

GW - 7

**MONITORING
REPORTS**

DATE:

2006 - 1980

Please attach to the annual well report



**ARDINAL
LABORATORIES**

Christie Gas Corp.

PHONE (325) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603

PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR
MERRYMAN CONST. CO.
ATTN: MICHAEL BELL
P.O. DRAWER U
JAL, NM 88252
FAX TO: (505) 395-2260

GW-07?

Receiving Date: 03/27/06
Reporting Date: 03/28/06
Project Number: LPG-001
Project Name: TEXAS LPG STORAGE COM.
Project Location: STATE LPG STORAGE WELL #2

Sampling Date: 03/27/06
Sample Type: GROUNDWATER (Injection Brine) KP
Sample Condition: COOL & INTACT water
Sample Received By: NF
Analyzed By: AB/HM

| LAB NUMBER | SAMPLE ID | Na (mg/L) | Ca (mg/L) | Mg (mg/L) | K (mg/L) | Conductivity (uS/cm) | T-Alkalinity (mgCaCO ₃ /L) |
|------------|-----------|--------------|--------------|--------------|-------------|-------------------------|--|
|------------|-----------|--------------|--------------|--------------|-------------|-------------------------|--|

| ANALYSIS DATE: | 03/28/06 | 03/27/06 | 03/28/06 | 03/28/06 | 03/28/06 | 03/27/06 |
|-----------------------------|----------|----------|----------|----------|----------|----------|
| H10935-1 LPG-001 | 1060349 | 321 | 632 | 1610 | 156600 | 200 |
| Quality Control | NR | 48 | 48.6 | 3.95 | 1426 | NR |
| True Value QC | NR | 50 | 50.0 | 4.00 | 1413 | NR |
| % Recovery | NR | 96 | 97.2 | 98.8 | 101 | NR |
| Relative Percent Difference | NR | 0 | 0 | 5.7 | 3.8 | NR |

| | | | | | |
|----------|-------------|-----------|------|-------|-------|
| METHODS: | SM3500-Ca-D | 3500-Mg E | 8049 | 120.1 | 310.1 |
|----------|-------------|-----------|------|-------|-------|

| | Cl ⁻ (mg/L) | SO ₄ (mg/L) | CO ₃ (mg/L) | HCO ₃ (mg/L) | pH (s.u.) | TDS (mg/L) |
|--|---------------------------|---------------------------|---------------------------|----------------------------|--------------|---------------|
|--|---------------------------|---------------------------|---------------------------|----------------------------|--------------|---------------|

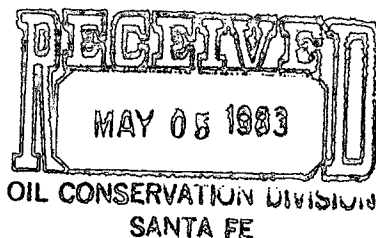
| ANALYSIS DATE: | 03/27/06 | 03/27/06 | 12/27/06 | 12/27/06 | 03/28/06 | 03/27/06 |
|-----------------------------|----------|----------|----------|----------|----------|----------|
| H10935-1 LPG-001 | 1629495 | 14693 | 0 | 244 | 7.05 | 126863 |
| Quality Control | 500 | 25 | NR | 976 | 6.91 | NR |
| True Value QC | 500 | 25 | NR | 1000 | 7.00 | NR |
| % Recovery | 100 | 100 | NR | 97.6 | 98.7 | NR |
| Relative Percent Difference | 0 | 0 | NR | 0 | 0.98 | NR |

| | | | | | | |
|----------|-------------|-------|-------|-------|-------|-------|
| METHODS: | SM4500-Cl-B | 375.4 | 310.1 | 310.1 | 150.1 | 160.1 |
|----------|-------------|-------|-------|-------|-------|-------|

Step S. Mayo
Chemist

03-29-06
Date

PLEASE NOTE: **Liability and Damages.** Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, those for negligence and any other cause whatsoever shall be deemed waived unless made in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.



TWO PETROLEUM CENTER / SUITE 200
NORTH "A" AT WADLEY
MIDLAND, TEXAS 79701
PHONE: 915-684-5701

May 2, 1983

Mr. Oscar Simpson, III
New Mexico Oil Conservation Division
P. O. Box 2088
Santa Fe, New Mexico 87501

Dear Mr. Simpson:

Attached per your request is one copy each of the Jal No. 4 SWD #214 step rate test results submitted to you in June, 1982 and December, 1982.

If you should require additional information or wish to discuss this matter further, please advise.

Sincerely,

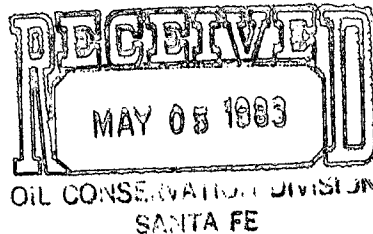
EL PASO NATURAL GAS COMPANY

A handwritten signature in cursive script that reads "D. N. Bigbie".

D. N. Bigbie
Assistant Division Superintendent

DNB:dc
Attachment

El Paso
Natural Gas Company



P. O. BOX 1492
EL PASO, TEXAS 79978
PHONE: 915-541-2600

June 1, 1982

Mr. Joe D. Ramey
New Mexico Oil Conservation Commission
P. O. Box 2088
Santa Fe, New Mexico 87501

Re: El Paso Natural Gas Co., Shell State
No. 13, Jal No. 4 Plant, SWD No. 1,
32-23S-37E, Lea County, New Mexico

Dear Sir:

At the request of Mr. Donald Bigbie, of the Company's Midland, Texas Division Office, I am enclosing copies of the step-rate pressure tests run on July 21, 1981. I was the Company Representative present at this job.

As is shown, the maximum pressure obtained was only 1900 psi since the formation was already "broke-down" from the first rate-test on November 20, 1979.

If I may be of any further assistance, please let me know.

Very truly yours,

A handwritten signature in cursive script that reads "James B. Kelly".

James B. Kelly
Senior Engineer
Operations-Water Resources
El Paso, Texas

JBK:rh

cc: Don Bigbie

cc: Don Bigbie 6/7/82

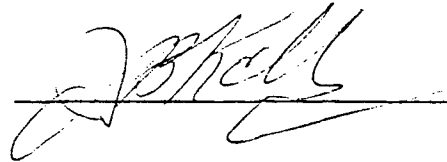
JAL NO. 4 - SWD No. 1

On July 21, 1981 this well was treated with 1000 gallons of HCl acid of 15% normality and then pressure test pumped with a total of 284 barrels of water injected at different rates to record the pressures.

The following data were recorded:

| | |
|------------------|----------------|
| Maximum pressure | 1900 PSI |
| Average pressure | 1107 PSI |
| Maximum Rate | 6.8 bbls./min. |
| Average Rate | 4.6 bbls./min. |
| 3 bbls./min. | 650 PSI |
| 2 bbls./min. | 200 PSI |
| 6.6 bbls./min. | 1800 PSI |

The well went on vacuum after shut down of test. These pressures and rates are comparative to the first pressure test after well completion and "frac" on November 20, 1979.



A handwritten signature, likely "J. B. Kelly", written in dark ink. The signature is stylized and cursive, with a horizontal line drawn underneath it.

HALLIBURTON SERVICES
JOB LOG

WELL SWB-1 LEASE JAL #4 PLANT TICKET NO. 033351
 CUSTOMER EL PASO NAT. GAS PAGE NO. _____
 JOB TYPE ACID DATE 7-21-81

FORM 2013 R-2

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|--------------|-----------------|----------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 0630 | | | | | | | ON LOCATION SAFETY MEETING |
| 1 | 0804 | 1.6 | 1000 | 1 | | 100 | | START ACID |
| 2 | 0818 | 1.6 | 968 | 1 | | 400 | | ACID ON FORMATION |
| 3 | 0828 | 1.6 | 840 | 1 | | 200 | | 840 GALS T. FORMATION SHUT DOWN |
| 4 | 0850 | 5.3 | | | | | | LET SET |
| 4 | 0850 | 5.3 | | 1 | | 15 | | START INJECTION TEST |
| 5 | 0852 | 6.2 | | 1 | | 1500 | | INCREASE RATE |
| 6 | 0900 | 6.8 | 2000 | 1 | | 1800 | | MAX RATE |
| 7 | 0906 | 5.1 | 3900 | 1 | | 1900 | | DECREASE RATE |
| 8 | 0916 | 3 | 6670 | 1 | | 650 | | " " |
| 9 | 0931 | 2 | 8200 | 1 | | 200 | | " " |
| 10 | 0941 | 6.6 | 9300 | 1 | | 1800 | | INCREASE RATE |
| 11 | 0946 | 3 | 11200 | 1 | | 600 | | DECREASE RATE |
| 12 | 0951 | | 11924 | 1 | | | | SHUT DOWN |
| 13 | 0951 | | | | | 0 | | ISIP |
| 14 | 0952 | | | | | VAC | | 1 MIN 1 MIN SHUT IN |
| | | | | | | | | TREATMENT 24 BbLS |
| | | | | | | | | FLUSH 20 BbLS |
| | | | | | | | | INJECTION TEST 284 BbLS |
| | | | | | | | | TOTAL LOAD 328 BbLS |
| | | | | | | | | MAX PSI 1900 |
| | | | | | | | | AUG PSI 1107 |
| | | | | | | | | MAX RATE 6.8 |
| | | | | | | | | AUG RATE 4.6 |
| | | | | | | | | THANK YOU |

HALLIBURTON SERVICES JOB SUMMARY

FORM 2012 R-2

DIVISION HALLIBURTON
LOCATION Hobbs

BILLED ON TICKET NO. 03357

WELL DATA

FIELD S EUNICE SEC. _____ TWP. _____ RNG. _____ COUNTY Lea STATE N Mex

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____

PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

| | NEW USED | WEIGHT | SIZE | FROM | TO | MAXIMUM PSI ALLOWABLE |
|--------------|----------|--------|--------------|-------------|-------------|-----------------------|
| CASING | | | | | | |
| LINER | | | | | | |
| TUBING | | | <u>2 7/8</u> | <u>0</u> | <u>10</u> | |
| OPEN HOLE | | | | | | SHOTS/FT. |
| PERFORATIONS | | | | <u>3866</u> | <u>3982</u> | |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |

JOB DATA

| CALLED OUT | ON LOCATION | JOB STARTED | JOB COMPLETED |
|------------------|------------------|------------------|---------------|
| DATE <u>7-21</u> | DATE <u>7-21</u> | DATE <u>7-21</u> | DATE _____ |
| TIME <u>0400</u> | TIME <u>0630</u> | TIME <u>0804</u> | TIME _____ |

PERSONNEL AND SERVICE UNITS

| NAME | UNIT NO. & TYPE | LOCATION |
|----------------|-----------------|--------------|
| <u>Rkey</u> | <u>3394</u> | <u>Hobbs</u> |
| <u>SKELTON</u> | <u>4400</u> | |
| <u>DGREEN</u> | | |

DEPARTMENT STIM

DESCRIPTION OF JOB ACIDIZ

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X J. Kelly

HALLIBURTON OPERATOR Rkey COPIES REQUESTED _____

CEMENT DATA

| STAGE | NUMBER OF SACKS | TYPE | API CLASS | BRAND | BULK SACKED | ADDITIVES | YIELD CU.FT./SK. | MIXED LBS./GAL. |
|-------|-----------------|------|-----------|-------|-------------|-----------|------------------|-----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM 1900 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE 1107 FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. 24 DISPL: BBL.-GAL. 20

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ ENSURE _____ 384

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. 30.2

ORDERED _____ AVAILABLE _____ USED _____ REMARKS _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL 4.6

CEMENT LEFT IN PIPE _____

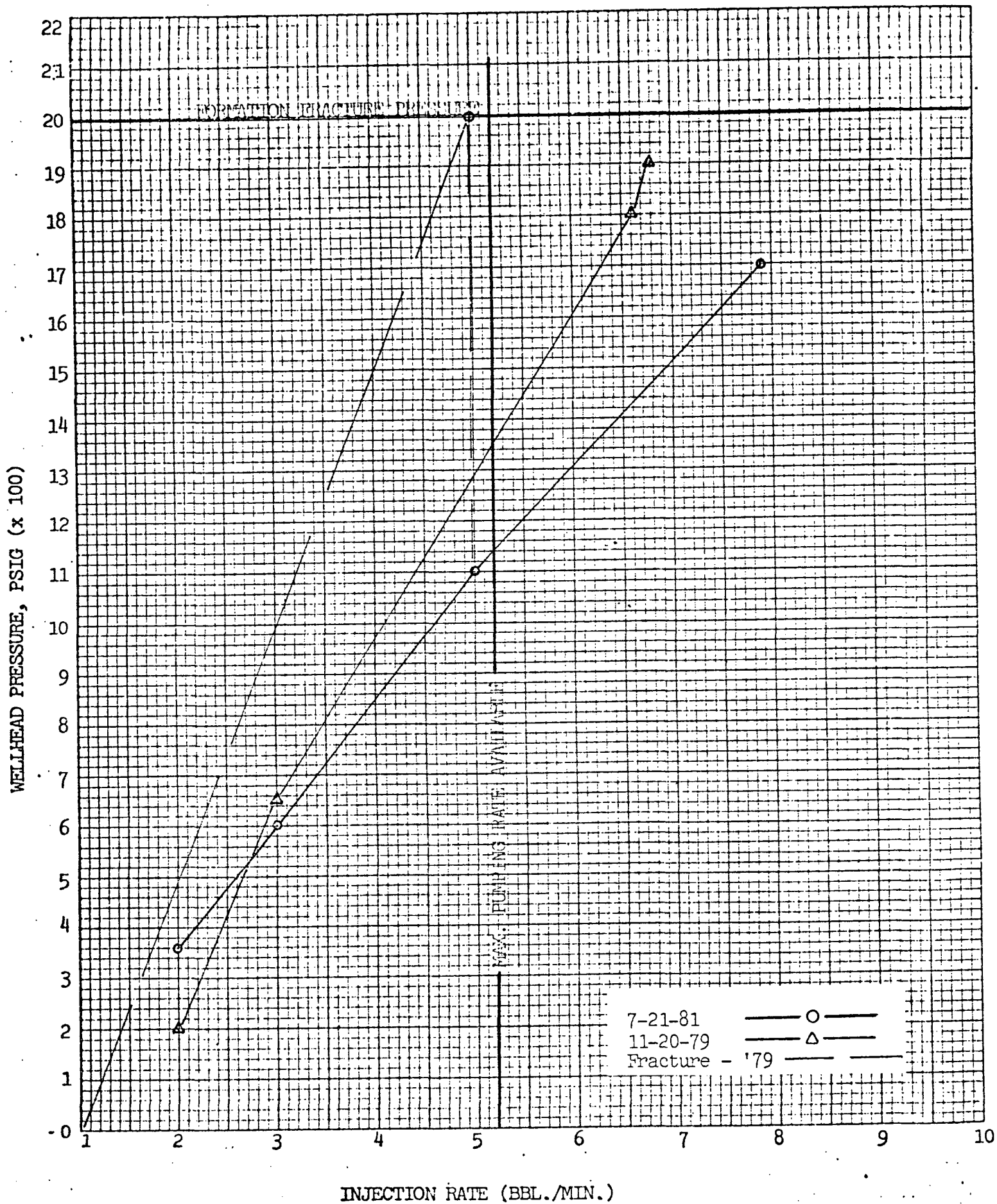
FEET _____ REASON _____

Thank you

CUSTOMER

CUSTOMER: EL PASO NAT. GAS LEASE
WELL NO.: JAL #4 PLANT
JOB TYPE: SWAB-1
DATE: 7-21-81
ACIDIZ

JAL NO. 4 INJECTION WELL - STEP RATE TESTS



P. O. Box 2033
Carlsbad Hwy.
Hobbs, New Mexico 88240
(505) 397-3914 393-0119

DAVIS SERVICES, INC.

Clovis Star Rt.
Box 1380
Roswell, New Mexico 88240
(505) 624-2228

STEP RATE TEST

FOR

EL PASO NATURAL GAS CO.

WELL - 214

11/23/82

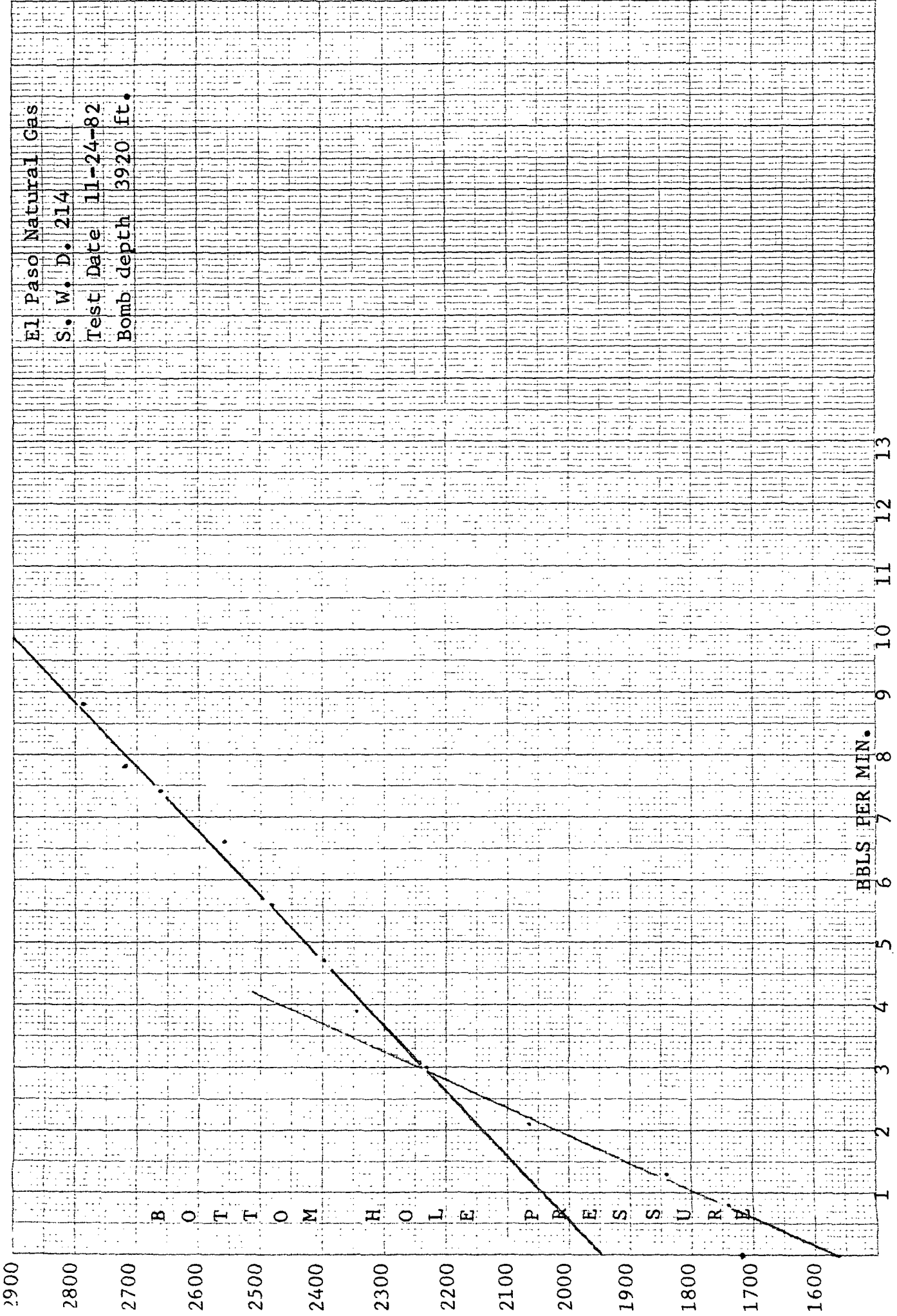
ATTN: JIM KELLY

FIELD DATA SHEET

| | | |
|--|-----------------------|-------------------------|
| Test: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special | Test Date 11-23-82 | Lease No. or Serial No. |
| Company El Paso Natural Gas Company | | Allottee |
| Reservoir | | Unit |
| Location S.W.D. 214 | | Form or Lease Name |
| Well No. S.W.D. 214 | Plug Back TO 3926 | Elevation |
| Size 7/8 | Wt. 6.5 | Set At |
| Perforations: From 3866 | To 3926 | Completion (Describe) |
| Packer Set At | | County or Parish Lea |
| Flowing Thru | Reservoir Temp. F | Mean Ground Temp. F |
| Boro. Press. - P | State New Mexico | |

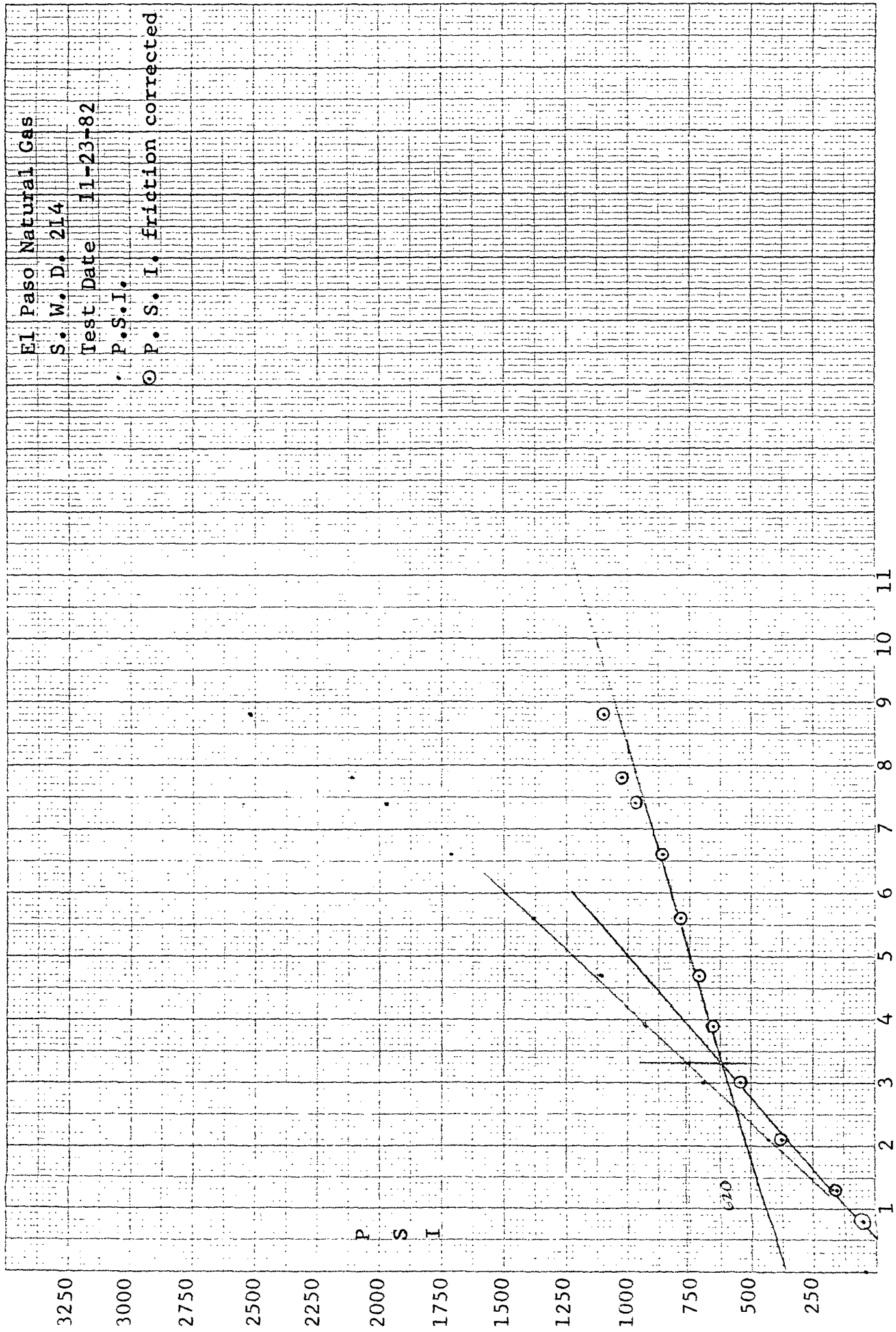
REPRESENTATIVE

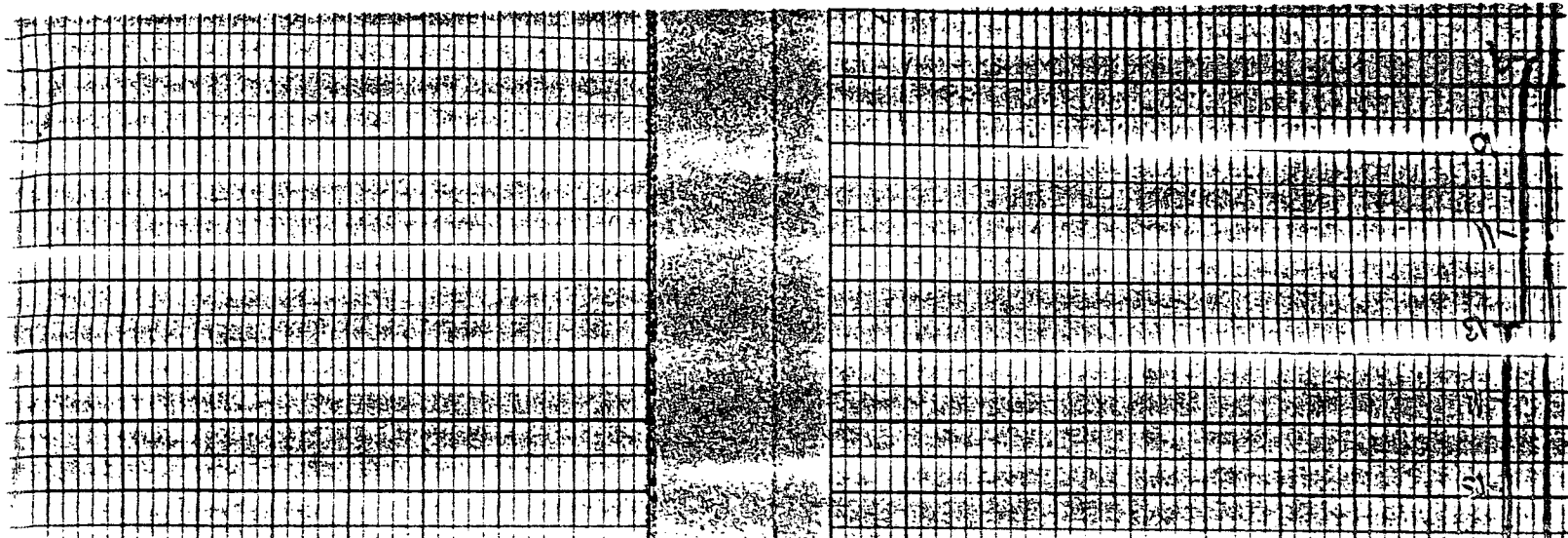
| DATE | ELAP. TIME Hrs. | well information | | | surf. psi. cor. friction | remarks |
|------|--------------------|------------------|------------|--------|--------------------------|------------------------------------|
| | | Rate BPM | Surf. Psig | B.H.P. | | |
| 00 | | | 40 | 1720 | | shut in P.S.I. Bomb depth 3920 ft. |
| 10 | | .8 | 40 | 1730 | | start test |
| 25 | | .8 | 50 | 1741 | 51 | |
| 25 | | 1.3 | 50 | | | |
| 40 | | 1.3 | 160 | 1841 | 151 | |
| 40 | | 2.1 | 160 | | | |
| 55 | | 2.1 | 430 | 2066 | 376 | |
| 55 | | 3.0 | 430 | | | |
| 10 | | 3.0 | 690 | 2232 | 542 | |
| 3:10 | | 3.9 | 690 | | | |
| 3:25 | | 3.9 | 930 | 2343 | 653 | |
| 3:25 | | 4.7 | 930 | | | |
| 3:40 | | 4.7 | 1110 | 2398 | 708 | |
| 3:40 | | 5.6 | 1110 | | | |
| 3:55 | | 5.6 | 1380 | 2481 | 791 | |
| 3:55 | | 6.6 | 1380 | | | |
| 4:10 | | 6.6 | 1710 | 2557 | 867 | |
| 4:10 | | 7.4 | 1710 | | | |
| 4:25 | | 7.4 | 1970 | 2661 | 971 | |
| 4:25 | | 7.8 | 1970 | | | |
| 4:40 | | 7.8 | 2170 | 2720 | 1030 | |
| 4:40 | | 8.8 | 2170 | | | |
| 4:55 | | 8.8 | 2520 | 2786 | 1096 | |
| | | | 680 | | | Instant shut in pressure 680 |
| 5:00 | | | | 2187 | | |
| 5:05 | | | | 2115 | | |
| 5:10 | | | | 2049 | | |



El Paso Natural Gas
S. W. D. 214
Test Date 11-24-82
Bomb depth 3920 ft.

El Paso Natural Gas
S. W. D. 214
Test Date 11-23-82
P.S.I.
P. S. I. friction corrected





8

DIAMONDS SERVICES

SCRAPED NATURAL GAS CO. MS

S 0001 02A

TICKET NO 426651

03 00 082

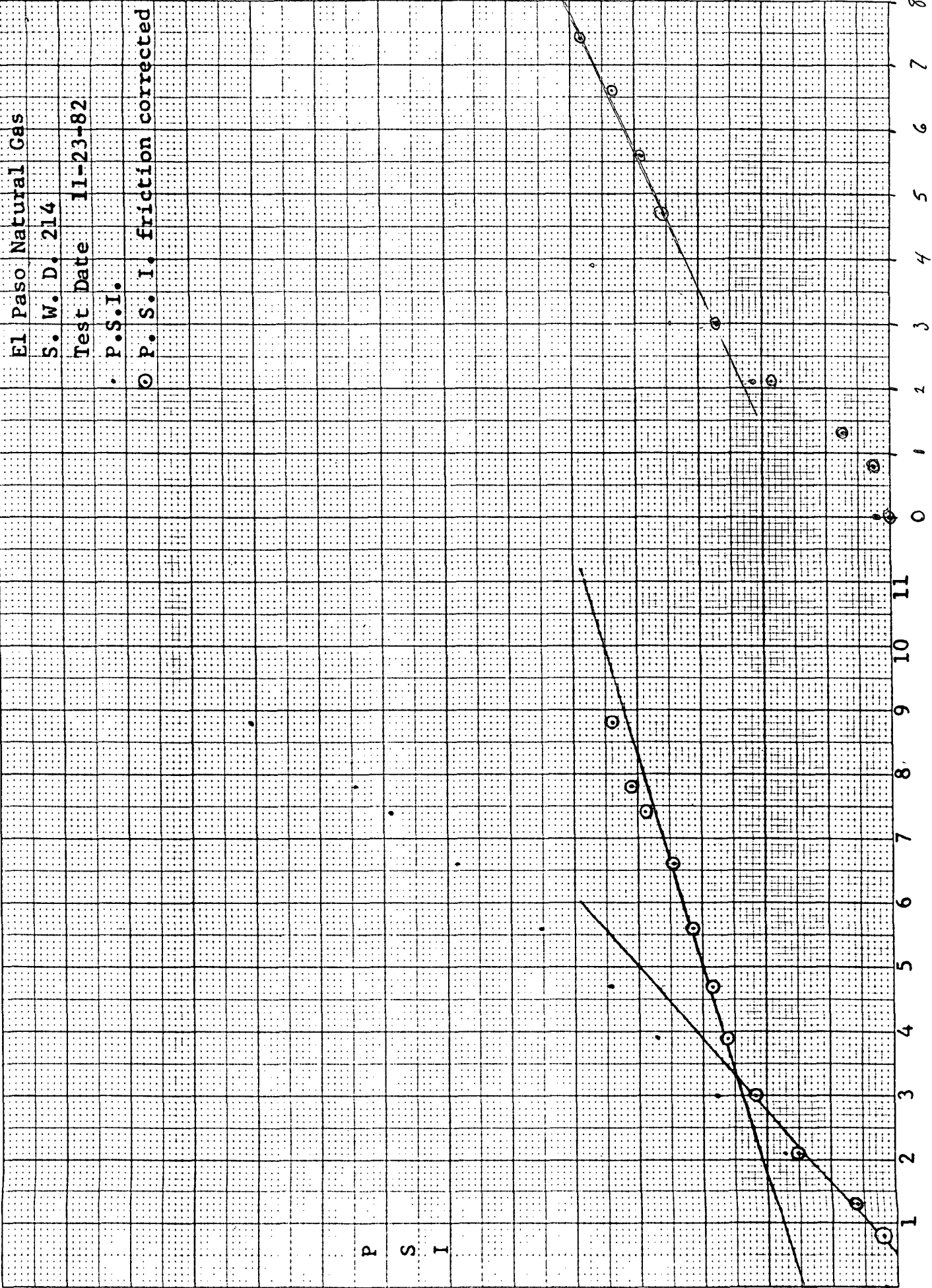
FIELD DATA SHEET

3973914

| | | |
|---|------------------------|-------------------------|
| Type Test: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Special | Test Date 11-23-82 | Lease No. or Serial No. |
| Company El Paso Natural Gas Company | Reservoir | Allottee |
| Field | Location S.W.D. 214 | Unit |
| Completion Date | Total Depth | Plug Back TD 3926 |
| Elevation | Form or Lease Name | |
| Csg. Size | Wt. | Set At |
| Perforations: From | To | Well No. S.W.D. 214 |
| Tbg. Size 2 7/8 | Wt. 6.5 | Set At |
| Perforations: From 3866 | To 3926 | Sec. Twp - Blk Rge - |
| Type Completion (Describe) | Pecker Set At | County or Parish Lea |
| Producing Thru | Reservoir Temp. F | Mean Ground Temp. F |
| Bore. Press. - P | | State New Mexico |

CO. REPRESENTATIVE

| DATE | ELAP. TIME | well information | | | surf. psi. cor. friction | remarks |
|------|------------|------------------|------------|--------|--------------------------|------------------------------------|
| | | Rate BPM | Surf. Psig | B.H.P. | | |
| 2:00 | | | 40 | 1720 | | shut in P.S.I. Bomb depth 3920 ft. |
| 2:10 | | .8 | 40 | 1730 | | start test |
| 2:25 | | .8 | 50 | 1741 | 51 | |
| 2:25 | | 1.3 | 50 | | | |
| 2:40 | | 1.3 | 160 | 1841 | 151 | |
| 2:40 | | 2.1 | 160 | | | |
| 2:55 | | 2.1 | 430 | 2066 | 376 | |
| 2:55 | | 3.0 | 430 | | | |
| 3:10 | | 3.0 | 690 | 2232 | 542 | |
| 3:10 | | 3.9 | 690 | | | |
| 3:25 | | 3.9 | 930 | 2343 | 653 | |
| 3:25 | | 4.7 | 930 | | | |
| 3:40 | | 4.7 | 1110 | 2398 | 708 | |
| 3:40 | | 5.6 | 1110 | | | |
| 3:55 | | 5.6 | 1380 | 2481 | 791 | |
| 3:55 | | 6.6 | 1380 | | | |
| 4:10 | | 6.6 | 1710 | 2557 | 867 | |
| 4:10 | | 7.4 | 1710 | | | |
| 4:25 | | 7.4 | 1970 | 2661 | 971 | |
| 4:25 | | 7.8 | 1970 | | | |
| 4:40 | | 7.8 | 2170 | 2720 | 1030 | |
| 4:40 | | 8.8 | 2170 | | | |
| 4:55 | | 8.8 | 2520 | 2786 | 1096 | |
| | | | 680 | | | Instant shut in pressure 680 |
| 5:00 | | | | 2187 | | |
| 5:05 | | | | 2115 | | |
| 5:10 | | | | 2049 | | |



2900

2800

2700

2600

2500

2400

2300

2200

2100

2000

900

800

700

600

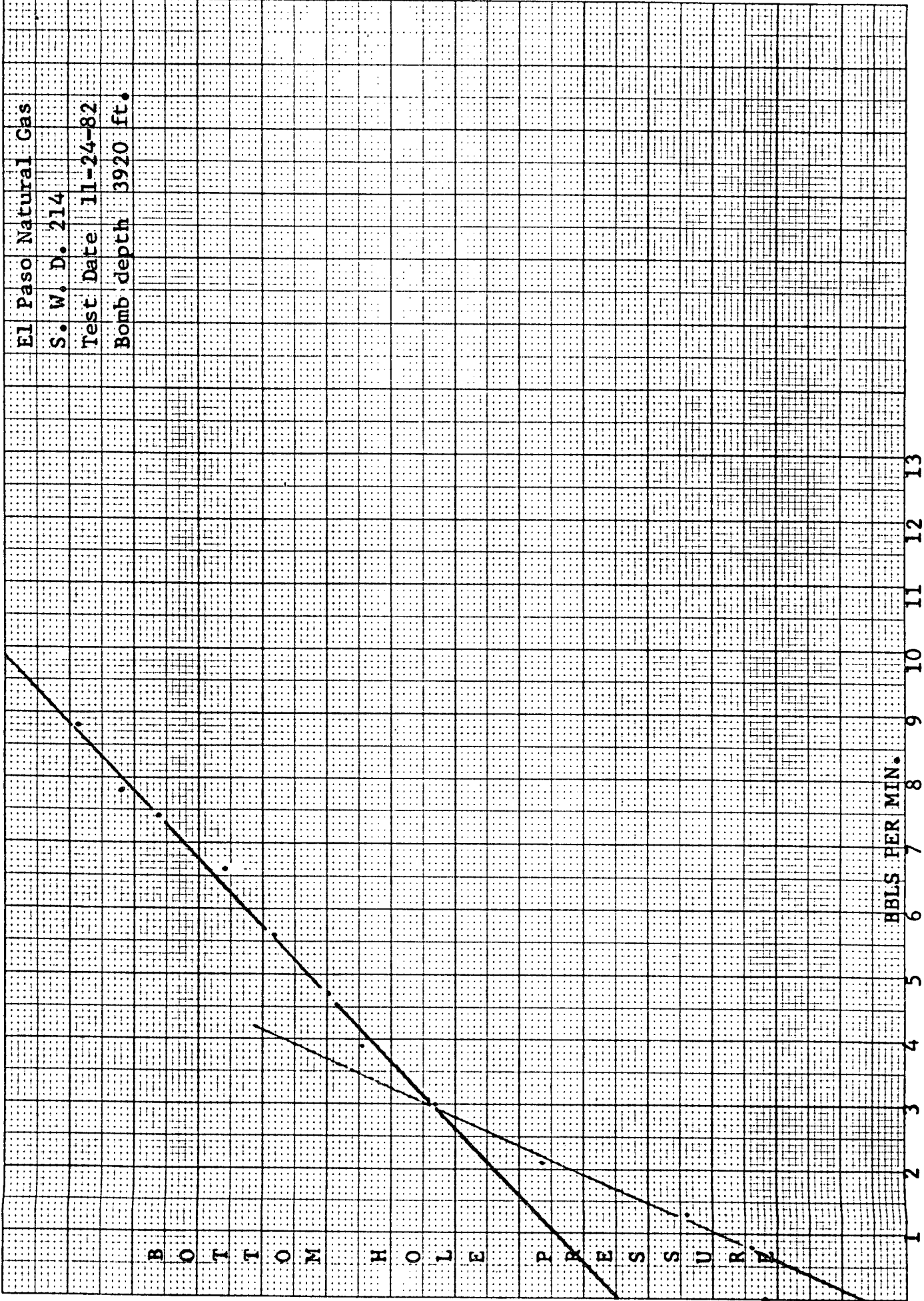
El Paso Natural Gas

S. W. D. 214

Test Date 11-24-82

Bomb depth 3920 ft.

B O T T O M H O L E P R E S S U R E



BBLS PER MIN.

1 2 3 4 5 6 7 8 9 10 11 12 13

35

3A

33

32

31

AIR

PRESSURE

30

29

28

27

26

25

24

23

22

21

20

19

18

17

16

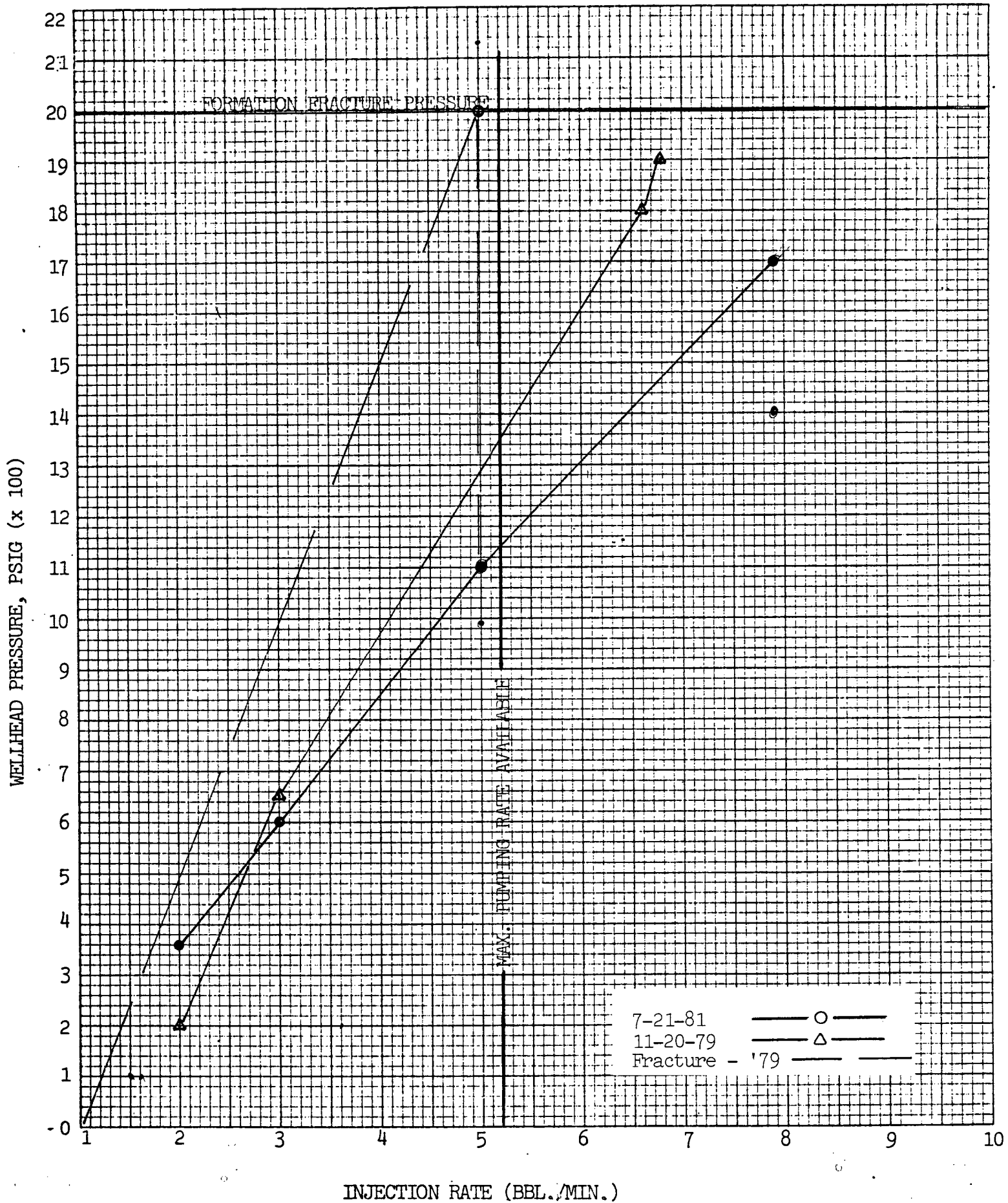
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

DIANUS SERVICES
ACRABO NATIONAL CASINO
S W O D F U D I A
TICKET NO 41451
ACRABO NATIONAL CASINO







EIPaso NATURAL GAS
COMPANY

Memorandum

TO: Don Bigbie

DATE: March 10, 1983

FROM: J. B. Kelly

PLACE: Water Resources &
Waste Disposal
Operations

Re: Jal No. 4 Plant - SWD #1 Step Rate Test

Information you requested re: Step Rate Test - SWD #1 is:

Mechanical equipment used on test

Halliburton Well Service - One Blender Truck
Halliburton Well Service - Two - V-12 - Pumpers
Two - 2 inch Turbine Flow meters

Jarrell Well Service - One Down-Hole Pressure Recorder Bomb

Fluid Used - Fresh Water

The Strip Chart & Job Log was sent to you yesterday.

I spoke with David Bump of Davis Services and he said he submitted all the information he had to the NMOCC Hobbs Office. He did not have the Strip Chart from Halliburton as it was sent to me because I signed the field work papers. I received the charts on March 7, 1983. David said he spoke with Oscar Simpson to be sure this is all the information he needed. He agreed everything is in order, he just wanted this for his files.

JBK:rh

A handwritten signature in cursive, appearing to read 'J. B. Kelly', written over a horizontal line.

El Paso Natural Gas Company - Jal No. 4 Plant - SWD #1
Salt Water Disposal #214

Page one

WELL DATA:

Perforated Interval: 3866' - 3982' 4 shots per foot
3932' - 3982' reperforated with
2 shots per foot

Casing: 2-7/8" 6.5#

RECOMMENDATION:

Acidize the perforated interval with 10,000 gallons
20% acid at 5 - 7 BPM in 3 stages using rock salt
blocks between stages for diversion.

PROCEDURE:

1. Prepare well for stimulation
2. Place 500 gallons 20% acid at bottom of hole and
let soak for 30 minutes
3. Establish injection rate with 1500 gals. acid
4. Pump 500 lbs. rock salt in 10 bbls. 10# brine
5. Pump 2500 gallons 20% acid
6. Pump 750 lbs. rock salt in 12 bbls. 10# brine
7. Pump 3000 gallons 20% acid
8. Pump 1000 lbs. rock salt in 16 bbls. 10# brine
9. Pump 3000 gallons 20% acid
10. Flush to top perf

NOTE: Blocks may be adjusted according to treating rates
and pressures.

ACID BREAKDOWN:

10,500 gallons 20%
11 gallons WA-211 (inhibitor)
5 gallons NE-12 (non emulsion agent)

This work done on January 27, 1983

Prior to work

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.B. | |
| LAND OFFICE | |
| OPERATOR | |

5a. Indicate Type of Lease
 State Fee
 5. State Oil & Gas Lease No.
 S.W.D. 214

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.

OIL WELL GAS WELL OTHER: Salt Water Disposal

Name of Operator
 El Paso Natural Gas Company

Address of Operator
 Box 1492 El Paso, TX 79978

Location of Well
 UNIT LETTER L FEET FROM THE _____ LINE AND _____ FEET FROM _____

THE _____ LINE, SECTION 32 TOWNSHIP 23S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

7. Unit Agreement Name

8. Farm or Lease Name
 Jal Plant #4

9. Well No.
 1

10. Field and Pool, or Wildcat



12. County
 Lea

12. County
 Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON CHANGE PLANS
 DRILL OR ALTER CASING OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOBS
 OTHER

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.

1-27-83
 Reperforate @ 2 Shots per ft. 3932 - 3938 3940 - 3948
 3974 - 3982
 1-28-83

Acidize the perforated interval with 10,000 gallons
 20% acid @ 5-7 B.P.M. in 3 stages using rock salt blocks
 between stages for diversion

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
 By David Bunn (Davis Service) TITLE Consultant DATE 1-24-83

Work performed

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| OPERATOR | |

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
S.W.D. 214

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. OIL WELL GAS WELL OTHER- Salt Water Disposal

2. Name of Operator
El Paso Natural Gas Company

3. Address of Operator
1492 El Paso Texas 79978 Attn: J. B. Kelly

4. Location of Well
UNIT LETTER L FEET FROM THE _____ LINE AND _____ FEET FROM
THE _____ LINE, SECTION 32 TOWNSHIP 23S RANGE 37E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Jal Plant #4

9. Well No.
1

10. Field and Pool, or Withcat

11. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| | | | |
|--|---|---|---|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" 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"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input type="checkbox"/> |

17. 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.

1-27-83 Perforate: 1 shot @ 3869, 3873, 3875, 3881, 3885, 3887, 3903, 3905
2 shot per ft. @ 3935 - 37, 3975 - 82

1-28-83 Acidize with 20% acid 10,500 gallons

2-2-83 Run tracer survey: 3890 - 3980 Taking 100% of fluid with no channel back

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

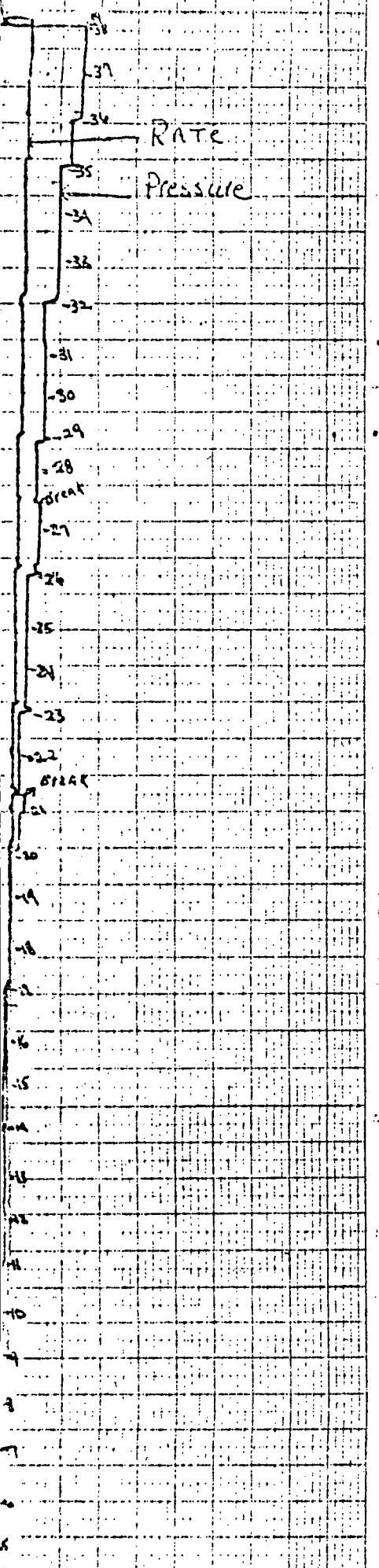
SIGNED David Bump (David Bump) TITLE Consultant DATE 2-4-83

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JOB LOG

CUSTOMER: EL PASO NATURAL GAS CO. PAGE NO. 1
 JOB TYPE: INJECTION TEST DATE: 1 Feb 83



Injection Test 2-1-83

| CHART NO. | TIME | RATE (BPM) | VOLUME (GALS) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|------|------------|---------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| 1 | | | | | | | | Safety Meeting TEST LINES |
| 2 | 945 | 1.1 | 650 | | | 0 | | START INJECTION TEST |
| 3 | 950 | 1.0 | 80 | | | 0 | | 180 GALS Pumped AT 1.1 BPM |
| 4 | 955 | 1.2 | 380 | | | 0 | | 300 GALS Pumped AT 1.1 BPM |
| 5 | 1000 | 1.8 | 650 | | | 0 | | INCREASE RATE TO 1.8 BPM |
| 6 | 1005 | 1.8 | 400 | | | 0 | | 400 GALS Pumped AT 1.8 BPM |
| 7 | 1010 | 1.8 | 400 | | | 0 | | 400 GALS Pumped AT 1.8 BPM |
| 8 | 1015 | 2.8 | 1260 | | | 0 | | INCREASE RATE TO 2.8 BPM |
| 9 | 1020 | 2.9 | 590 | | | 0 | | 590 GALS Pumped AT 2.8 BPM |
| 10 | 1025 | 2.9 | 1200 | | | 0 | | 1200 GALS Pumped AT 2.9 BPM |
| 11 | 1030 | 4.0 | 1850 | | | 40 | | INCREASE RATE TO 4.0 BPM |
| 12 | 1035 | 4.0 | 900 | | | 170 | | 900 GALS Pumped AT 4.0 BPM |
| 13 | 1040 | 4.0 | 1780 | | | 180 | | 1780 GALS Pumped AT 4.0 BPM |
| 14 | 1045 | 4.8 | 2650 | | | 330 | | INCREASE RATE TO 4.8 BPM |
| 15 | 1050 | 4.9 | 1050 | | | 360 | | 1050 GALS Pumped AT 4.8 BPM |
| 16 | 1055 | 4.8 | 2080 | | | 390 | | 2080 GALS Pumped AT 4.8 BPM |
| 17 | 1100 | 5.7 | 3200 | | | 550 | | INCREASE RATE TO 5.7 BPM |
| 18 | 1105 | 5.7 | 1180 | | | 570 | | 1180 GALS Pumped AT 5.7 BPM |
| 19 | 1110 | 5.7 | 2380 | | | 590 | | 2380 GALS Pumped AT 5.7 BPM |
| 20 | 1115 | 6.7 | 5600 | | | 810 | | INCREASE RATE TO 6.7 BPM |
| 21 | 1120 | 6.7 | 1400 | | | 980 | | 1400 GALS Pumped AT 6.7 BPM |
| 22 | 1125 | 6.7 | 2800 | | | 910 | | 2800 GALS Pumped AT 6.7 BPM |
| 23 | 1130 | 7.5 | 4200 | | | 990 | | INCREASE RATE TO 7.5 BPM |
| 24 | 1135 | 7.4 | 1570 | | | 1010 | | 1570 GALS Pumped AT 7.5 BPM |
| 25 | 1140 | 7.4 | 3140 | | | 1020 | | 3140 GALS Pumped AT 7.5 BPM |
| 26 | 1145 | 8.3 | 4710 | | | 1250 | | INCREASE RATE TO 8.3 BPM |
| 27 | 1150 | 8.3 | 1750 | | | 1360 | | 1750 GALS Pumped AT 8.3 BPM |
| 28 | 1155 | 8.4 | 3500 | | | 1280 | | 3500 GALS Pumped AT 8.3 BPM |
| 29 | 1200 | 9.3 | 5200 | | | 1520 | | INCREASE RATE TO 9.3 BPM |
| 30 | 1205 | 9.7 | 1980 | | | 1520 | | 1980 GALS Pumped AT 9.3 BPM |
| 31 | 1210 | 9.7 | 4020 | | | 1530 | | 4020 GALS Pumped AT 9.3 BPM |
| 32 | 1215 | 10.5 | 6050 | | | 1860 | | INCREASE RATE TO 10.5 BPM |
| 33 | 1220 | 10.5 | 2250 | | | 1900 | | 2250 GALS Pumped AT 10.5 BPM |
| 34 | 1225 | 10.5 | 4450 | | | 1900 | | 4450 GALS Pumped AT 10.5 BPM |

| NO. | TIME | (BPM) | WELL (GALS) | T | C | TUBING | CASING | DESCRIPTION OF OPERATION AND MATERIALS |
|----------------------------|------|-------|-------------|---|---|--------|--------|--|
| 35 | 1230 | 11.4 | 6700 | | | 2230 | | INCREASE RATE TO 11.4 BPM |
| 36 | 1235 | 11.4 | 2340 | | | 2440 | | 2340 GALS Pumped AT 11.4 BPM |
| 37 | 1240 | 11.4 | 4800 | | | 2500 | | 4800 GALS Pumped AT 11.4 BPM |
| 38 | 1245 | | 7260 | | | 2510 | | PSI HOLE SHUT DOWN |
| 39 | 1245 | | | | | 320 | | SHUT DOWN INSTANT SHUT IN |
| | 1250 | | | | | 70 | | 5 min |
| | 1255 | | | | | 10 | | 10 min |
| | 1300 | | | | | 0 | | 15 min |
| TOTAL LOG | | | | | | | | |
| 1133 BBLs H ₂ O | | | | | | | | |

HALLIBURTON SERVICES Midland Hobbs
FRACTURING SERVICE TREATING REPORT 426663

WELL DATA: N. Jal, Sec., Twp., Imp., County, Lea, State, N.M.

Formation Name, Type, From, To, Name, Weight, Size, Prod, Fract, Maximum PSI Allowed

Initial Prod: Oil, Upd. Water, Bpd, Gals, Mcfd, Gals, Mcfd, 2778, 0, 3696

Packer Type, Set At, Bottom Hole Temp., Head Or Flange, Ptd

MATERIALS: Treat. Fluid: WACET, Density: 8.3, Lb/Gal, HAM; Displ. Fluid: Density, Lb/Gal, HAM; Prop. Type, Size, Lb.; Radioactive Tracer, Carrier, Units-MCI; Surfactant Type, Gel, /1000 Gal.; Surfactant Type, Gel, /1000 Gal.

JOB DATA: Called Out, On Location, Job Started, Job Completed; Date: 2/1/83, 2/1/83, 2/1/83, 2/1/83; Time: 4:00, 7:00, 9:45, 12:45

PERSONNEL AND SERVICE UNITS: Sroneman, Meek, England; Unit No. & Type, Location: creater, Hobbs

FRACTURING SERVICE TREATING REPORT

BILLED ON TICKET NO. 426663

FORM # 2012 R-1

Field N. Jal Sec. _____ Twp. _____ Rng. _____ County Lea State N.M.

Formation Name _____ Type _____

Formation Thickness _____ From _____ To _____

Initial Prod: Oil _____ Bpd. Water _____ Bpd. Gas _____ Mcfd.

Present Prod: Oil _____ Bpd. Water _____ Bpd. Gas _____ Mcfd.

Isolation Tool # _____ Mandrel Size _____ Extensions _____ In.

Packer Type _____ Set At _____

Bottom Hole Temp. _____ RBP@ _____

Head Or Flange _____ Pbtd _____

| | NEW USED | WEIGHT | SIZE | FROM | TO | MAXIMUM PSI ALLOWABLE |
|--------------|----------|--------|-------|----------|------|-----------------------|
| CASING | | | | | | |
| LINER | | | 2 7/8 | 0 - 3975 | | |
| TUBING | | | | 0 | 3696 | |
| OPEN HOLE | | | | | | SHOTS/FT. |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |

MATERIALS

Treat. Fluid water Density 8.3 Lb./Gal. [°]API

Displ. Fluid _____ Density _____ Lb./Gal. [°]API

Prop. Type _____ Size _____ Lb.

Prp. Type _____ Size _____ Lb.

Radioactive Tracer _____ Carrier _____ Units-MCI

Surfactant Type _____ Gal. _____ @ _____ /1000 Gal.

Surfactant Type _____ Gal. _____ @ _____ /1000 Gal.

Fluid Loss Type _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Gelling Agent _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Gelling Agent _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Breaker Type _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Breaker Type _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Crosslinker _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Stabilizer _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Buffer Type _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Buffer Type _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Bactericide _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Non-Foamer _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Clay Control _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Diverter _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Friction Reducer _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Perfpac Balls _____ Qty. _____ Size _____ S.G.

Other _____

JOB DATA

| CALLED OUT | ON LOCATION | JOB STARTED | JOB COMPLETED |
|--------------------|--------------------|--------------------|--------------------|
| DATE <u>2/1/83</u> | DATE <u>2/1/83</u> | DATE <u>2/1/83</u> | DATE <u>2/1/83</u> |
| TIME <u>4:00</u> | TIME <u>7:00</u> | TIME <u>9:45</u> | TIME <u>12:45</u> |

PERSONNEL AND SERVICE UNITS

| NAME | UNIT NO. & TYPE | LOCATION |
|--------------|-----------------|----------|
| L. Stoneman | treater | Hobbs |
| R. Meek | | |
| R. England | | |
| T. Tiner | | |
| J. Henderson | | |
| C. Aswell | | |
| K. Smith | supv. | |

ACID DATA

Acid Type _____ % _____ Gal.-Bbl. _____

Acid Type _____ % _____ Gal.-Bbl. _____

Surfactant Type _____ Gal. _____ @ _____ /1000 Gal.

Surfactant Type _____ Gal. _____ @ _____ /1000 Gal.

NE Agent Type _____ Gal. _____ @ _____ /1000 Gal.

Clay Control Type _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Corrosion Inhibitor _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Corrosion Inhibitor _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Cracking Inhibitor _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Iron Sequester _____ Gal.-Lb. _____ @ _____ /1000 Gal.

Friction Reducer _____ Gal.-Lb. _____ @ _____ /1000 Gal.

PRESSURES IN PSI

Circulating _____ Displacement _____

Breakdown _____ Maximum 2510

Average 1250 Fracture Gradient _____

SIP 320 5 Min. 0 10 Min. 0 15 Min. 0

HYDRAULIC HORSEPOWER

Ordered _____ Available 2000 Used _____ min.

AVERAGE RATE IN BPM

Treating _____ Displ. 6 Overall 6

DEPARTMENT _____

DESCRIPTION OF JOB _____

JOB DONE THRU: TUBING CASING ANNULUS TSG./ANN.

SUMMARY

Preflush: Bbl.-Gal. _____ Type _____

Load & Bkdn: Bbl.-Gal. _____ Pad: Scf-Bbl.-Gal. _____

Treatment: Bbl.-Gal. _____ Displ: Bbl.-Gal. _____

Gas Assist _____ Tons-Scf _____ @ _____ Scf./Bbl.

Foam Quality _____ % Total Volume Foam _____ Bbl.-Gal.

Total Volume: Bbl.-Gal. 1133 Fluid-Foam _____

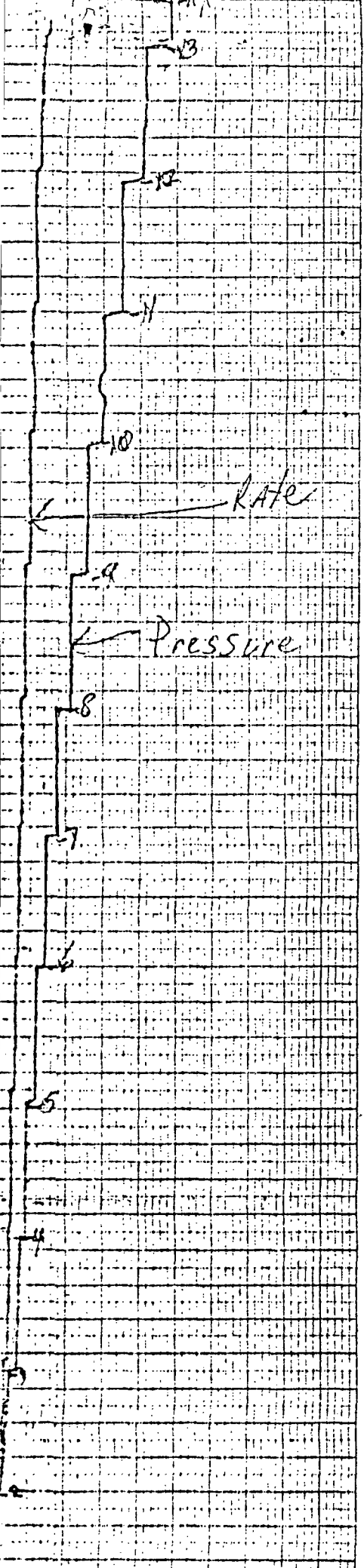
REMARKS

Customer Representative Mr. J. Kelly

Copies Requested _____

Halliburton Stoneman-----THANK YOU Operator

CUSTOMER EL PASO NATURAL LEASE SALT WATER DISPOSAL JAL #4 INJECTION test 2 / 1 / 83



Injection Test 1-13-83

**HALLIBURTON SERVICES
JOB LOG**

WELL NO. SWD 014 LEASE _____ TICKET NO. 426779
 CUSTOMER El Paso Natural Gas Co PAGE NO. _____
 JOB TYPE Injection Test DATE 1-13-83

| CHART NO. | TIME | RATE (BPM) | VOLUME (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|-------|------------|--------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| 1 | 9:00 | 2.3 | 850 | | | 0 | | Safety Meeting |
| 2 | 9:15 | 2 | 1280 | | | 200 | | Start Test |
| 3 | 9:30 | 3 | 2000 | | | 640 | | Increase Rate |
| 4 | 9:45 | 4 | 2640 | | | 900 | | Increase Rate |
| 5 | 10:00 | 5 | 3300 | | | 1200 | | Increase Rate |
| 6 | 10:15 | 6 | 3850 | | | 1480 | | Increase Rate |
| 7 | 10:30 | 7 | 4400 | | | 1760 | | Increase Rate |
| 8 | 10:45 | 8 | 5000 | | | 2130 | | Increase Rate |
| 9 | 11:00 | 9 | 5750 | | | 2650 | | Increase Rate |
| 10 | 11:15 | 10 | 6450 | | | 3020 | | Increase Rate |
| 11 | 11:30 | 11 | 7120 | | | 3550 | | Increase Rate |
| 12 | 11:45 | 12 | 8240 | | | 4130 | | Increase Rate |
| 13 | 12:00 | 13 1/2 | 9440 | | | 4820 | | Increase Rate |
| 14 | 12:05 | | | | | 620 | | Fracture Test |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | AVG Rate 6.1 |
| 21 | | | | | | | | 11K Pressure 4245 |

HALLIBURTON SERVICES

MIDLAND DIVISION

Midland

HALLIBURTON LOCATION

Hobbs

FRACTURING SERVICE TREATING REPORT

BILLED ON TICKET NO. 426779

WELL DATA
 Field _____ Sec. _____ Twp. _____ Rng. _____ County _____ Lea _____ State _____ N.M. _____

| FORMATION THICKNESS | FROM | TO | FORMATION NAME | TYPE | PERM. INDEX | WEIGHT | SIZE | FROM | TO | MAXIMUM PSI ALLOWABLE |
|---------------------|------|----|----------------|------|-------------|--------|------|------|----|-----------------------|
| Initial Prod. Oil | | | Upd. Water | | | | | | | |
| Present Prod. Oil | | | Upd. Gas | | | | | | | |
| Isolation Tool # | | | Mandrel Size | | | | | | | |
| Packer Type | | | Set At | | | | | | | |
| Bottom Hole Temp. | | | RBPW | | | | | | | |
| Head Or Flange | | | Poid | | | | | | | |

| TREAT. FLUID | DENSITY | LB./GAL. | API |
|--------------------|----------|------------|------|
| Displ. Fluid | frsh wt | | |
| Prop. Type | Size | LB. | |
| Radioactive Tracer | Carrier | Units-MCi | |
| Surfactant Type | Gal. | /1000 Gal. | |
| Fluid Loss Type | Gal.-Lb. | /1000 Gal. | |
| Gelling Agent | Gal.-Lb. | /1000 Gal. | |
| Breaker Type | Gal.-Lb. | /1000 Gal. | |
| Bactericide | Gal.-Lb. | /1000 Gal. | |
| Non-Foamer | Gal.-Lb. | /1000 Gal. | |
| Clay Control | Gal.-Lb. | /1000 Gal. | |
| Diverter | Gal.-Lb. | /1000 Gal. | |
| Friction Reducer | Gal.-Lb. | /1000 Gal. | |
| Perfpac Balls | Qty. | Size | S.G. |
| Other | | | |

| PERSONNEL AND SERVICE UNITS | NAME | UNIT NO. & TYPE | LOCATION |
|-----------------------------|------------|-----------------|----------|
| | B. Danner | treater | Hobbs |
| | E. Wilson | | |
| | T. Tiner | | |
| | Reasoner | | |
| | M. Mumford | | |
| | Henderson | | |
| | Kerby | | |

| ACID DATA | ACID TYPE | % | Gal.-Bbl. |
|---------------------|-----------|------------|-----------|
| Surfactant Type | Gal. | /1000 Gal. | |
| NE Agent Type | Gal. | /1000 Gal. | |
| Clay Control Type | Gal.-Lb. | /1000 Gal. | |
| Corrosion Inhibitor | Gal.-Lb. | /1000 Gal. | |
| Cracking Inhibitor | Gal.-Lb. | /1000 Gal. | |
| Iron Sequester | Gal.-Lb. | /1000 Gal. | |
| Friction Reducer | Gal.-Lb. | /1000 Gal. | |

| PRESSURES IN PSI | SUMMARY | VOLUMES |
|---|---|--|
| Circulating _____ Displacement _____ | Preflush Bbl.-Gal. _____ Type _____ | Load & Blank Bbl.-Gal. _____ Poid Set Bbl.-Gal. _____ |
| Breakdown _____ Maximum _____ 4820 | Treatment Bbl.-Gal. _____ 1273 | Diaph. Bbl.-Gal. _____ |
| Average _____ 4245 Fracture Gradient _____ | Gas Audit _____ Tons-Sol _____ Sol/Bbl. _____ | Foam Quality _____ Total Volume Foam _____ Bbl.-Gal. _____ |
| ISIP _____ 620 Min. _____ 10 Min. _____ 18 Min. _____ | Total Volume: Bbl.-Gal. _____ 1273 Fluid-Foam _____ | REMARKS _____ |
| Ordered _____ Available _____ 2000 Used _____ 676 | | |
| Treating _____ 6.5 Displ. _____ Overall _____ 6.5 | | |

Customer Representative Mr. J. Kelly

INJECTION LOG 1/13/83

FRACTURING SERVICE TREATING REPORT

BILLED ON TICKET NO. 426779

FORM # 2012 R-3

WELL DATA

Field _____ Sec. _____ Twp. _____ Rng. _____ County _____ Lea _____ State _____ N.M.

Formation Name _____ Type _____

Formation Thickness From _____ To _____

Initial Prod: Oil _____ Bpd. Water _____ Bpd. Gas _____ Mcfd.

Present Prod: Oil _____ Bpd. Water _____ Bpd. Gas _____ Mcfd.

Isolation Tool # _____ Mandrel Size _____ Extensions _____ In.

Packer Type _____ Set At _____

Bottom Hole Temp. _____ RBP@ _____

Head Or Flange _____ Pbtd 3926

| | NEW USED | WEIGHT | SIZE | FROM | TO | MAXIMUM PSI ALLOWABLE |
|--------------|----------|--------|-------|------|------|-----------------------|
| CASING | | | | | | |
| LINER | | | | | | |
| TUBING | | 6.5 | 2 7/8 | 0 | | |
| OPEN HOLE | | | | | | SHOTS/FT. |
| PERFORATIONS | | | | 3866 | 3926 | |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |

MATERIALS

Treat. Fluid frsh wtr Density _____ Lb./Gal. @ API

Displ. Fluid fr. wtr Density _____ Lb./Gal. @ API

Prop. Type _____ Size _____ Lb.

Prop. Type _____ Size _____ Lb.

Radioactive Tracer _____ Carrier _____ Units-MCI

Surfactant Type _____ Gal. @ _____ /1000 Gal.

Surfactant Type _____ Gal. @ _____ /1000 Gal.

Fluid Loss Type _____ Gal.-Lb. @ _____ /1000 Gal.

Gelling Agent _____ Gal.-Lb. @ _____ /1000 Gal.

Gelling Agent _____ Gal.-Lb. @ _____ /1000 Gal.

Breaker Type _____ Gal.-Lb. @ _____ /1000 Gal.

Breaker Type _____ Gal.-Lb. @ _____ /1000 Gal.

Crosslinker _____ Gal.-Lb. @ _____ /1000 Gal.

Stabilizer _____ Gal.-Lb. @ _____ /1000 Gal.

Buffer Type _____ Gal.-Lb. @ _____ /1000 Gal.

Buffer Type _____ Gal.-Lb. @ _____ /1000 Gal.

Bacteriocide _____ Gal.-Lb. @ _____ /1000 Gal.

Non-Foamer _____ Gal.-Lb. @ _____ /1000 Gal.

Clay Control _____ Gal.-Lb. @ _____ /1000 Gal.

Diverter _____ Gal.-Lb. @ _____ /1000 Gal.

Friction Reducer _____ Gal.-Lb. @ _____ /1000 Gal.

Perpac Balls _____ Qty. _____ Size _____ S.G.

Other _____

JOB DATA

| CALLED OUT | ON LOCATION | JOB STARTED | JOB COMPLETED |
|--------------|--------------|--------------|---------------|
| DATE 1/13/83 | DATE 1/13/83 | DATE 1/13/83 | DATE 1/13/83 |
| TIME 5:00 | TIME 7:00 | TIME 9:00 | TIME 12:05 |

PERSONNEL AND SERVICE UNITS

| NAME | UNIT NO. & TYPE | LOCATION |
|------------|-----------------|----------|
| B. Danner | treater | Hobbs |
| E. Wilson | | |
| T. Tiner | | |
| Reasoner | | |
| M. Mumford | | |
| Henderson | | |
| Kerby | | |

ACID DATA

Acid Type _____ % _____ Gal.-Bbl.

Acid Type _____ % _____ Gal.-Bbl.

Surfactant Type _____ Gal. @ _____ /1000 Gal.

Surfactant Type _____ Gal. @ _____ /1000 Gal.

NE Agent Type _____ Gal. @ _____ /1000 Gal.

Clay Control Type _____ Gal.-Lb. @ _____ /1000 Gal.

Corrosion Inhibitor _____ Gal.-Lb. @ _____ /1000 Gal.

Corrosion Inhibitor _____ Gal.-Lb. @ _____ /1000 Gal.

Cracking Inhibitor _____ Gal.-Lb. @ _____ /1000 Gal.

Iron Sequester _____ Gal.-Lb. @ _____ /1000 Gal.

Friction Reducer _____ Gal.-Lb. @ _____ /1000 Gal.

PRESSURES IN PSI

SUMMARY

VOLUMES

Circulating _____ Displacement _____

Breakdown _____ Maximum 4820

Average 4245 Fracture Gradient _____

SIP 620.5 Min. 10 Min. 15 Min.

Ordered _____ Available 2000 Used 676

AVERAGE RATE IN BPM

Treating 6.5 Displ. Overall 6.5

Preflush: Bbl.-Gal. _____ Type _____

Load & Bkdn: Bbl.-Gal. _____ Pad: Scf-Bbl.-Gal. _____

Treatment: Bbl.-Gal. 1273 Displ: Bbl.-Gal. _____

Gas Asslet: _____ Tons-Scf @ _____ Scf./Bbl.

Foam Quality _____ % Total Volume Foam _____ Bbl.-Gal.

Total Volume: Bbl.-Gal. 1273 Fluid-Foam _____

REMARKS

Customer Representative **X** Mr. J. Kelly

Copies Requested _____

Halliburton Operator Danner-----THANK YOU

CUSTOMER

EL PASO NATURAL GAS

LEASE

S W D

WELL NO.

214

JOB TYPE

injection test

DATE

1/13/83

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

| | |
|------------------------|--|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.O.S. | |
| LAND OFFICE | |
| OPERATOR | |

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
S.W.D. 214

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. Name of Operator
El Paso Natural Gas Company

2. Address of Operator
1492 El Paso Texas 79978 Attn: J. B. Kelly

3. Location of Well
UNIT LETTER L FEET FROM THE _____ LINE AND _____ FEET FROM
THE _____ LINE, SECTION 32 TOWNSHIP 23S RANGE 37E N.M.P.M.

7. Unit Agreement Name
Salt Water Disposal

8. Farm or Lease Name
Jal Plant #4

9. Well No.
1

10. Field and Pool, or Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

| | | | |
|--|---|---|---|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" 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"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input type="checkbox"/> |

17. 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.

1-27-83 Perforate: 1 shot @ 3869, 3873, 3875, 3881, 3885, 3887, 3903, 3905
2 shot per ft. @ 3935 - 37, 3975 - 82

1-28-83 Acidize with 20% acid 10,500 gallons

2-2-83 Run tracer survey: 3890 - 3980 Taking 100% of fluid with no channel back

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

SIGNED David Bump (David Bump) TITLE Consultant DATE 2-4-83

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

HOBBS,
NEW MEXICO

505) 393-0119

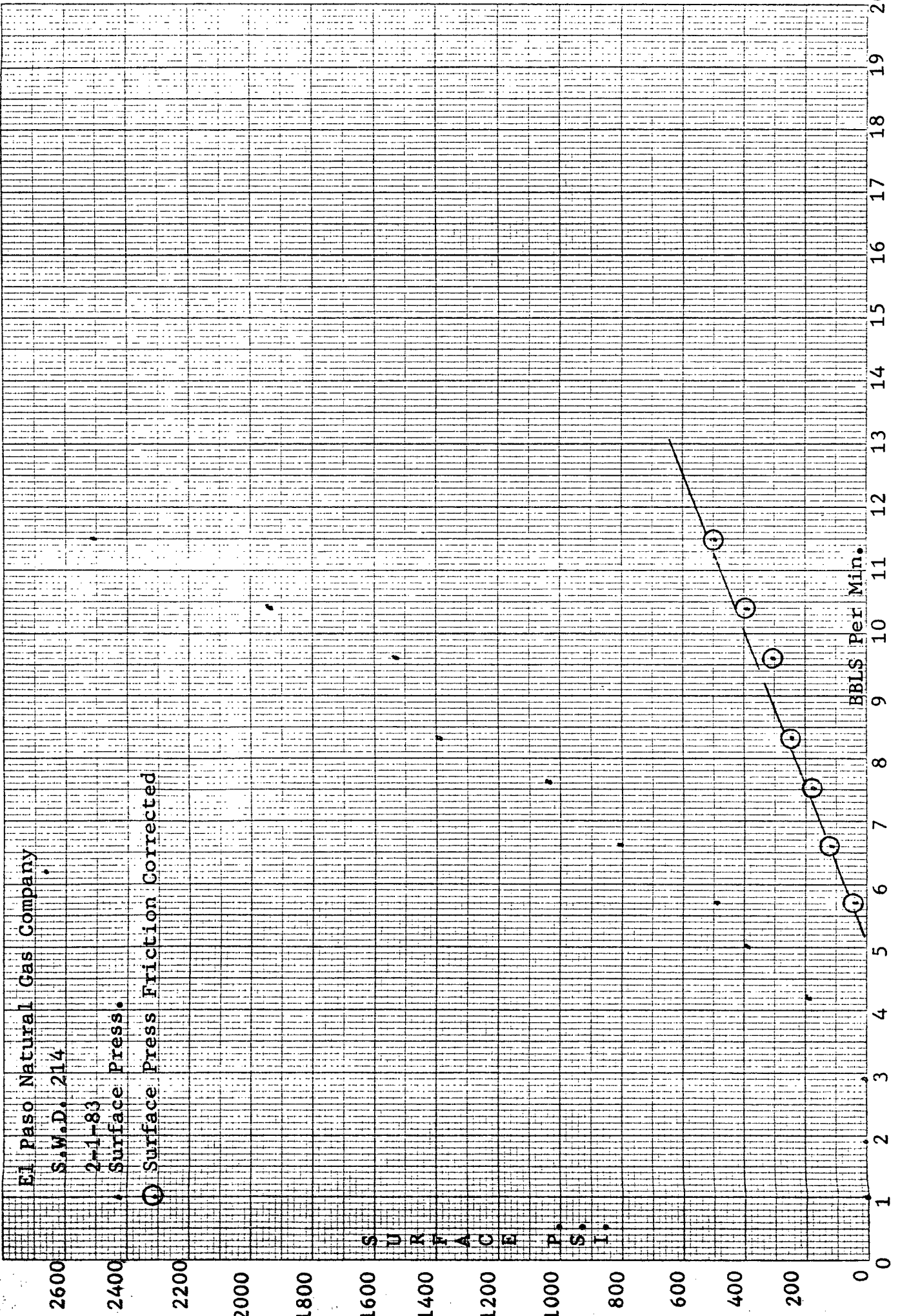
STEP RATE TEST

FIELD DATA SHEET

Initial Annual Special **Test Date 2-1-83** Lease No. or Serial No.
 Company: **El Paso Natural Gas Company** Addressee:
 Reservoir: Location: **S.W.D. 214** Unit:
 Completion Date: Total Depth: Plug Back TD: **3998** Elevation: Form or Lease Name:
 Log Size: Wt. d Set At Perforations: From To Well No. **S.W.D. 214**
 Log Size: **2 7/8** Wt. **6 1/2** d Set At Perforations: From **3866** To **3989** Sec. Twp - Blk Rge - S.
 Type of Completion (Describe): Packer Set At County or Parish **Lea**
 Producing Thru Reservoir Temp. F Mean Ground Temp. F Baro. Press. - P. State **NM**

TEST REPRESENTATIVE **J. B. Kelly**

| DATE | ELAP. TIME | well information | | | | surf. psi. cor friction | remarks |
|-------|------------|------------------|------------|--------|-----|--|-----------------------------|
| | | Rate BPD | Surf. Psig | B.H.P. | | | |
| 9:30 | | | Vacuum | 1361 | | Shut IN | Gallon Totals Per Step 0 |
| 9:45 | 0 | | Vacuum | 1361 | | Start | |
| 10:00 | | 1.0 | Vacuum | 1396 | | | 630 |
| 10:15 | | 1.9 | Vacuum | 1438 | | | 1230 |
| 10:30 | | 2.9 | Vacuum | 1504 | | | 1810 |
| 10:45 | | 4.2 | 190 | 1586 | | | 2650 |
| 11:00 | | 5.0 | 390 | 1662 | | | 3150 |
| 11:15 | | 5.7 | 590 | 1736 | 36 | Corrected Surface P.S.I. equals Bottom Hole P.S.I. Minus 1700 P.S.I. | 3600 |
| 11:30 | | 6.6 | 810 | 1814 | 114 | | 4200 |
| 11:45 | | 7.6 | 1040 | 1869 | 169 | | 4800 |
| 12:00 | | 8.3 | 1290 | 1945 | 245 | | 5220 |
| 12:15 | | 9.6 | 1530 | 2006 | 306 | | 6050 |
| 12:30 | | 10.4 | 1940 | 2093 | 393 | | 6600 |
| 12:45 | | 11.5 | 2510 | 2198 | 498 | | 7260 |
| 12:46 | | | 1906 | | | Bombs hung @ 3926 | |
| 12:47 | | | 1836 | | | | |
| 12:48 | | | 1781 | | | | |
| 12:49 | | | 1740 | | | | |
| 12:50 | | | 1713 | | | | |
| 12:55 | | | 1609 | | | | |
| 1:00 | | | 1549 | | | | |
| 1:05 | | | 1512 | | | Pull Bombs | |



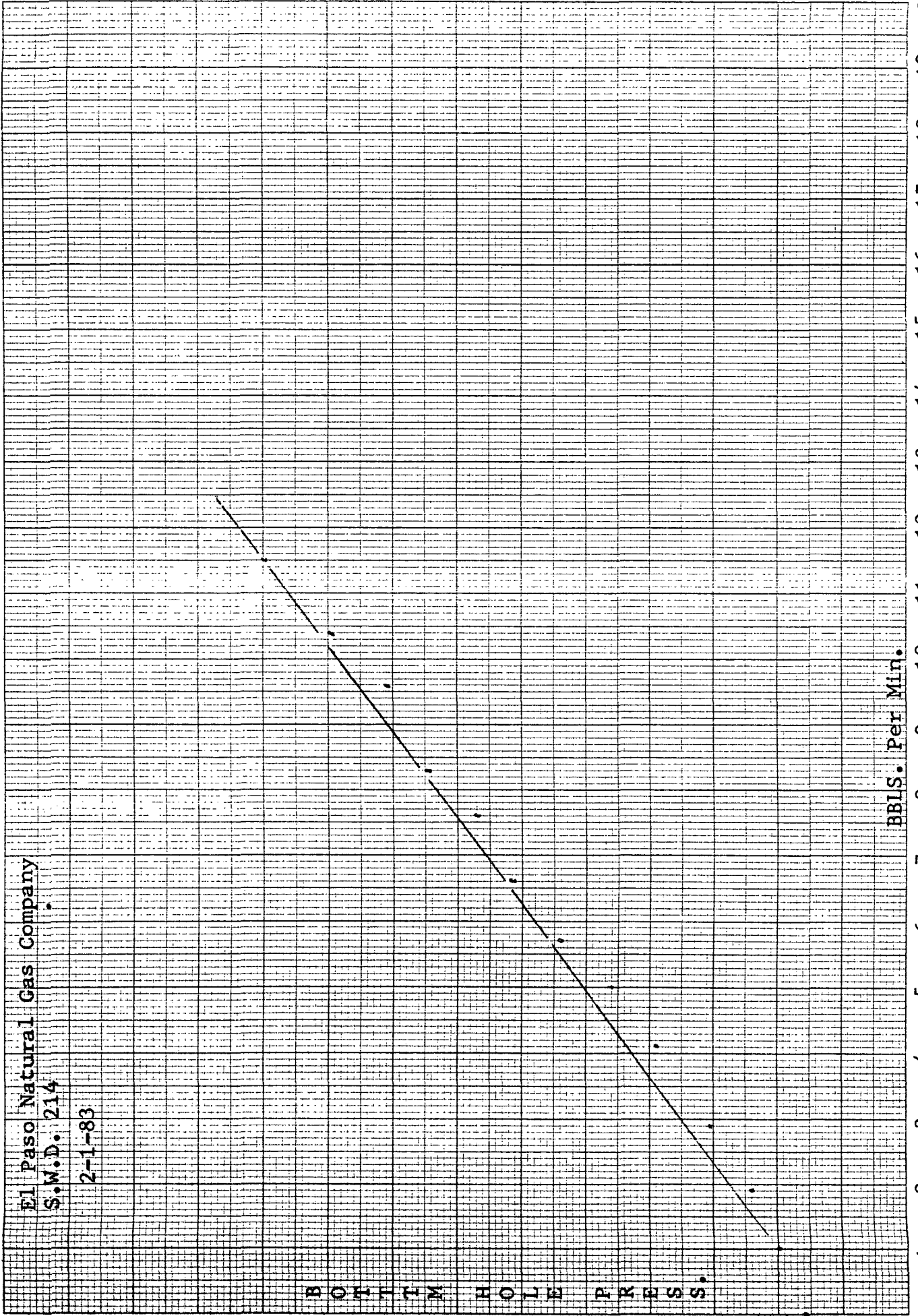
El Paso Natural Gas Company

S.W.D. 214

2-1-83

BOTTOM HOLE PRESS.

BBLS. Per Min.



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System EL PASO NATURAL GAS Co. Disposal System _____
 Operator _____
 Country LEA Month JANUARY 19 83

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|----------------------|-----------|-----------|-----------|------------|------------|------------------------|--------------------------------------|---|
| | | UL | S | T | R | | | |
| <u>SHELL - STATE</u> | <u>13</u> | <u>L.</u> | <u>32</u> | <u>235</u> | <u>37E</u> | <u>81,286</u> | <u>1,393,374</u> <u>on Nochem</u> | <u>457 # 20 days</u> <u>AVERAGE</u> <u>ZERO # 11 da.</u> <u>under</u> <u>Nochem</u> ↗ |
| TOTAL | | | | | | | | |

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

Remarks: _____
 Name Jimmy J. Doorn
 Company E. P. N. G. Co.
 Title Clerk

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System EL PASO NATURAL GAS Co.
Operator _____

Disposal System _____

County LEA

Month FEBRUARY

19 83

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|----------------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | 13 | L | 32 | 235 | 37E | 106,425 | 1,499,799 | ZERO PRESSURE Under Vacuum |
| TOTAL | | | | | | | | |

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

Remarks: _____

Name Jimmy J. Dooan

Company E. P. N. G. Co.

Title Clerk

Disposal System Operator EPNG Disposal System TAL # 4

County LEA Month MARCH 19 87

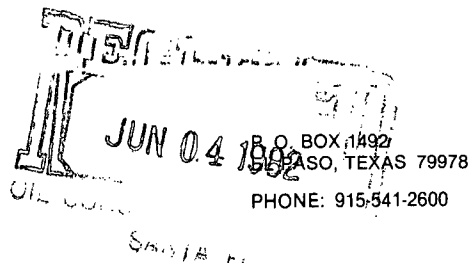
| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------------|-----------|----------|-----------|------------|-------------|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| <i>Shell-Stot</i> | <i>73</i> | <i>L</i> | <i>32</i> | <i>235</i> | <i>3712</i> | <i>125,813</i> | <i>1,625,612</i> | <i>0 PRESS ON VACUUM</i> |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name _____

_____ Company _____

_____ Title _____



June 1, 1982

Mr. Joe D. Ramey
New Mexico Oil Conservation Commission
P. O. Box 2088
Santa Fe, New Mexico 87501

Re: El Paso Natural Gas Co., Shell State
No. 13, Jal No. 4 Plant, SWD No. 1,
32-23S-37E, Lea County, New Mexico

Dear Sir:

At the request of Mr. Donald Bigbie, of the Company's Midland, Texas Division Office, I am enclosing copies of the step-rate pressure tests run on July 21, 1981. I was the Company Representative present at this job.

As is shown, the maximum pressure obtained was only 1900 psi since the formation was already "broke-down" from the first rate-test on November 20, 1979.

If I may be of any further assistance, please let me know.

Very truly yours,

James B. Kelly
Senior Engineer
Operations-Water Resources
El Paso, Texas

JBK:rh
Enclosures
cc: Don Bigbie

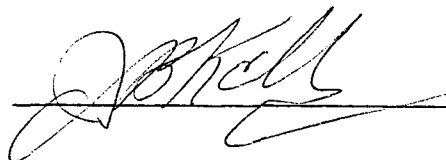
JAL NO. 4 - SWD No. 1

On July 21, 1981 this well was treated with 1000 gallons of HCl acid of 15% normality and then pressure test pumped with a total of 284 barrels of water injected at different rates to record the pressures.

The following data were recorded:

| | |
|------------------|----------------|
| Maximum pressure | 1900 PSI |
| Average pressure | 1107 PSI |
| Maximum Rate | 6.8 bbls./min. |
| Average Rate | 4.6 bbls./min. |
| 3 bbls./min. | 650 PSI |
| 2 bbls./min. | 200 PSI |
| 6.6 bbls./min. | 1800 PSI |

The well went on vacuum after shut down of test. These pressures and rates are comparative to the first pressure test after well completion and "frac" on November 20, 1979.

A handwritten signature in cursive script, appearing to read 'J. B. Kelly', is written over a horizontal line.

HALLIBURTON SERVICES
JOB LOG

WELL NO. SWB-1 LEASE JAL #4 PLANT TICKET NO. 033351
 CUSTOMER EL PASO NAT. GAS PAGE NO. _____
 JOB TYPE ACID DATE 7-21-81

FORM 2013 R-2

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|--------------|-----------------|----------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 0630 | | | | | | | ON LOCATION SAFETY MEETING |
| 1 | 0804 | 1.6 | 1000 | 1 | | 100 | | START ACID |
| 2 | 0818 | 1.6 | 968 | 1 | | 400 | | ACID ON FORMATION |
| 3 | 0828 | 1.6 | 840 | 1 | | 200 | | 840 GALS I FORMATION SHUT DOWN |
| 4 | 0850 | 5.3 | | | | | | LET SET |
| 4 | 0850 | 5.3 | | 1 | | 15 | | START INJECTION TEST |
| 5 | 0852 | 6.2 | | 1 | | 1500 | | INCREASE RATE |
| 6 | 0900 | 6.8 | 2000 | 1 | | 1800 | | MAX RATE |
| 7 | 0906 | 5.1 | 3900 | 1 | | 1900 | | DECREASE RATE |
| 8 | 0916 | 3 | 6670 | 1 | | 650 | | " " |
| 9 | 0931 | 2 | 8800 | 1 | | 200 | | " " |
| 10 | 0941 | 6.6 | 9800 | 1 | | 1800 | | INCREASE RATE |
| 11 | 0946 | 3 | 11200 | 1 | | 1600 | | DECREASE RATE |
| 12 | 0951 | | 11924 | 1 | | | | SHUT DOWN |
| 13 | 0951 | | | | | 0 | | ISIP |
| 14 | 0952 | | | | | VAC | | 1 MIN 1 MIN SHUT IN |
| | | | | | | | | TREATMENT 24 BbLS |
| | | | | | | | | FLUSH 20 BbLS |
| | | | | | | | | INJECTION TEST 284 BbLS |
| | | | | | | | | TOTAL LOAD 328 BbLS |
| | | | | | | | | MAX PSI 1900 |
| | | | | | | | | AVG PSI 1107 |
| | | | | | | | | MAX RATE 6.8 |
| | | | | | | | | AVG RATE 4.6 |
| | | | | | | | | THANK YOU |

HALLIBURTON SERVICES JOB SUMMARY

FORM 2012 7-2

DIVISION LINLAND
HALLIBURTON LOCATION Hubbs

BILLED ON TICKET NO. 033351

WELL DATA

FIELD S EUNICE SEC. _____ TWP. _____ RNG. _____ COUNTY Lea STATE N Mex

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

JOB DATA

| CALLED OUT | ON LOCATION | JOB STARTED | JOB COMPLETED |
|------------------|------------------|------------------|---------------|
| DATE <u>7-21</u> | DATE <u>7-21</u> | DATE <u>7-21</u> | DATE _____ |
| TIME <u>0400</u> | TIME <u>0630</u> | TIME <u>0804</u> | TIME _____ |

PERSONNEL AND SERVICE UNITS

| NAME | UNIT NO. & TYPE | LOCATION |
|----------------|-----------------|--------------|
| <u>Rkey</u> | <u>3394</u> | <u>Hubbs</u> |
| <u>Skelton</u> | <u>WT 400</u> | |
| <u>Drakeen</u> | | |

TOOLS AND ACCESSORIES

| TYPE AND SIZE | QTY. | MAKE |
|---------------|------|------|
| FLOAT COLLAR | | |
| FLOAT SHOE | | |
| GUIDE SHOE | | |
| CENTRALIZERS | | |
| BOTTOM PLUG | | |
| TOP PLUG | | |
| HEAD | | |
| PACKER | | |
| OTHER | | |

MATERIALS

TREAT. FLUID ACID DENSITY 8.9 LB/GAL.⁰ API

DISPL. FLUID FRESH WATER DENSITY 2.37 LB/GAL.⁰ API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE HCL GAL. 1000 % 15

SURFACTANT TYPE WAT-50 GAL. 1 IN 1000

NE AGENT TYPE _____ GAL. _____ IN

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT STIM

DESCRIPTION OF JOB ACIDIZE

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X Rkey

HALLIBURTON OPERATOR Rkey

COPIES REQUESTED _____

CEMENT DATA

| STAGE | NUMBER OF SACKS | TYPE | API CLASS | BRAND | BULK SACKED | ADDITIVES | YIELD CU.FT./SK. | MIXED LBS./GAL. |
|-------|-----------------|------|-----------|-------|-------------|-----------|------------------|-----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM 1900 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE 1107 FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. 24 DISPL: BBL.-GAL. 20

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ 284

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. 22.8

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL 4.6

CEMENT LEFT IN PIPE _____

REMARKS Thank you

CUSTOMER EL PASO NAT. GAS

LEASE JAL #4 PLANT

WELL NO. SUO-1

JOB TYPE ACIDIZE

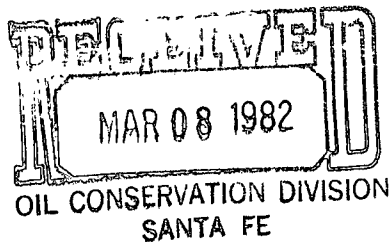
DATE 7-21-81

CUSTOMER



El Paso NATURAL GAS
COMPANY

P. O. BOX 1492
EL PASO, TEXAS 79978
PHONE: 915-543-2600



March 3, 1982

Mr. Oscar Simpson III
Energy and Minerals Department
New Mexico Oil Conservation Commission
P. O. Box 2088
Santa Fe, New Mexico 87501

Re: El Paso Natural Gas Company, Shell
State No. 13, Jal No. 4 Plant, SWD
No. 1, 32-23S-37E.

Dear Sir:

Enclosed is a copy of the Tracer Log run on the above titled waste water disposal well. The first log run was from 3700 feet to the total depth. This log was run from the surface to total depth.

Very truly yours,

John W. McCarthy
Chief Water Resources &
Waste Disposal Engineer
Operations

JWM:rh
Enclosure

NM OIL CONSERVATION DEPT

WELL LOG # Shell State #13 SWD#1

REMOVED FROM FILE

GW 007 . **BOX**

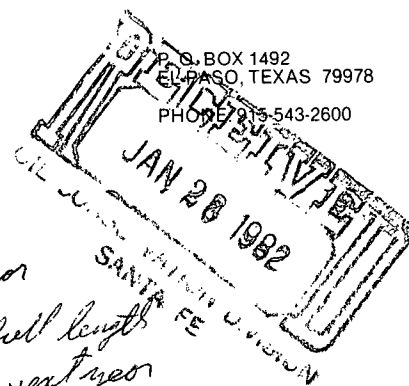
NUMBER 46

RETURNED TO CUSTOMER



El Paso NATURAL GAS
COMPANY

P.O. BOX 1492
EL PASO, TEXAS 79978
PHONE 915-543-2600



*1st run
Jerry thinks OK for this year
will test full length
next year*

January 26, 1982

Mr. Oscar Simpson III
Energy and Minerals Department
New Mexico Oil Conservation Commission
P. O. Box 2088
Santa Fe, New Mexico 87501

Re: El Paso Natural Gas Company, Shell
State No. 13, Jal No. 4 Plant, SWD
No. 1, 32-23S-37E.

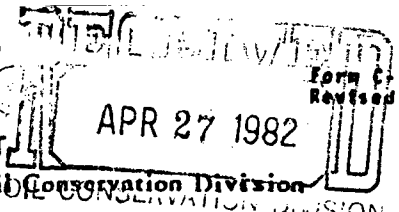
Dear Sir:

Enclosed is a copy of the Tracer Log run on the above titled waste water disposal well. This log was also delivered to the Hobbs Office of NMOCC in compliance with their request. Also this Tracer Log has been scheduled to be run annually. Please let me know if you should need anything else in this regard.

Yours truly,

J. B. Kelly
Senior Engineer
Operations-Water Resources

JBK:rh
Enclosure



Submit this report in triplicate to the appropriate District Office, Oil Conservation Division

Disposal System El Paso Natural Gas Co. Disposal System Jal #3 Plant SANTA FE

County Lea Month January 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD #1-E | | 33 | 24 | 37 | 21,927 | 223,915 <i>fx</i> | 369 |
| TOTAL | | | | | | 21,927 | 223,915 | 369 |

Hereby certify that the above is true and complete to the best of my knowledge and belief.

Remarks: _____ Name _____

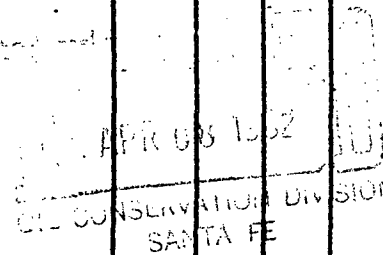
Company El Paso Natural Gas Co.

Title Plant Supt. *Alvin Daniels*

MONTHLY WATER DISPOSAL REPORT

Submit this report in triplicate to the appropriate District Office, Oil Conservation Division

Disposal System El Paso Natural Gas Co. Disposal System Jal #3 Plant
County Lea Month March 1982

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|---|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| oolworth Estate | SWD #1-E | | 33 | 24 | 37 | 25,873 | 273,435 | 357 |
|  | | | | | | | | |
| TOTAL | | | | | | 25,873 | 273,435 | 357 |

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

Signature: _____ Name: _____
Company: El Paso Natural Gas Co.
Title: Plant Supt. L. Daniels

MONTHLY WATER DISPOSAL REPORT

Submit this report in triplicate to the appropriate District Office, Oil Conservation Division

Disposal System El Paso Natural Gas Co. Disposal System Jal #3 Plant
County Lea Month April 1982

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD #1-E | | 33 | 24 | 37 | 31,723 | 305,158 | 391 |
| TOTAL | | | | | | 31,723 | 305,158 | 391 |

MAY 14 1982
OIL CONSERVATION DIVISION
SANTA FE

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

Name _____
Company El Paso Natural Gas Co.
Title Plant Supt. *E. Daniels*

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator El Paso Natural Gas Co. Disposal System Jal #3 Plant
 County Lea Month May 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD #1-E | | 33 | 24 | 37 | 37,035 | 342,193 | 290 |
| TOTAL | | | | | | 37,035 | 342,193 | 290 |

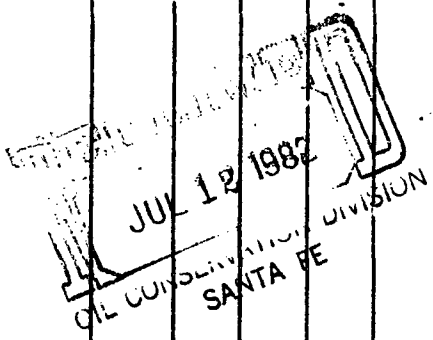
I hereby certify that the above is true and complete to the best of my knowledge and belief.

Signature: _____ Name W. H. Harber
 Company El Paso Natural Gas Co.
 Title Plant Supt.

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator El Paso Natural Gas Co. Disposal System Jal #3 Plant
 County Lea Month June 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|--|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD #1-E | | 33 | 24 | 37 | 42,996 | 385,189 | 152 |
|  | | | | | | | | |
| TOTAL | | | | | | 42,996 | 385,189 | 152 |

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

Remarks: _____ Name Elmo Daniel
 Company El Paso Natural Gas Co.
 Title Plant Supr.

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System El Paso Natural Gas Co. Disposal System Jal #3 Plant
 Operator _____
 County Lea Month July 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD #1E | | 33 | 24 | 37 | 49,000 | 434,189 | 95 |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name *E. Daniels*
 _____ Company El Paso Natural Gas Co.
 _____ Title Supt., Plant

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System El Paso Natural Gas Co.
Operator _____

Disposal System Jal #3 Plant

County Lea

Month August 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD#1E | | 33 | 24 | 37 | 43,188 | 477,377 | 25 |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name Elmer Daniels

Company El Paso Natural Gas Co.

Title Supt., Plant

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator El Paso Natural Gas Co. Disposal System Jal #3 Plant
 County Lea Month October 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD#1E | | 33 | 24 | 37 | 45,306 | 571,035 | 76 |
| TOTAL | | | | | | 45,306 | 571,035 | 76 |

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

Remarks: _____ Name W. H. Harbin
 Company El Paso Natural Gas Co.
 Title Supt., Plant

MONTHLY WATER DISPOSAL REPORT

Fbrm C-120-A
3-30-60

Disposal System Operator El Paso Natural Gas Co.

Disposal System Jal #3 Plant

County Lea

Month November

19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estare | SWD#1E | | 33 | 24 | 37 | 36,237 | 607272 | 76 |
| TOTAL | | | | | | 36,237 | 607,272 | 76 |

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

Remarks:

Name

Alonso J. Daniels

Company

El Paso Natural Gas Co.

Title

Supt., Plant

MONTHLY WATER DISPOSAL REPORT

FORM O-120-A
3-30-60

Disposal System Operator El Paso Natural Gas Co. Disposal System Jal #3 Plant

County Lea Month December 1982

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD #1E | | 33 | 24 | 37 | 36,297 | 643,569 | 56 |
| TOTAL | | | | | | 36,297 | 843,569 | 56 |

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

Remarks: _____ Name E. Daniels

Company El Paso Natural Gas Co.

Title Supt., Plant

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator El Paso Natural Gas Co. Disposal System Jal #3 Plant

County Lea Month January 19 83

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|------------------|----------|----------|----|----|----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Woolworth Estate | SWD #1E | | 33 | 24 | 37 | 47,617 | 691,186 | 288 |
| TOTAL | | | | | | 47,617 | 691,186 | 288 |

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

Remarks: _____ Name W. H. Harbin
 _____ Company El Paso Natural Gas Co.
 _____ Title Supt., Plant

MONTHLY WATER DISPOSAL REPORT

Submit this report in triplicate to the appropriate District Office, Oil Conservation Division

Disposal System El Paso Natural Gas Co. Disposal System Monument Plant

County Lea Month February 19 83

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|----------------|------------|----------|---|----|----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| Monument Plant | Rice Engr. | | 1 | 20 | 36 | 6,652 | 32,712 | 2-Lb. |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name E. M. Welch
 _____ Company El Paso Natural Gas Co.
 _____ Title Plant Supt.

MONTHLY WATER DISPOSAL REPORT

3-30-50

APR 27 1982
 OIL & GAS DIVISION
 SANTA FE

Disposal System Operator EL PASO NATURAL GAS Co.

Disposal System JAL #4

County LEA

Month JANUARY

19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|----------------------|-----------|----------|-----------|------------|------------|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| <u>SHELL - STATE</u> | <u>13</u> | <u>L</u> | <u>32</u> | <u>235</u> | <u>37E</u> | <u>67,989</u> | <u>597,173</u> | <u>750</u> |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name Jimmy J. Doorn
 _____ Company E. P. N. G. Co.
 _____ Title Check

Disposal System
Operator

EPNG

Disposal System

JAL#4

County

LEA

Month

SEPT FEB

19 *1982*

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|-------------------------|------------|----------|-----------|------------|------------|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| <i>Shell - State #1</i> | <i>#13</i> | <i>L</i> | <i>32</i> | <i>235</i> | <i>37A</i> | <i>51,818</i> | <i>648,991</i> | <i>630 #</i> |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name _____

_____ Company _____

_____ Title _____

MONTHLY WATER DISPOSAL REPORT

3-30-60

Disposal System Operator EL PASO NATURAL GAS Co.

Disposal System JAL #4 PLANT

County LEA

Month MARCH

19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|--|----------|----------|----|-----|-----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 40,468 | 689,459 | 660 |
| <div data-bbox="264 925 644 1181" data-label="Text"> <p>APR 1 1962 CONSERVATION DIVISION SANTA FE</p> </div> | | | | | | | | |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name Jimmy J. Soom
 _____ Company E. P. N. G. Co.
 _____ Title Clerk

Disposal System Operator

EL PASO NATURAL GAS CO.

Disposal System

Jal # 4

County

LEA

Month

APRIL

19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 48,372 | 737,831 | 680 |
| TOTAL | | | | | | | | |

MAY 14 1982
 OF CONSERVATION DIVISION
 SANTA FE

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

Remarks:

Name Jimmy J. Doorn
 Company E. P. N. G. Co.
 Title CLERK

MONTHLY WATER DISPOSAL REPORT

3-30-60

Disposal System EL PASO NATURAL GAS Co.
Operator

Disposal System Jal #4 Plant

County LEA

Month MAY

19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 44,896 | 782,727 | 675 |
| TOTAL | | | | | | | | |

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

Remarks: _____
 Name Jimmy J. Doorn
 Company E. P. N. G. Co.
 Title Clerk

MONTHLY WATER DISPOSAL REPORT

9-30-80

Disposal System Operator EL PASO NATURAL GAS CO. Disposal System JAL #4 PLANT
 County LEA Month JUNE 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 57,119 | 839,846 | 950 LBS. |
| TOTAL | | | | | | | | |

APPROVED JUL 13 1982
 OIL CONSERVATION DIVISION
 SANTA FE

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

Remarks: _____ Name Jimmy J. Doorn
 _____ Company E. P. N. G. Co.
 _____ Title Clerk

MONTHLY WATER DISPOSAL REPORT

3-30-60

Disposal System Operator EL PASO NATURAL GAS Co.

Disposal System _____

County LEA

Month JULY

19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 55,430 | 895,276 | 940 LBS. |
| TOTAL | | | | | | | | |

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

Remarks: _____

Name Jimmy J. Moon

Company E. P. N. G. Co.

Title Clerk

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System _____
 Country LEA Month AUGUST 19 82

| LEASE | WE-- NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|-------------|----------|----|-----|-----|------------------------------|---|-----------------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | 13 | L | 32 | 235 | 37E | 80,843 | 976,119 | 671 |
| TOTAL | | | | | | | | |

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

Signature: _____ Name James H. Jones
 Company EPNG Co.
 Title Clerk

Disposal System Operator EPNG Disposal System JAL #4
County LEA Co. Month ~~February~~ SEPT 19 1982

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | #13 | L | 32 | 235 | 37E | 66,604 | 1,042,723 | 930 # |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name _____
Company _____
Title _____

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System _____
 County LEA Month OCTOBER 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 64,706 | 1,107,429 | 840 # |
| TOTAL | | | | | | | | |

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

Signature: _____ Name Jimmy J. Doorn
 Company E.P.N.G. Co.
 Title Clerk

MONTHLY WATER DISPOSAL REPORT

Form 5-120-A
3-30-60

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System _____
 County LEA Month NOVEMBER 19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | 13 | L | 32 | 235 | 37E | 95,194 | 1,202,623 | 790 # |
| TOTAL | | | | | | | | |

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

Signature: _____ Name Jiminy J. Dooms
 Company E. P. N. G. Co.
 Title Clerk

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator EL PASO NATURAL GAS Co.

Disposal System _____

County LEA

Month DECEMBER

19 82

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 109,465 | 1,312,088 | 690 # |
| TOTAL | | | | | | | | |

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

Remarks: _____

Name Jimmy J. Bloom

Company E. P. N. G. Co.

Title Clerk

August 26, 1981

Mr. Jerry Sexton
Energy and Minerals Department
Oil Conservation Division
P. O. Box 1980
Hobbs, New Mexico 88240

Re: Shell State SWD #13-L 32-23-37

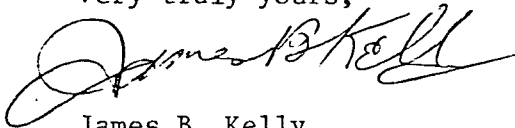
Dear Mr. Sexton:

This letter is in answer to your request to confirm that El Paso Natural Gas Company will run a tracer or an inspection log on the above subject well as soon as possible and will set up a schedule to run a log each year hereafter. Copies of these logs will be sent to your office.

There was a misunderstanding with the clerk who completes the monthly disposal reports, Form C-120A. These reports were made out, but they were not sent to your office. This has now been corrected and they will be sent to you. The injection pressures have been high on these reports. However, on July 21, 1981 this well was re-acidized and pressure tests conducted that indicate future injection pressures should fall within the maximum pressure allowed.

Please notify me if there is anything else you would require.

Very truly yours,

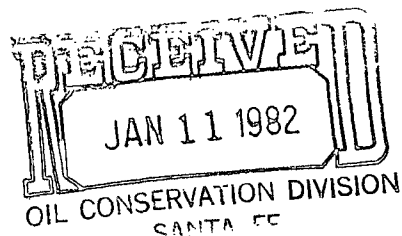


James B. Kelly
Senior Engineer
Water Resources
Operations Department

rh

*Supposed to
have press - lin
Revised!*

*Pressures didn't
go down till
Jan 1982*



NM OIL CONSERVATION DEPT

WELL LOG # SGD #1

REMOVED FROM FILE

GW-007 . **BOX**

NUMBER 46

RETURNED TO CUSTOMER

1981

SWD 1-E
Pressure

Volume

Limit 785 #
SWD 214 (13)
Pressure

Volume

| Month | SWD 1-E Pressure | Volume |
|-------|------------------|------------------------|
| Jan | | |
| Feb | | |
| Mar | | |
| Apr | | |
| May | | |
| June | | |
| July | | |
| Aug. | | |
| Sept | 389 | 38,768 |
| Oct | ? | 1000 |
| Nov. | 403 | 2000 23,017 |
| Dec | 378 | 1000 25,309 |

| Month | Limit 785 # Pressure | Volume |
|-------|----------------------|--------|
| Jan | | |
| Feb | | |
| Mar | 900 | 48,371 |
| Apr | 900 | 50,400 |
| May | 930 | 42,076 |
| June | 1000 | 48,369 |
| July | 980 | 53,419 |
| Aug. | 970 | 31,614 |
| Sept | 900 | 70,999 |
| Oct | 940 | 77,853 |
| Nov. | 977 | 50,159 |
| Dec | 905 | 53,924 |

1982

SWD 1-E
Pressure

SWD 214 (13)
Pressure

| Month | SWD 1-E Pressure | SWD 214 (13) Pressure |
|-------|------------------|-----------------------|
| Jan | | 750 |
| Feb | | 630 |
| Mar | | |
| April | | |

James George

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

SWD 214

[Signature]

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System _____
 County LEA Month MARCH 1981

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | 13 | L | 32 | 23S | 37E | 48,371 | 48,371 | 900 |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name James Jones
 _____ Company EPNG Co.
 _____ Title CLERK, SR. OPER.

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

[Signature]

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System _____
 County LEA Month APRIL 19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | 13 | L | 32 | 23S | 37E | 50,400 | 98,771 | 900 |
| TOTAL | | | | | | | | |

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

Remarks: _____
 Name James Jones
 Company El Paso Co.
 Title Chief Sr. Oper.

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

af

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System _____
 County LEA Month MAY 19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | 13 | L | 32 | 23S | 37E | 42,076 | 140,847 | 930 |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name James Jones
 _____ Company EPN & Co.
 _____ Title Clerk, Sr. Oper.

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System _____

County LEA Month JUNE 19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L | 32 | 235 | 37E | 48,369 | 189,216 | 1000 |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name James Jones
 _____ Company EPN
 _____ Title Chief, Sr. Oper.

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

A

Disposal System Operator EL PASO NATURAL GAS CO. Disposal System JAL No. 4 PLANT
 County LEA Month JULY 19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL STATE | 13 | L | 32 | 23S | 37E | 55,419 | 244,635 | 980 |
| TOTAL | | | | | | | | |

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

Signature: _____ Name James James
 _____ Company EPNG Co.
 _____ Title Sr. Oper. Clerk

GMB

Disposal System EL PASO NATURAL GAS Co.

Month LEA AUGUST 19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|-------------|----------|----------|----|-----|-----|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL-STATE | 13 | L | 32 | 23S | 37E | 31,614 | 276,249 | 870 |
| TOTAL | | | | | | | | |

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

Signature: _____ Name James Jones

Company: _____ El Paso Nat. Gas Co.

Title: _____ Sr. Oper. Clerk

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

JMB

Disposal System EL PASO NATURAL GAS Co.

Disposal System _____

County LEA

Month SEPTEMBER

19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|----------------------|-----------|-----------|-----------|------------|------------|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| <i>SHELL - STATE</i> | <i>13</i> | <i>L.</i> | <i>32</i> | <i>235</i> | <i>37E</i> | <i>70,999</i> | <i>347,248</i> | <i>900</i> |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name *Jimmy J. Doon*
 _____ Company *E. P. N. G. Co.*
 _____ Title *Clerk*

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

CMB

Disposal System EL PASO NATURAL GAS Co. Disposal System _____

County LEA Month OCTOBER 19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|----------------------|-----------|-----------|-----------|------------|------------|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| <i>SHELL - STATE</i> | <i>13</i> | <i>L.</i> | <i>32</i> | <i>235</i> | <i>37E</i> | <i>77,853</i> | <i>425,101</i> | <i>940</i> |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name *Jimmy J. Doorn*
 _____ Company *E. P. N. G. Co.*
 _____ Title *Clerk*

MONTHLY WATER DISPOSAL REPORT

3-30-60

4m13

Disposal System Operator EL PASO NATURAL GAS Co.

Disposal System _____

County LEA

Month NOVEMBER

19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER - BARRELS | AVERAGE INJECTION PRESSURES |
|---------------|----------|----------|----|-----|-----|------------------------|-------------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| SHELL - STATE | 13 | L. | 32 | 235 | 37E | 50,159 | 475,260 | 977 |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name James Jones
 _____ Company EPNG Co.
 _____ Title Clerk

MONTHLY WATER DISPOSAL REPORT

Form C-120-A
3-30-60

MB

Disposal System Operator EL PASO NATURAL GAS Co. Disposal System JAL #4 PLANT
 County LEA Month DECEMBER 19 81

| LEASE | WELL NO. | LOCATION | | | | DISPOSED WATER BARRELS | CUMULATIVE DISPOSED WATER-BARRELS | AVERAGE INJECTION PRESSURES |
|----------------------|-----------|----------|-----------|------------|------------|------------------------|-----------------------------------|-----------------------------|
| | | UL | S | T | R | | | |
| <i>SHELL - STATE</i> | <i>13</i> | <i>L</i> | <i>32</i> | <i>235</i> | <i>37E</i> | <i>53,924</i> | <i>529,184</i> | <i>905</i> |
| TOTAL | | | | | | | | |

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

Remarks: _____ Name *Jimmy J. Doo*
 Company *EPNG Co.*
 Title *Clerk*

NEW MEXICO OIL CONSERVATION COMMISSION

APPLICATION TO DISPOSE OF SALT WATER BY INJECTION INTO A POROUS FORMATION

| | | | |
|--|-----------------------|--|----------------------|
| OPERATOR El Paso Natural Gas Company | | ADDRESS P. O. Box 1492, El Paso, Texas 79978 | |
| LEASE NAME El Paso Nat. Gas Co.-Shell State | WELL NO. 13 | FIELD Langlie - Mattox | COUNTY Lea |
| LOCATION UNIT LETTER "L" ; WELL IS LOCATED 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 32 TOWNSHIP 23-S RANGE 37-E NMPM. | | | |

| CASING AND TUBING DATA | | | | | |
|------------------------|-------|---------------|--|---------------------------|---------------------------------------|
| NAME OF STRING | SIZE | SETTING DEPTH | SACKS CEMENT | TOP OF CEMENT | TOP DETERMINED BY |
| SURFACE CASING | 7-5/8 | 256 | 180 | Circulated | |
| INTERMEDIATE | None | | | | |
| LONG STRING | 4-1/2 | 3719 | 200 | 2600' 1935' | Cmt Bond log Calculated |
| TUBING | 2-3/8 | 3219 | NAME, MODEL AND DEPTH OF TUBING PACKER | | |

| | | |
|---|--|---|
| NAME OF PROPOSED INJECTION FORMATION Greyburg | TOP OF FORMATION 3820 | BOTTOM OF FORMATION 3995 T.D. |
| IS INJECTION THROUGH TUBING, CASING, OR ANNULUS? Tubing | PERFORATIONS OR OPEN HOLES Perfs. | PROPOSED INTERVAL(S) OF INJECTION 3930 to 3990 |
| IS THIS A NEW WELL DRILLED FOR DISPOSAL? No | IF ANSWER IS NO, FOR WHAT PURPOSE WAS WELL ORIGINALLY DRILLED? Queen - Oil | HAS WELL EVER BEEN PERFORATED IN ANY ZONE OTHER THAN THE PROPOSED INJECTION ZONE? Yes |

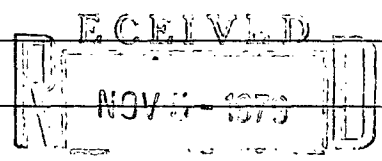
LIST ALL SUCH PERFORATED INTERVALS AND SACKS OF CEMENT USED TO SEAL OFF OR SQUEEZE EACH

Yates - 3000 to 3184 and Queen 3537 to 3684 - Will squeeze both

| | | |
|---|--|---|
| DEPTH OF BOTTOM OF DEEPEST FRESH WATER ZONE IN THIS AREA 1600 | DEPTH OF BOTTOM OF NEXT HIGHER OIL OR GAS ZONE IN THIS AREA Queen 3770 | DEPTH OF TOP OF NEXT LOWER OIL OR GAS ZONE IN THIS AREA Glorieta - 5130 |
| APPROX. DAILY PRODUCTION VOLUME (BBL.S.) 75 | MINIMUM 500 | MAXIMUM 500 |
| OPEN OR CLOSED TYPE SYSTEM Closed | IS INJECTION TO BE BY GRAVITY OR PRESSURE? Gravity | APPROX. PRESSURE (PSIG) Hydrostatic |
| ANSWER YES OR NO WHETHER THE FOLLOWING WATERS ARE MINERALIZED TO SUCH A DEGREE AS TO BE UNFIT FOR DOMESTIC, STOCK, IRRIGATION, OR OTHER GENERAL USE - Yes | WATER TO BE DISPOSED OF Yes | NATURAL WATER IN DISPOSAL ZONE Yes |
| ARE WATER ANALYSES ATTACHED? Yes | | |

NAME AND ADDRESS OF SURFACE OWNER (OR LESSEE, IF STATE OR FEDERAL LAND)
State Owned

LIST NAMES AND ADDRESSES OF ALL OPERATORS WITHIN ONE-HALF (1/2) MILE OF THIS INJECTION WELL
Getty Oil Company, Box 1231, Midland, Texas 79702



OIL CONSERVATION DIVISION
SANTA FE

| | | |
|---|-----------------------------|---|
| HAVE COPIES OF THIS APPLICATION BEEN SENT TO EACH OF THE FOLLOWING? | SURFACE OWNER Yes | EACH OPERATOR WITHIN ONE-HALF MILE OF THIS WELL Yes |
| ARE THE FOLLOWING ITEMS ATTACHED TO THIS APPLICATION (SEE RULE 701-B) | PLAT OF AREA Yes | ELECTRICAL LOG Yes |
| | | DIAGRAMMATIC SKETCH OF WELL Yes |

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

James B. Kelly
(Signature)

Senior Engineer
(Title)

9-25-79
(Date)

NOTE: Should waivers from the surface owner and all operators within one-half mile of the proposed injection well not accompany this application, the New Mexico Oil Conservation Commission will hold the application for a period of 15 days from the date of receipt by the Commission's Santa Fe office. If at the end of the 15-day waiting period no protest has been received by the Santa Fe office, the application will be processed. If a protest is received, the application will be set for hearing, if the applicant so requests. SEE RULE 701.

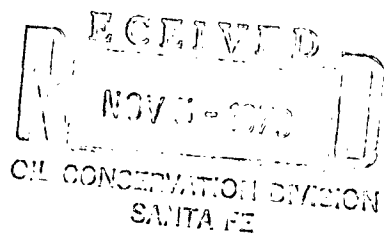
JAL NO. 4 PLANT SWD WELL NO. 1

EL PASO NATURAL GAS CO. - SHELL STATE NO. 13

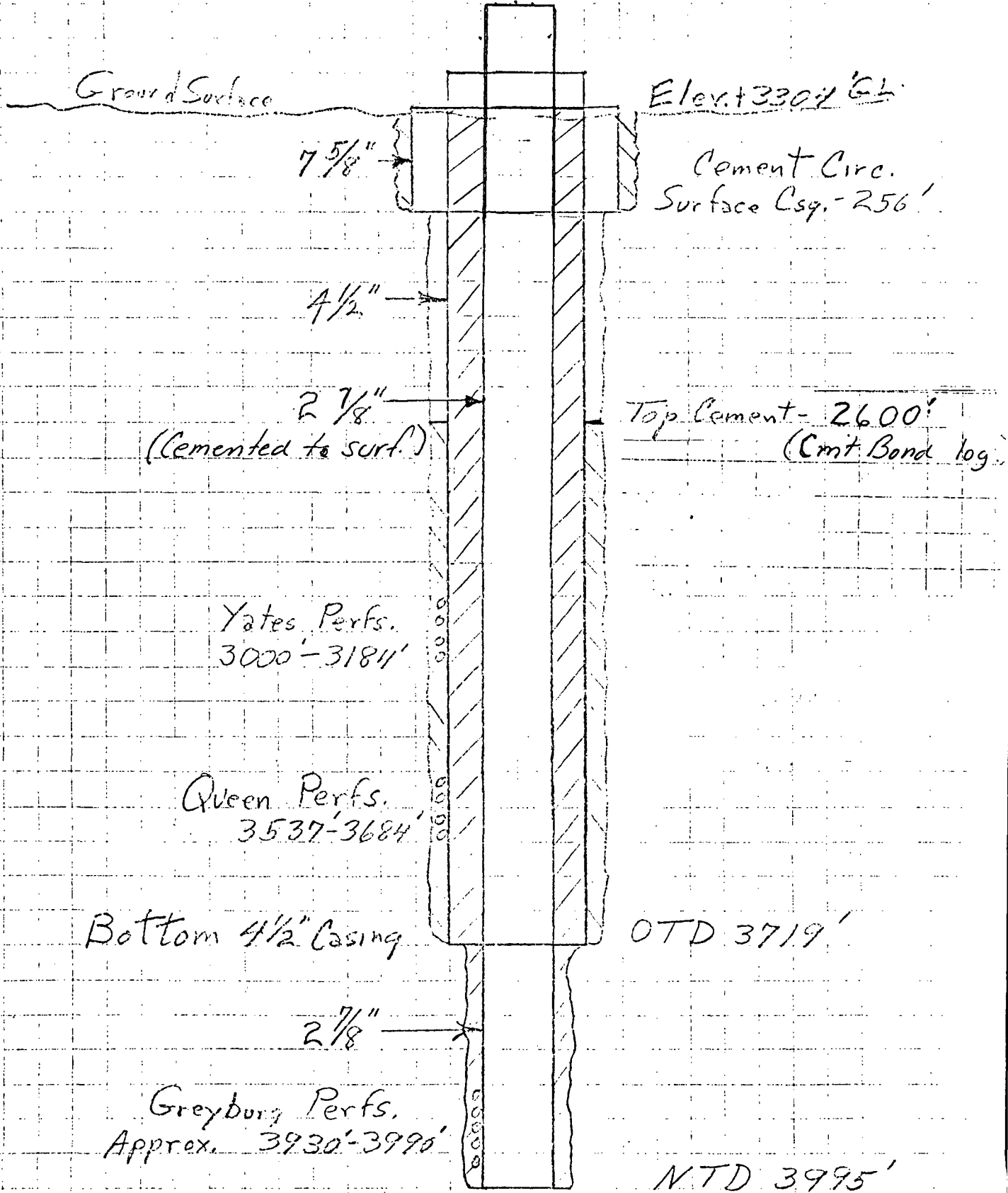
NW/4, SW/4, Sec 32, T-26-S, R-37-E, LEA COUNTY, NM

Recommended Completion Procedure:
(Amended 10/31/79)

1. MOL & RU Workover Unit.
2. Pull & lay down 3200' of 2 3/8" EUE tbg.
3. Run wireline gauge ring tag TD @ 3325'. Run CBL found top of cement @ 2600' behind 4 1/2" csg.
4. Run cement retainer, squeeze Yates perforations from 3000' to 3184'. Sting out of retainer, reverse cmt to pits. WOC.
5. Tag top of retainer or cmt, drill and clean out to TD 3696'.
6. POH w/bit & drill string, run cement retainer.
7. Set cement retainer and squeeze Queen perforations from 3537' to 3684'. Sting out of retainer, reverse cement to pit. WOC.
8. Tag top of retainer or cement, drill to TD - 3995'.
9. POH w/bit & drill pipe. Run open hole & cased hole logs.
10. Run 2 7/8" Non-EUE tubing to TD & cement back to surface. WOC.
11. Spot acid & perforate 2 7/8" in Grayburg.
12. Frac Grayburg and run injection rate tests.
13. RD and release WU. Tie well into disposal system.



J_a / No. 4 Plant SWD Well No. 1
 El Paso Natural Gas Co - Shell State No. 13
 NW 1/4 SW 1/4 Sec. 32, T23S, R37E, Lea County, N.M.



Amended Proposed Completion - *QBA*