

W. Thomas Kellahin
Karen Aubrey

Jason Kellahin
Of Counsel

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

August 13, 1986

RECEIVED

AUG 14 1986

OIL CONSERVATION DIVISION

"Hand Delivered"

Mr. Michael E. Stogner
Oil Conservation Commission
P. O. Box 2088
Santa Fe, New Mexico 87504

Re: Trobaugh SWD Application
Lynch #1 well
NMOCD Case 8959

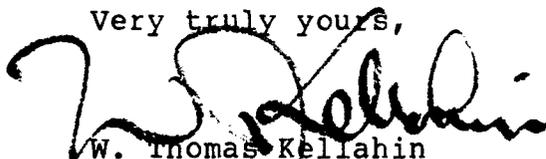
Dear Mike:

On August 6, 1986, you heard the referenced Salt Water Disposal application and I requested that the record be left open so that I could submit to you verification that the offset operators and surface owner has been notified.

We have confirmed that Texaco is the surface owner as shown on the enclosed Re-entry application. I have enclosed copies of the return receipt cards showing service on Mr. Craig, Burk Royalty Company, Phillips Petroleum, Hudson & Hudson, Texaco, Sabine and C. W. Trainer.

Please call me if you need anything further in order to process our application.

Very truly yours,



W. Thomas Kellahin

WTK:ca

cc: Donna Holler
Oil Reports and Gas Service
P. O. Box 755
Hobbs, New Mexico 88241

PS Form 3811, Dec. 1980
 Complete items 1, 2, 3, and 4.
 Add your address in the "RETURN TO" space
 on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered —¢
 Show to whom, date, and address of delivery.. —¢
 2. **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to the return receipt fee.)
- TOTAL \$ _____

3. ARTICLE ADDRESSED TO:
 Earle M. Craig, Jr.
 P. O. Box 1351
 Midland, Texas 79702

4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P 243 010 554
--	---------------------------------

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY JUL 17 1980	POSTMARK
------------------------------------	----------

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S INITIALS
-------------------------------	-------------------------

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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 Show to whom, date, and address of delivery.. —¢
 2. **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to the return receipt fee.)
- TOTAL \$ _____

3. ARTICLE ADDRESSED TO:
 Burk Royalty Company
 P. O. Box BRC
 Wichita Falls, TX 76307

4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P 243 010 553
--	---------------------------------

(Always obtain signature of addressee or agent)

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 SIGNATURE Addressee Authorized agent

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 Show to whom, date, and address of delivery.. —¢
 2. **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to the return receipt fee.)
- TOTAL \$ _____

3. ARTICLE ADDRESSED TO:
 Phillips Petroleum Company
 4001 Perbrook
 Odessa, Texas 79762

4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P 243 010 556
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(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY 7-16-80	POSTMARK
--------------------------------	----------

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S INITIALS
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RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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(CONSULT POSTMASTER FOR FEES)

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 Show to whom and date delivered —¢
 Show to whom, date, and address of delivery.. —¢
 2. **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to the return receipt fee.)
- TOTAL \$ _____

3. ARTICLE ADDRESSED TO:
 Hudson & Hudson
 1440 First United Tower
 Fort Worth, Texas 76102

4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER P 243 010 555
--	---------------------------------

(Always obtain signature of addressee or agent)

I have received the article described above.
 SIGNATURE Addressee Authorized agent

5. DATE OF DELIVERY JUL 11 1980	POSTMARK
------------------------------------	----------

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S INITIALS
-------------------------------	-------------------------

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Dec. 1980

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered —¢
 Show to whom, date, and address of delivery.. —¢

2. **RESTRICTED DELIVERY** —¢
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**
 Texaco Inc.
 P. O. Box 3109
 Midland, Texas 79702

4. **TYPE OF SERVICE:** **ARTICLE NUMBER**
 REGISTERED INSURED
 CERTIFIED COD P 243 010 558
 EXPRESS MAIL

(Always obtain signature of addressee or agent)
 I have received the article described above.
SIGNATURE Addressee Authorized agent

DATE OF DELIVERY *7-17-86* POSTMARK *MIDLAND TX 7-17 1986*

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE: 7a. EMPLOYEE'S INITIALS *[Signature]*

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Dec. 1980

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered —¢
 Show to whom, date, and address of delivery.. —¢

2. **RESTRICTED DELIVERY** —¢
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**
 Sabine Corporation
 P. O. Box 3083
 Midland, Texas 79702

4. **TYPE OF SERVICE:** **ARTICLE NUMBER**
 REGISTERED INSURED
 CERTIFIED COD P 243 010 557
 EXPRESS MAIL

(Always obtain signature of addressee or agent)
 I have received the article described above.
SIGNATURE Addressee Authorized agent

DATE OF DELIVERY *7-17-86* POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE: 7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Dec. 1980

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(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
 Show to whom and date delivered —¢
 Show to whom, date, and address of delivery.. —¢

2. **RESTRICTED DELIVERY** —¢
 (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**
 C. W. Trainer
 526 Sandy Mountain Drive
 Sunrise Beach, Texas 78643

4. **TYPE OF SERVICE:** **ARTICLE NUMBER**
 REGISTERED INSURED
 CERTIFIED COD P 243 010 559
 EXPRESS MAIL

(Always obtain signature of addressee or agent)
 I have received the article described above.
SIGNATURE Addressee Authorized agent

DATE OF DELIVERY *7-17-86* POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE: 7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
~~DRILL~~ RE-ENTER DEEPEN PLUG BACK

b. TYPE OF WELL
OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
C. W. TRAINER

3. ADDRESS OF OPERATOR
ROUTE 3, BOX 607, MARBLE FALLS, TEXAS 78654

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface: 330' FSL AND 1650' FWL OF SECTION 35
At proposed prod. zone:

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
23 MILES WEST-NORTHWEST OF EUNICE, NEW MEXICO

5. LEASE DESIGNATION AND SERIAL NO.
NM-55156

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
LYNCH

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
LYNCH YATES SEVEN RIVERS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 35, T. 20 S., R. 34 E.

12. COUNTY OR PARISH
LEA

13. STATE
NEW MEXICO

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest dr g. unit line, if any)
330'

16. NO. OF ACRES IN LEASE
40

17. NO. OF ACRES ASSIGNED TO THIS WELL
40

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
-

19. PROPOSED DEPTH
3807'

20. ROTARY OR CABLE TOOLS
CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3802 GR

22. APPROX. DATE WORK WILL START*
UPON APPROVAL

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
15"	*13-3/8"	68#	154'	125 SACKS - CIRCULATED
8"	* 5-1/2"	14#	3701'	650 SACKS - CIRCULATED

* THIS CASING SET AND CEMENTED WHEN WELL WAS ORIGINALLY DRILLED

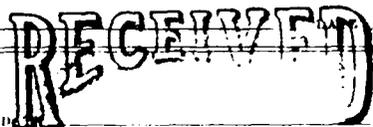
PLANS ARE TO DRILL OUT PLUGS AND CLEAN OUT TO TOTAL DEPTH. MAY DEEPEN FROM PRESENT T.D. OF 3757' AS MUCH AS 50 FEET. WILL TRY FOR COMPLETION IN THE LYNCH YATES SEVEN RIVERS POOL.

THIS WELL ORIGINALLY DRILLED BY J.H. ELDER AS WELL NO. 1 FEDERAL DURING PERIOD 8-4-52 TO 10-4-52.

SEE ATTACHED FOR: SUPPLEMENTAL DATA
SURFACE USE AND OPERATIONS PLAN
SURFACE RESTORATION REQUIREMENTS

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Arthur R. Brown TITLE Agent NOVEMBER 4, 1983
(This space for Federal or State office use)



PERMIT NO. APPROVAL DATE
ORIG. SIGNED JAMES A. GILLHAM TITLE ASSISTANT District Manager DATE 11-9-83

OIL & GAS

ROSWELL, NEW MEXICO

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS

*See Instructions On Reverse Side

RECEIVED

NOV 07 1983

OIL & GAS

ROSWELL, NEW MEXICO

SURFACE USE AND OPERATIONS PLAN
TO RE-ENTER A PLUGGED AND ABANDONED WELL

C. W. TRAINER
WELL NO.1 LYNCH
330' FSL & 1650' FWL SEC. 35, T. 20 S., R. 34 E.
LEA COUNTY, NEW MEXICO

LOCATED: 23 air miles west-northwest of Eunice, New Mexico.

FEDERAL LEASE NUMBER: NM-55156

LEASE ISSUED: April 1, 1983, for five years.

RECORD LESSEE: C. W. Trainer.

ACRES IN LEASE: 40.

SURFACE OWNERSHIP: Texaco, Inc.

POOL: Lynch Yates Seven Rivers.

POOL RULES: Statewide. 40 acre spacing for oil.

EXHIBITS: A. General Road Map
B. Plat Showing Existing Wells and Existing Roads
C. Drilling Rid Layout