## 

## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

## OCD-ARTESIA APR 28 2009

4 APPROVED No 1004-0137

Expires July 31, 2010

5. Lease Serial No

28755

6 If Indian, Allottee or Tribe Name

|  | orm for proposals to drill or to re-en<br>Use Form 3160-3 (APD) for such pro  |  |   |  |   | , .            |
|--|---|--|---|--|---|----------------|
| SUBMIT   | IN TRIPLICATE - Other instructions on page  | 2  | If Unit of CA/Agre  | ement. Name ar   | d/or No.  | ··.            |
| 1 Type of Well Gas W   | ell Other   | 8  | Well Name and No  |  |   | , 5            |
| 2 Name of Operator   | 1. TARIER   | , ;  | API Well No   | 36213  |   |                |
| 3a. Address<br>12403-CR23  | 100 Tx 79473 806 79   | e area code)   1<br>5 2042   | O. Field and Pool or<br>EMDIRE Y  |  | River   |                |
| 4 Location of Well (Footage, Sec. T., 1<br>LOT O Sec 35-7-   | 17-5-R2TE-1647'FEL  |  | 1 Country or Parish   | State  | , ,   |                |
| 12. CHEC   | K THE APPROPRIATE BOX(ES) TO INDICATE   | NATURE OF NOTICE   | E. REPORT OR OTH  | ER DATA  | -   | , , ,          |
| TYPE OF SUBMISSION   | TYPE OF ACTION  |  |   |  |   |                |
| Notice of Intent  Subsequent Report  Final Abandonment Notice  | Acidize Deepen  Alter Casing Fracture Trea  Casing Repair New Construe  Change Plans Plug and Aba  Convert to Injection Plug Back | t Reclan ction Recom midon Tempo   |   | Water S Well In Other  | . a 1   | <u> </u>       |
| the proposal is to deepen directional Attach the Bond under which the was following completion of the involvesting has been completed. Final |   | tions and measured and<br>file with BLM/BIA Re<br>completion or recomple<br>quirements, including re | true vertical depths<br>quired subsequent re-<br>tion in a new interva-<br>eclamation, have bee | of all pertinent r<br>ports must be fil<br>il, a Form 3160-<br>n completed and | narkers and zones<br>led within 30 days<br>4 must be filed on<br>I the operator has | s.<br>s<br>nce |
| Authorizat   | ion Subject to  | you sa   | مهركم زميم  | OCD  | Permi.  | (#             |
| tacility   | J. and 3/28   | the legal  | CHIZ  | ption  | 7.04  | the            |
| 14 I hereby certify that the foregoing is to Name (PrintedTyped)   | Title   | opera  | 708   |  |   |                |
| Signarus D. V.   | Date  | 3-19   | 2009  | ADDP   | OVED  |                |
|  | THIS SPACE FOR FEDERAL  | OR STATE OFF   | ICE USE   | /\r     \  |   |                |
| Approved by  |   |  |   | APR 2  | 5, 2009   |                |

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any I

ficutious or fraudulent statements OF representations as to any matter within its jurisdiction

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would

(Instructions on page 2)

entitle the applicant to conduct operations thereon

\* Subject to obtaining Row

Accepted for record

JAMES A. AMOS

## NEW MEXICO STATE LAND OFFICE SALT WATER DISPOSAL

| SLO SWD# 130                    | DATE ISSUED 5/26/87 NMOCD ORDER# SED-318   |              |
|---------------------------------|--|--------------|
| SLO ROW#                        | DATE ISSUED DATE ISSUED  |              |
|                                 |  | < ' '        |
|                                 | LEGAL DESCRIPTION  |              |
| SUBDIVISION L                   | SECTION 5 TOWNSHIP 18S RANGE 28E COUNTY Eddy   | 7            |
|                                 |  |              |
|                                 | SWD GRANTEE INFORMATION  |              |
| COMPANY NAME                    | DV0VD# /F0E) 677 211   | 1            |
| COMPANY NAME                    | 8 W, Inc. PHONE# (505)677-2111   | L            |
| CONTACT PERSON I                |  | · ·          |
| IS COMPANY THE                  | PERATOR Yes IF NOT, IDENTIFY OPERATO   |              |
|                                 | Third is bruit of bruit  | 1((0)        |
| NAME                            |  |              |
| ADDRESS                         |  |              |
| PHONE#                          |  |              |
| EXPLAIN BUSINES                 | /FINANCIAL ARRANGEMENT   |              |
|                                 |  |              |
|                                 |  |              |
| COMMERCIAL X EXPLAIN OPERATION  | TYPE OF DISPOSAL FACILITY  NON COMMERCIAL WATERFLOOD PROJECT  N down hole injection well |              |
|                                 |  |              |
|                                 | ORIGIN OF BRINE  |              |
| PERCENT/STATE                   | 35 PERCENT/FEDERAL 60 PERCENT/FEE 5  | 5            |
| IDENTIFY STATE                  | ELLS/LEASES  |              |
|                                 |  |              |
| · ` ` `                         |  |              |
|                                 | DISPOSAL AMOUNTS   |              |
| RARRELS DISDOSFI                | LAST MONTH (OCD FORM C-115, C-120A) 14,827   | n de de l'   |
| TOTAL BARREIS D                 | SPOSED IN 1993 (OCD FORM C-115, C-120A) 243,737  | <del>,</del> |
| TOTAL BARRELS DESTINATED LIFE ( | SPOSED TO DATE (OCD FORM C-115, C-120A) 2,243,4  | 18           |