

New Mexico Oil Conservation Division, District I

Form 3160-5
(September 2001)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1625 N. French Drive
Hobbs, NM 88240

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

John H. Hendrix, Corp.

3a. Address

3b. Phone No. (include area code)

P.O. Box 910, Eunice NM 88231

505-394-2649

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

#6 SESW 11/205/37E (Lea)

#7 NESW 11/205/37E (Lea)

5. Lease Serial No.

NMNM0557686

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

SKAGGS #6 & #7

9. API Well No. 30-025-21459

#7 30-025-35008

10. Field and Pool, or Exploratory Area

SKAGGS

11. County or Parish, State

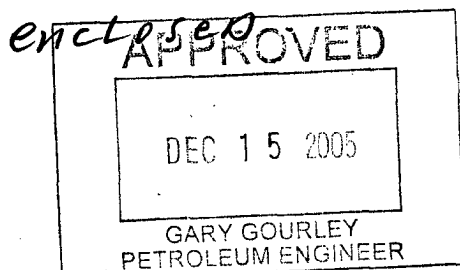
Lea

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

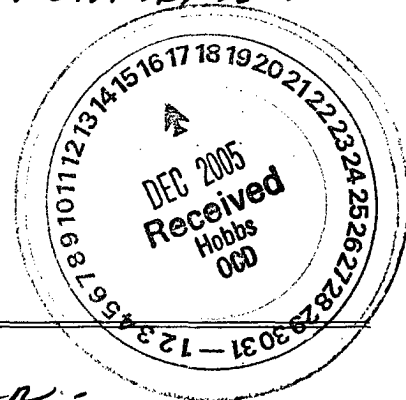
TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

NOI TO Dispose of Produced Water.
Please find necessary documentation
enclosed



SUBJECT TO
LIKE APPROVAL
BY STATE



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Marvin Burrows

Title

Prod. mgr.

Signature

Marvin Burrows

Date

12/4/05

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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 entitle the applicant to conduct operations thereon.

Office

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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

GWW

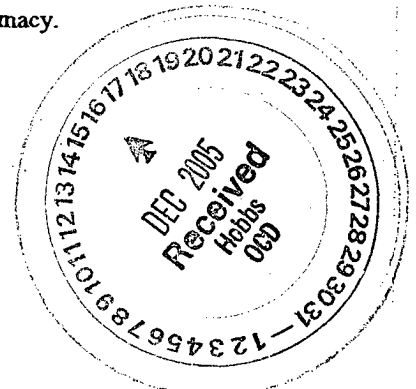
ATTACHMENT to Incident of Noncompliance # ATM-020-06

The following information is needed before your disposal of produced water can be approved, per Onshore Oil & Gas Order #7.

You may attach this information to your Sundry Notice (3160-5). Submit all required information as per this attachment, submit a Sundry Notice(3160-5), one original and five copies to this office within the required time.

1. Name(s) of all formation(s) producing water on the lease. B Line Bny / tubb
2. Amount of water produced from all formations in barrels per day. 4 B/D
3. A CURRENT water analysis of produced water from all zones showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates.
4. How water is stored on the lease. In FIBERGLASS WATER TANK.
5. How water is moved to the disposal facility. By TRUCK
6. Identify the Disposal Facility by:
 - A. Operators' Name VISTA Services.
 - B. Well Name KAISER STATE #9
 - C. Well type and well number DISPOSAL. API # 30-025-02538.
 - D. Location by quarter/quarter, section, township, and range
1980 FNL, 1980 FWL, SECTION 13,
Township 21 South, RANGE 34 EAST.
7. A copy of the Underground Injection Control Permit - issued for the injection well by the Environmental Protection Agency or New Mexico Oil Conservation Division where the State has achieved primacy.

Please See ATTACHED.



Submit in triplicate to
Santa Fe Office

State of New Mexico
Energy Minerals and Natural Resources

Form C-133
Revised June 10, 2000

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

AUTHORIZATION TO MOVE PRODUCED WATER

Transporter Name Vista Services LLC
Address PO Box 758 Office Location (If different) 113 Texas Ave
Ednice NM 88231 Ednice NM 88231
Phone Number(s) 505-394-4084 Fax 505-394-0249
State Corporation Commission Permit No. WARRANT # 53448

NOTE:

It is the responsibility of each holder of an approved Form C-133 to familiarize its personnel with the content of Division Rules 709 and 710 and to assure operations in compliance therewith. Failure to move and dispose of produced water in accordance with Division Rules 709 and 710 are cause for cancellation of Form C-133 and the authority to move produced water.

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

Signature Susan Pilcher Date 1-06-04
Printed Name SUSAN Pilcher Title Member - Owner
E-mail Address VISTA SERVICE @ VALGRNET-CON DIRECT.COM
(This space for State Use)
Approved by [Signature] Title Executive Director
Date 1/5/04

