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	UNITED STATES EPARTMENT OF THE INTERIO BUREAU OF LAND MANAGEMEN	JK b	)-ARTES	Expires	I APPROVED NO. 1004-0135 : July 31, 2010	
SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No. NMLC029418B		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well Gas Well 🔀 Other: INJECTION				8. Well Name and No. LEA C FEDERAL 7		
2. Name of Operator Contact: CLINT BRIAN CAPSTONE NATURAL RESOURCESE-Mail: cbrian@capstonenr.com				9. API Well No. 30-015-20627		
3a. Address 2250 E. 73RD ST. STE 500 TULSA, OK 74136-6834		3b. Phone No. (include area code) Ph: 918-236-3800		10. Field and Pool, or Exploratory GRAYBURG		
4. Location of Well (Footage, Sec., 7				11. County or Parish, and State		
Sec 11 T17S R31E SENW 1980FNL 1980FWL				EDDY COUNTY COUNTY, NM		
12. CHECK APP	ROPRIATE BOX(ES) TO INDIC	ATE NATURE OF 1	NOTICE, RE	PORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
B Notice of Intent		Deepen	Producti	on (Start/Resume)	UWater Shut-Off	
Subsequent Report		Fracture Treat	🗖 Reclama		<ul> <li>Well Integrity</li> <li>Other</li> <li>Production Facility</li> </ul>	
		New Construction	🗂 Recompl			
Final Abandonment Notice	Convert to Injection	<ul> <li>Plug and Abandon</li> <li>Tempor</li> <li>Plug Back</li> <li>Water E</li> </ul>		Changes		
following completion of the involved testing has been completed. Final At determined that the site is ready for fi In order to increase injection in off lease water. This request t with preparations to bring off le	k will be performed or provide the Bond I operations. If the operation results in a m andonment Notices shall be filed only after has been granted (Case File 1503 base water from Hudson. Anticipa % lease water. Total lease injection H H e z H c h e For BLM conside	aultiple completion or reco er all requirements, includi ed permission from C 6). CNR will now be ted blend range of of	mpletion in a no ing reclamation, ICD to inject moving forwa f lease/lease	w interval, a Form 316 have been completed, a ard	0-4 shall be filed once and the operator has	
increase,				<b>-</b>	NMAN	
IN Crease,		ACC8	ipted for t NMOCD	Dio d	NM OIL CONSERVA ARTESIA DISTRICT	
				2/16/15	- JAN 2-0-37	
4. I hereby certify that the foregoing is	Electronic Submission #270694 ve For CAPSTONE NATURAL I	rified by the BLM Well RESOURCES, sent to	Information S the Carlsbad	System	RECEIVE	
Name(Printed/Typed) CLINT BRI	AN	Title VICE PR	ESIDENT O	E OPERATIONS	RECEIVED	
Signature (Electronic Su	Date 10/14/20	14	APPROVED			
••••	THIS SPACE FOR FEDE	RAL OR STATE C	FFICE US	Ξ		
Approved By		Title		JAN 13	2015	
nditions of approval, if any, are attached tify that the applicant holds legal or equi ich would entitle the applicant to conduc	or se Office	8	UREAU OF LAND	MANAGEMENT		
le 18 U.S.C. Section 1001 and Title 43 U states any false, fictitious or fraudulent states	S.C. Section 1212, make it a crime for an atements or representations as to any matter	y person knowingly and were within its jurisdiction.				
** OPERATO	DR-SUBMITTED ** OPERATO	R-SUBMITTED **	OPERATO	R-SUBMITTED *	*	

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## **Conditions of Approval**

## Capstone Natural Resources Lea C - 07, API 3001520627 T17S-R31E, Sec 11, 1980FNL & 1980FWL January 13, 2015

Stabilized injection: after perforation and acid stimulation workover, and the daily disposal volume rates and injection pressures have leveled out for about 3 months.

A profile survey is a wireline survey log that determines what perforations are taking produced water. You may want to use the same contractor that will run your step rate test.

- 1. If available, submit an electronic copy (Adobe Acrobat Document) cement bond log record from the top of the injection interval to top of cement. The CBL may be attached to a pswartz@blm.gov email.
- 2. Submit a stabilized injection profile survey for the well for review.
- 3. Submit the well's stabilized current psig/ft surface pressure to the top perforation.
- 4. Submit an anticipated bottom hole fracture pressure for the field or pool formation.
- 5. State the targeted maximum bbl/min injection rate. The objective is to avoid fracturing the injection formation.
- 6. Submit the injection fluid lbs/gal weight.
- 7. Submit an anticipated formation fracture or breakdown pressure at the injection top.
- 8. Stop injection a minimum of 48 hours before the step rate test and record the tubing pressure as it drops. The pressure should stabilize at or below the NMOCD permitted pressure for 8 hours. Document the pressure test on a seven day full rotation calibrated recorder chart registering within 25 to 85 per cent of its full range.
- 9. Calculate seven injection rates by multiplying the targeted maximum bbl/min injection by 0.05 for Step 1, 0.10 for Step 2, 0.20 for Step 3, 0.40 for Step 4, 0.60 for Step 5, 0.80 for Step 6, and 1.00 for Step 7. Record both surface and top perforation step pressures at five minute increments. Each step's time duration (usually 30 minutes) should be within 1 minute or less of the preceding step. If stabilized pressure values (Δ±15psig) are not obtained between the last two (five minute) increments the test results will be considered inconclusive.
- 10. The Step Rate fluid used should be the same as the proposed injection fluid.
- 11. Flow rates are to be controlled with a constant flow regulator and measured with a turbine flow meter calibrated within 0.1 bbl/min. Record those rates using a chart recorder or strip chart.
- 12. Use a down hole transmitting pressure device and a surface pressure device with accuracies of  $\pm 10$  psig to measure pressures.
- 13. Notify BLM 575-200-7902, if there is no response, 575-361-2822 Eddy Co. or 575-393-3612 Lea Co 24 hours before beginning the test. If no answer, leave a voice mail or email with the API#, workover purpose, and a call back phone number.

- 14. When breakdown pressure is not achieved at the **targeted rate** the formation is accepting the injection fluid without fracturing, which is the **objective**. Stop the test.
- 15. When the formation fracture pressure has been exceeded as evidenced by at least two rate-pressure combinations greater than the breakdown pressure stop the test and record the bottom hole Instantaneous Shut-in Pressure. This ISIP is considered the minimum pressure to hold open a fracture in this formation at this well. Fifty psig less than the ISIP is the maximum bottom hole pressure BLM will approve.
- 16. Record with each five minute interval the corresponding rate (bbl/min), down hole, and surface pressure (psig). Provide BLM with the tabulation of each five minute interval. Include a graph showing the stabilized pressure at each injection rate. Submit that data to BLM with the shut-in pressure recording of paragraph 8.
- 17. File a sundry subsequent report with the data collected, requesting your proposed wellhead injection pressure.

## Notes:

These conditions of approval for a step-rate test is an adaptation of principals and comments from several sources. The major resource being a paper dated January 12, 1999 from the United States Environmental Protection Agency, Region VIII, 999 18<sup>th</sup> Street – Suite 500, Denver, Colorado.

The intent of a step rate test is to establish that a proposed rate of injection into a formation is below fracture. Because it becomes likely that fracture pressure may be attained and exceeded it is considered a nonroutine fracturing job and requires a notice of intent. References: 43 CFR 3162.3-2 Subsequent well operations.

CFR 146.13(a)(1) & CFR 146.23(a)(1) - Class I wells are permitted stimulation injection pressure to exceed frac pressure while <u>Class II (production water disposal)</u> wells do not have that provision.

Compliance of the operator with these BLM minimum conditions of approval is necessary for consideration of an injection pressure increase.

"Compliance with the attached minimum conditions of approval is necessary for **BLM consideration of an injection pressure increase.**" < Statement to be printed into box 13 of COA of an approved NIO.