and No. Post Office Box 1919	
P.O. State and ZIP Code Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 987

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
★ U.S.G.P.O. 1983-403-517

Sent to Conoco Inc.	
Street and No. P. O. Box 460	
P.O., State and ZIP Code Hobbs, NM 88240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 986

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to Tenneco Oil Co.	
Street and No. 7990 IH 10 W.	
P.O., State and ZIP Code San Antonio, TX 78230	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

Jason Kellahin
W. Thomas Kellahin
Karen Aubrey

KELLAHIN and KELLAHIN
Attorneys at Law
El Patio - 117 North Guadalupe
Post Office Box 2265
Santa Fe, New Mexico 87504-2265

Telephone 982-4285
Area Code 505

July 25, 1985

RECEIVED

JUL 25 1985

OIL CONSERVATION DIVISION

HAND DELIVERED

Mr. Richard L. Stamets
Oil Conservation Division
Post Office Box 2088
Santa Fe, New Mexico 87501

Re: In the Matter of the Application of McCasland
Oil Disposal System Partnership for Produced
Water Disposal, Lea County, New Mexico

Dear Mr. Stamets:

I enclose an amended Application which we file in
triplicate on behalf of McCasland Oil Disposal System
Partnership. We request that this matter be set for
hearing on August 28, 1985.

If you have any questions please don't hesitate to
call.

Sincerely,

Karen Aubrey
KA:mh
Enclosures

BEFORE EXAMINER STODER OIL CONSERVATION DIVISION
<i>McCasland</i> EXHIBIT NO. <u>14</u>
CASE NO. <u>8661</u>

cc: Conoco Inc.
Post Office Box 460
Hobbs, New Mexico 88240

"Certified Mail"

Cities Service
Post Office Box 1919
Midland, Texas 79702

"Certified Mail"

Gulf Oil Co.
Post Office Box 670
Hobbs, New Mexico 88240

"Certified Mail"

Tenneco Oil Co.
7990 IH 10 W.
San Antonio, Texas 78230

"Certified Mail"

KELLAHIN and KELLAHIN

Mr. Richard L. Stamets
Page -2-
July 25, 1985

Amerada Hess Corp. "Certified Mail"
Drawer D
Monument, New Mexico 88265

Ray Pierce "Certified Mail"
Post Office Box 303
Eunice, New Mexico 88231

Warrior Inc. "Certified Mail"
Post Office Box 5315
Hobbs, New Mexico 88241

Lynx Petroleum Consultants, Inc.
Post Office Box 1666
Hobbs, New Mexico 88240
ATTN: Mr. Gary W. Fonay

PS Form 3811, July 1993

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Tenneco Oil Co.
 7990 IH 10 W.
 San Atonio, TX 78230

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 840

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X *Charles E. [Signature]*

7. Date of Delivery



8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 Mr. Charles E. Lundeen
 Samson Resources Company
 Samson Plaza
 Two West Second Street
 Tulsa, Oklahoma 74103

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 983

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 7/10/75

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.
Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Cities Service
 P. O. Box 1919
 Midland, Texas 79702

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 838

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *McBator*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.

2. Restricted Delivery. *Insufficient postage*

3. Article Addressed to:
 Amerada Hess Corp.
 Drawer D
 Monument, NM 88265

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 841

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent:
 X *Cindy Robertson*

7. Date of Delivery
7-11-85

DOMESTIC RETL

Address (ONLY if requested and fee paid)

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 Warrior Inc.
 Post Office Box 5315
 Hobbs, NM 88241

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 843

Always obtain signature of addressee or agent and
DATE DELIVERED

5. Signature - Addressee
Beth Awa

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
M A W B M

DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Amerind Oil Company
 507 Petroleum Building
 Midland, Texas 79701
 ATTN: Bill Seltzer

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 984

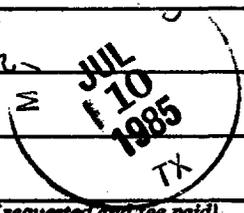
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
Bill Seltzer

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
 Conoco Inc.
 P. O. Box 460
 Hobbs, NM 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 837

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *S. Riddle*

7. Date of Delivery

8. Addressee's address (ONLY if requested and fee paid)

M. H. ...



DOMESTIC RETURN RECEIPT

PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Gulf Oil Co.
Post Office Box 670
Hobbs, NM 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 612 378 839

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X *S. Riddell*

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)

M. W. T. V.

DOMESTIC RETURN RECEIPT



PS Form 3811, July 1983

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:

Ray Pierce
Post Office Box 303
Eunice, NM 88231

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express-Mail	P 612 378 842

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X *Mrs. Ray A. Pierce*

7. Date of Delivery

JUL 10 1985

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

* U.S.G.P.O. 1983-403-517	Sent to Warrior Inc.	
	Street and No. Post Office Box 5315	
	P.O., State and ZIP Code Hobbs, NM 88241	
	Postage	\$
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	
	Return receipt showing to whom, Date, and Address of Delivery	
	TOTAL Postage and Fees	\$ 1.47
PS Form 3800, Feb. 1982	Postmark or Date	

P 612 378 837

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to Conoco Inc.	
Street and No. P. O. Box 460	
P.O., State and ZIP Code Hobbs, NM 88240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

P 612 378 840

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to	
Tenneco Oil Co.	
Street and No.	
7990 IH 10 W.	
P.O., State and ZIP Code	
San Antonio, TX 78230	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 841

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to <u>Amerada Hess Corp.</u>	
Street and No. <u>Drawer D</u>	
P.O., State and ZIP Code <u>Monument, NM 88265</u>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <u>1.67</u>
Postmark or Date	

P 612 378 842

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to Ray Pierce	
Street and No. Post Office Box 303	
P.O., State and ZIP Code Eunice, NM 88231	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 839

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to Gulf Oil Co.	
Street and No. Post Office Box 670	
P.O., State and ZIP Code Hobbs, NM 88240	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

P 612 378 838

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982
* U.S.G.P.O. 1983-403-517

Sent to Cities Service	
Street and No. P. O. Box 1919	
P.O., State and ZIP Code Midland, Texas 79702	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

Jason Kellahin
W. Thomas Kellahin
Karen Aubrey

KELLAHIN and KELLAHIN
Attorneys at Law
El Patio - 117 North Guadalupe
Post Office Box 2265
Santa Fe, New Mexico 87504-2265

Telephone 982-4285
Area Code 505

July 9, 1985

HAND DELIVERED

RECEIVED
JUL 9 1985
OIL CONSERVATION DIVISION

Mr. Richard L. Stamets
Oil Conservation Division
Post Office Box 2088
Santa Fe, New Mexico 87501

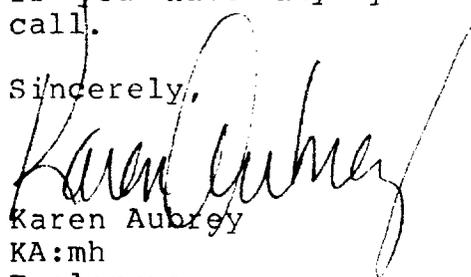
Re: In the Matter of the Application of McCasland
Oil Disposal System Partnership for Produced
Water Disposal, Lea County, New Mexico

Dear Mr. Stamets:

I enclose an Application which we file in triplicate
on behalf of McCasland Oil Disposal System
Partnership. We request that this matter be set for
hearing on the next available docket.

If you have any questions please don't hesitate to
call.

Sincerely,


Karen Aubrey
KA:mh
Enclosures

BEFORE EXAMINER STOGNER OIL CONSERVATION DIVISION
EXHIBIT NO. <u>15</u>
CASE NO. _____

cc: Conoco Inc.
Post Office Box 460
Hobbs, New Mexico 88240

"Certified Mail"

Cities Service
Post Office Box 1919
Midland, Texas 79702

"Certified Mail"

Gulf Oil Co.
Post Office Box 670
Hobbs, New Mexico 88240

"Certified Mail"

Tenneco Oil Co.
7990 IH 10 W.
San Antonio, Texas 78230

"Certified Mail"

KELLAHIN and KELLAHIN

Mr. Richard L. Stamets
Page -2-
July 9, 1985

Amerada Hess Corp. "Certified Mail"
Drawer D
Monument, New Mexico 88265

Ray Pierce "Certified Mail"
Post Office Box 303
Eunice, New Mexico 88231

Warrior Inc. "Certified Mail"
Post Office Box 5315
Hobbs, New Mexico 88241

Lynx Petroleum Consultants, Inc.
Post Office Box 1666
Hobbs, New Mexico 88240
ATTN: Mr. Gary W. Fonay