

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources

Form C-101  
May 27, 2004

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

Submit to appropriate District Office

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

<sup>1</sup> Operator Name and Address HARVEY E. YATES COMPANY PO BOX 1933 ROSWELL NM 88202		<sup>2</sup> OGRID Number 010179
<sup>3</sup> Property Code 042964-36079	<sup>4</sup> Property Name MESQUITE 2 STATE COM	<sup>5</sup> API Number 30 - 015 - 35179
<sup>6</sup> Well No. 6		
<sup>7</sup> Proposed Pool 1 Cedar Lake; MORROW East		<sup>8</sup> Proposed Pool 2

<sup>7</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/Southline	Feet from the	East/West line	County
K	2	18S	31E		1,650	SOUTH	1,650	WEST	EDDY

<sup>8</sup> Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Additional Well Information

<sup>11</sup> Work Type Code N	<sup>12</sup> Well Type Code G	<sup>13</sup> Cable/Rotary ROTARY	<sup>14</sup> Lease Type Code S	<sup>15</sup> Ground Level Elevation 3,768'
<sup>16</sup> Multiple N	<sup>17</sup> Proposed Depth 12,400'	<sup>18</sup> Formation MORROW	<sup>19</sup> Contractor PERMIAN DRILLING	<sup>20</sup> Spud Date ASAP
Depth to Groundwater		Distance from nearest fresh water well 2 miles		Distance from nearest surface water 2 miles
Pit: Liner: Synthetic <input checked="" type="checkbox"/> 12 mils thick Clay <input type="checkbox"/> Pit Volume: 2550 bbls Drilling Method: Fresh Water <input checked="" type="checkbox"/> Brine <input checked="" type="checkbox"/> Diesel/Oil-based <input type="checkbox"/> Gas/Air				
Closed-Loop System <input type="checkbox"/>				

<sup>21</sup> Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17 1/2"	13 3/8"	48#	280' @ 8 5/8"	440	Circ to Surface
12 1/4"	8 5/8"	32#	3 100'	1200	Circ to surface
7 7/8"	5 1/2"	17#	12 400'	1500	Un into 8 5/8" cse

<sup>22</sup> Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

@ 8 5/8"  
DEPTH TYPE OF MUD  
0 - 400 FRESH WATER w/PAPER & SHALE GUARD  
400 - 3,100 BRINE WATER w/PAPER & SHALE GUARD  
3,100 - 9,000 FRESH WATER w/PAPER, SHALE GUARD, NO3, 30-60,000 CHLORIDES & SWEEPS AS NEEDED  
9,000 - 12,400 MUD UP w/BARAZAN. 30-60,000 CHLORIDES, MW-9.6 - 9.8, VIS 34-36, WL 10-20

PRESSURE CONTROL EQUIPMENT

5,000# BOP w/ANNULAR.  
UPPER AND LOWER KELLY COCK. ROTATING HEAD PRIOR TO DRILLING 8 5/8" SHOE.



<sup>23</sup> I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that the drilling pit will be constructed according to NMOCD guidelines <input checked="" type="checkbox"/> , a general permit <input type="checkbox"/> , or an (attached) alternative OCD-approved plan <input type="checkbox"/> .		OIL CONSERVATION DIVISION	
Printed name: KEITH CANNON		Approved by: BRYAN G. ARRANT	
Title: DRILLING SUPERINTENDENT		Title: DISTRICT II GEOLOGIST	
E-mail Address: kcannon@heycoenergy.com		Approval Date: OCT 11 2006 Expiration Date: OCT 11 2007	
Date: 10/10/2006	Phone: (505)623-6601	Conditions of Approval Attached <input type="checkbox"/>	

## DISTRICT I

1625 N. FRENCH DR., HOBBS, NM 88240

## DISTRICT II

1301 W. GRAND AVENUE, ARTESIA, NM 88210

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## DISTRICT IV

1220 S. ST. FRANCIS DR., SANTA FE, NM 87505

## State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
1220 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

## WELL LOCATION AND ACREAGE DEDICATION PLAT

☐ AMENDED REPORT

API Number	Pool Code <b>74605</b>	Pool Name <b>Cedar Lake; Morrow; East</b>
Property Code <b>012964</b>	Property Name <b>MESQUITE 2 STATE COM</b>	Well Number <b>6</b>
OGRID No. <b>10179</b>	Operator Name <b>HARVEY E. YATES COMPANY</b>	Elevation <b>3768'</b>

## Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	2	18-S	31-E		1650	SOUTH	1650	WEST	EDDY

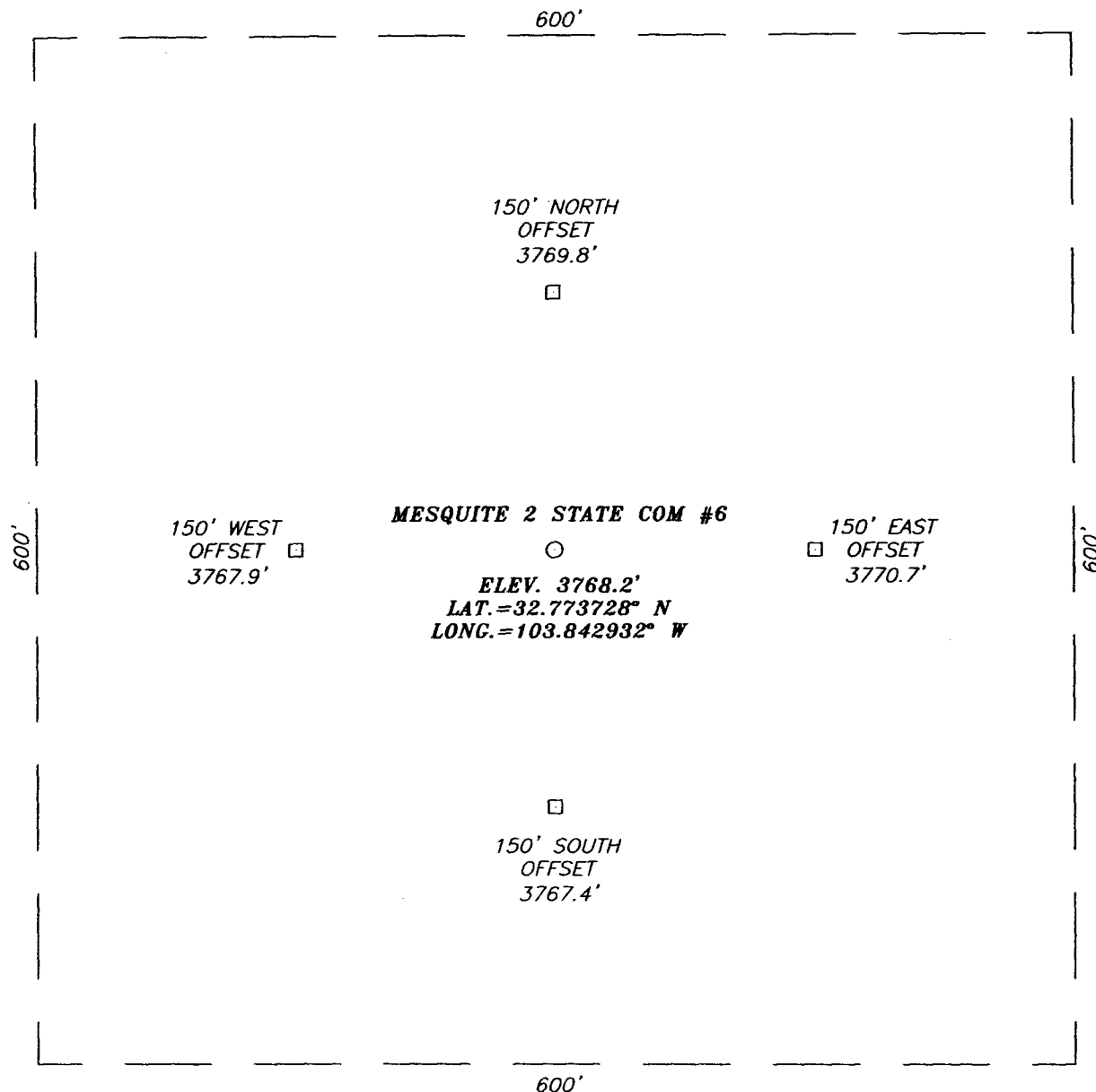
## Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres <b>320</b>	Joint or Infill	Consolidation Code	Order No.						

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

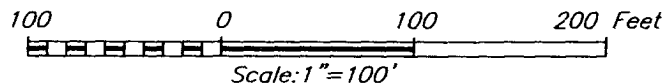
	<p><b>OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Keith Cannon</i> 10-4-06 Signature Date</p> <p>Keith Cannon, Dir. Supt. Printed Name</p>
	<p><b>SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>AUGUST 09, 2006</p> <p>Date Surveyed MR</p> <p>Signature &amp; Seal of Professional Surveyor</p> <p><i>Ronald J. Eidson</i> 8/16/06 06.11.1272</p> <p>Certificate No. GARY EIDSON 12641 RONALD J. EIDSON 3239</p>

**SECTION 2, TOWNSHIP 18 SOUTH, RANGE 31 EAST, N.M.P.M.,**  
 EDDY COUNTY, NEW MEXICO



**DIRECTIONS TO LOCATION**

FROM THE INTERSECTION OF U.S. HWY. #82 AND GO. RD. #222 (SHUGART RD.), GO SOUTH ON SHUGART RD. APPROX. 3.0 MILES. TURN LEFT AND GO NORTHEAST APPROX. 1.1 MILES. TURN LEFT AND GO NORTH APPROX. 0.4 MILES. TURN RIGHT AND GO SOUTHEAST APPROX. 0.4 MILES. TURN LEFT AND GO EAST APPROX. 0.8 MILES. THIS LOCATION IS APPROX. 450 FEET NORTH.



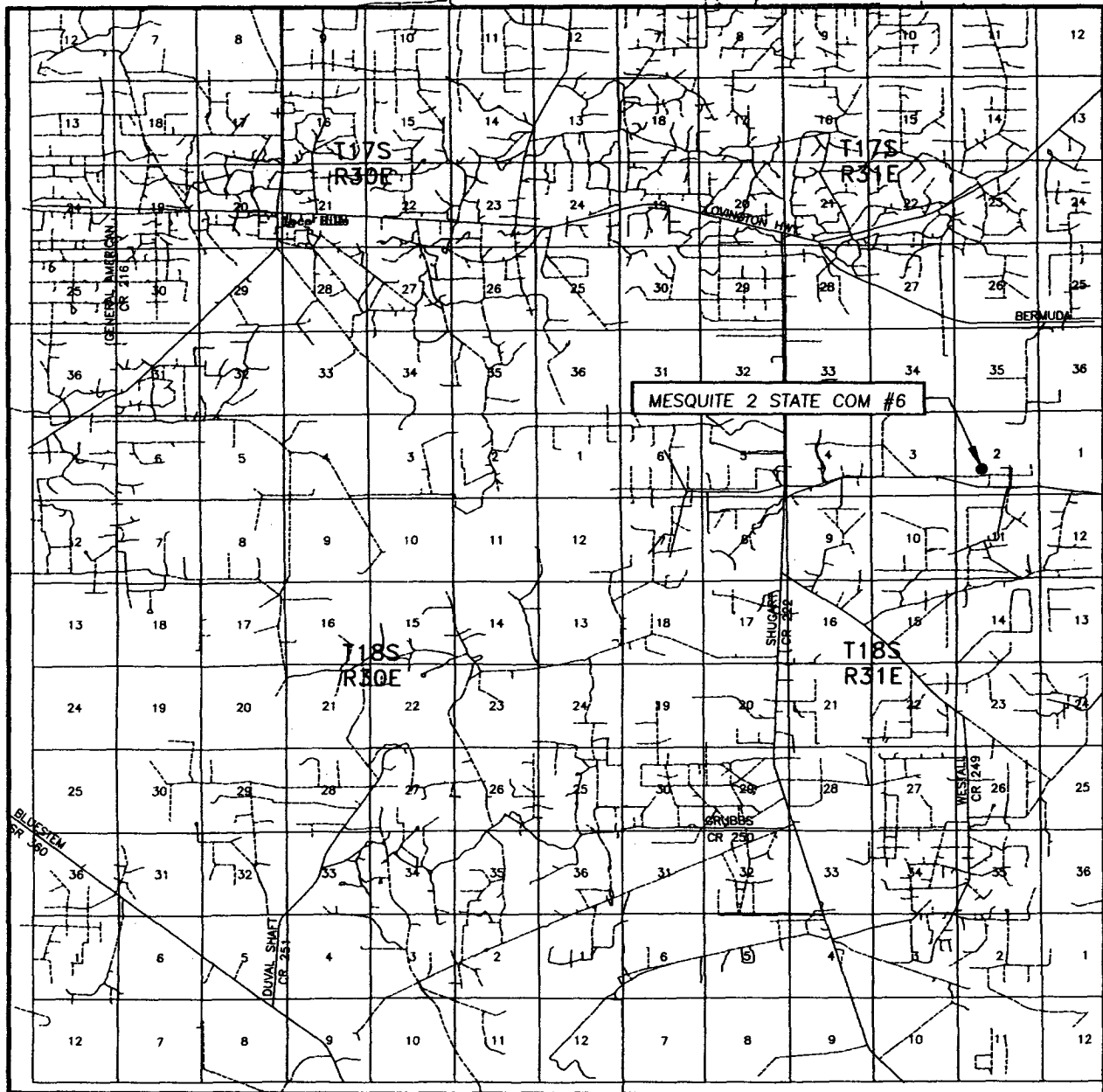
**HARVEY E. YATES COMPANY**

MESQUITE 2 STATE COM #6  
 LOCATED 1650 FEET FROM THE SOUTH LINE  
 AND 1650 FEET FROM THE WEST LINE OF SECTION 2,  
 TOWNSHIP 18 SOUTH, RANGE 31 EAST, N.M.P.M.,  
 EDDY COUNTY, NEW MEXICO.

**PROVIDING SURVEYING SERVICES**  
 SINCE 1946  
**JOHN WEST SURVEYING COMPANY**  
 412 N. DAL PASO  
 HOBBS, N.M. 88240  
 (505) 393-3117

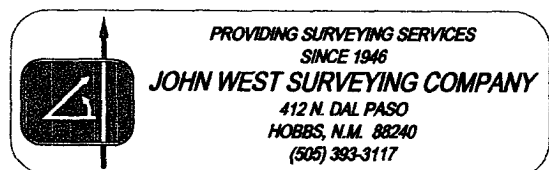
Survey Date: 08/09/06	Sheet 1 of 1 Sheets
W.O. Number: 06.11.1272	Dr By: M.R. Rev 1:N/A
Date: 08/15/06	Disk: CD#6 06111272 Scale: 1"=100'

# VICINITY MAP

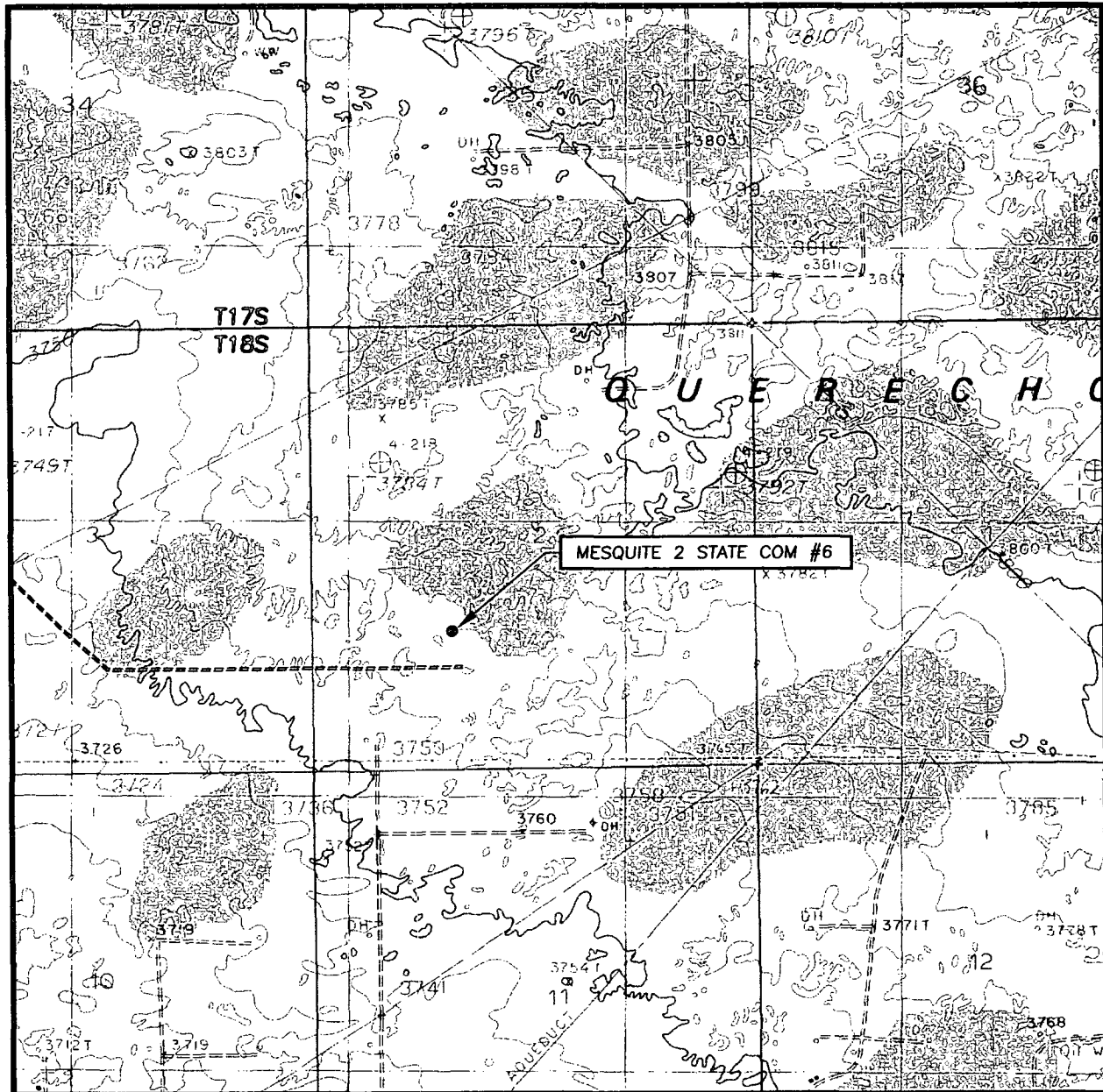


SCALE: 1" = 2 MILES

SEC. 2 TWP. 18-S RGE. 31-E  
 SURVEY N.M.P.M.  
 COUNTY EDDY STATE NEW MEXICO  
 DESCRIPTION 1650' FSL & 1650' FWL  
 ELEVATION 3768'  
 OPERATOR HARVEY E. YATES  
COMPANY  
 LEASE MESQUITE 2 STATE COM



# LOCATION VERIFICATION MAP



SCALE: 1" = 2000'

CONTOUR INTERVAL:  
MALJAMAR, N.M. - 10'

SEC. 2 TWP. 18-S RGE. 31-E

SURVEY N.M.P.M.

COUNTY EDDY STATE NEW MEXICO

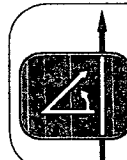
DESCRIPTION 1650' FSL & 1650' FWL

ELEVATION 3768'

OPERATOR HARVEY E. YATES  
COMPANY

LEASE MESQUITE 2 STATE COM

U.S.G.S. TOPOGRAPHIC MAP  
MALJAMAR, N.M.



PROVIDING SURVEYING SERVICES  
SINCE 1946

**JOHN WEST SURVEYING COMPANY**

412 N. DAL PASO  
HOBBS, N.M. 88240  
(505) 393-3117

EXHIBIT "C" BOP STACK

MESQUITE 2 STATE COM #6  
1650 FSL & 1650 FWL  
Sec 2, T18S, R31E  
Eddy County, NM

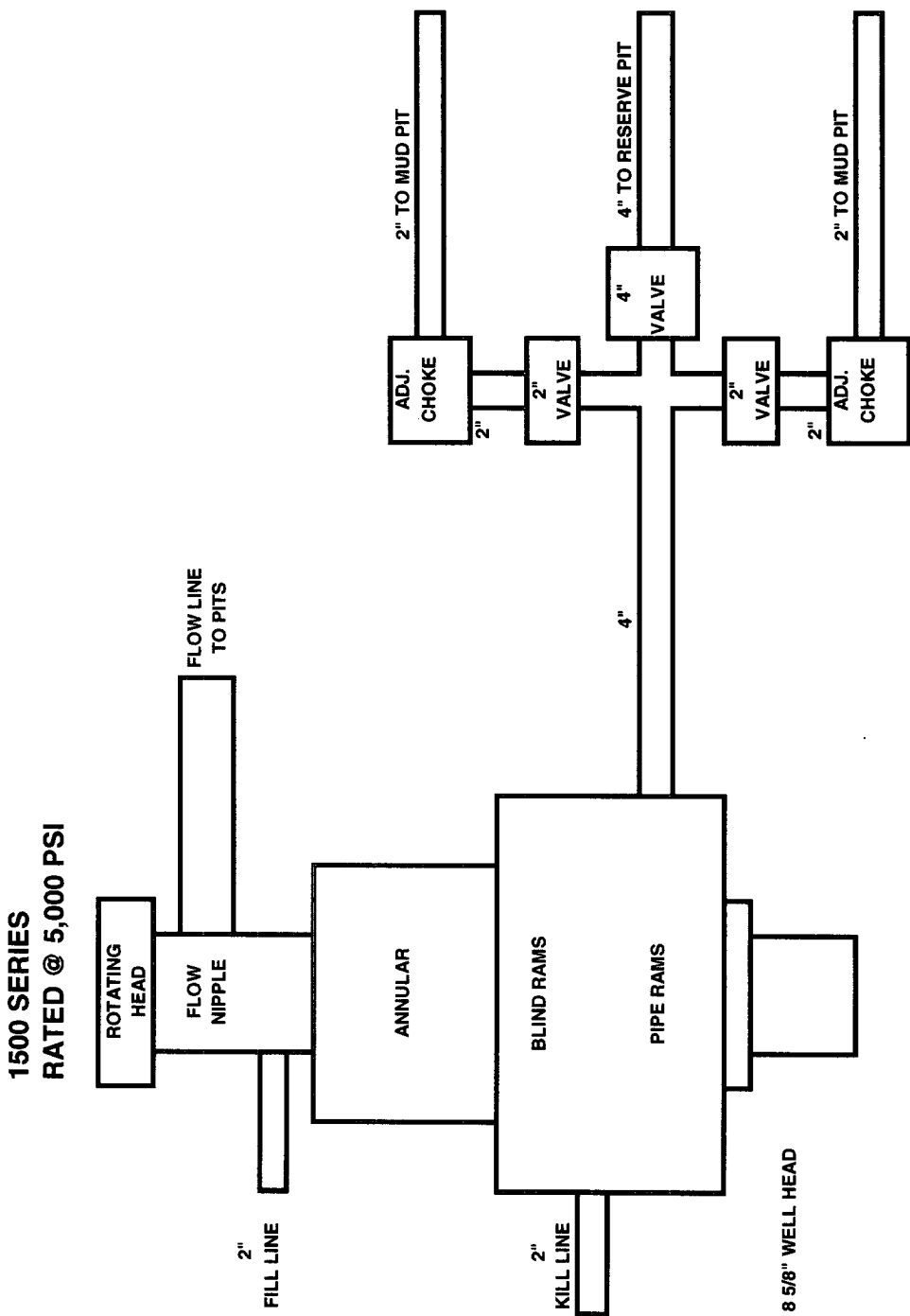


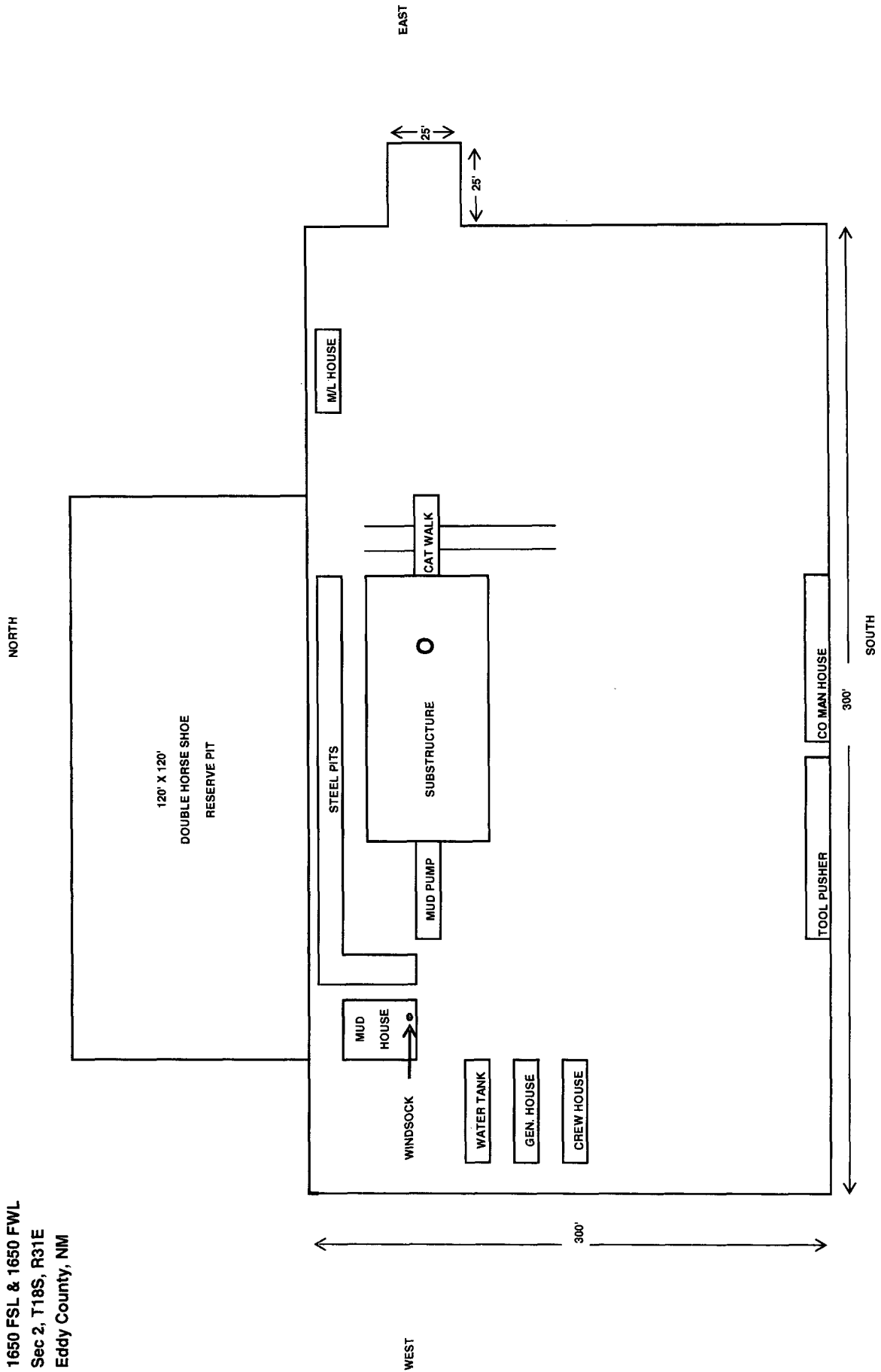
EXHIBIT "D" LOCATION DIAGRAM

MESQUIT 2 STATE COM #6

1650 FSL & 1650 FWL

Sec 2, T18S, R31E

Eddy County, NM



# HYDROGEN SULFIDE CONTINGENCY PLAN

## SCOPE

THIS CONTINGENCY PLAN ESTABLISHES GUIDELINES FOR THE PUBLIC, ALL COMPANY EMPLOYEES WHO'S WORK ACTIVITIES MAY INVOLVE EXPOSURE TO HYDROGEN SULFIDE (H<sub>2</sub>S) GAS.

## OBJECTIVE

1. PREVENT ANY AND ALL ACCIDENTS, AND PREVENT THE UNCONTROLLED RELEASE OF HYDROGEN SULFIDE INTO THE ATMOSPHERE.
2. PROVIDE PROPER EVACUATION PROCEDURES TO COPE WITH EMERGENCIES.
3. PROVIDE IMMEDIATE AND ADEQUATE MEDICAL ATTENTION SHOULD AN INJURY OCCUR.

## H<sub>2</sub>S CONTINGENCY PLAN

## DISCUSSION

### GEOLOGICAL PROGNOSIS

#### IMPLEMENTATION:

THIS PLAN WITH ALL DETAILS IS TO BE FULLY IMPLEMENTED AFTER DRILLING TO INTERMEDIATE CASING POINT.

#### EMERGENCY RESPONSE PROCEDURE:

THIS SECTION OUTLINES THE CONDITIONS AND DENOTES STEPS TO BE TAKEN IN THE EVENT OF AN EMERGENCY.

#### EMERGENCY EQUIPMENT PROCEDURE:

THIS SECTION OUTLINES THE SAFETY AND EMERGENCY EQUIPMENT THAT WILL BE REQUIRED FOR THE DRILLING OF THIS WELL.

#### TRAINING PROVISIONS:

THIS SECTION OUTLINES THE TRAINING PROVISIONS THAT MUST BE ADHERED TO PRIOR TO DRILLING TO INTERMEDIATE CASING POINT.

#### DRILLING EMERGENCY CALL LISTS:

INCLUDED ARE THE TELEPHONE NUMBERS OF ALL PERSONS TO BE CONTACTED SHOULD AN EMERGENCY EXIST.

#### BRIEFING:

THIS SECTION DEALS WITH THE BRIEFING OF ALL PEOPLE INVOLVED IN THE DRILLING OPERATION.

#### PUBLIC SAFETY:

PUBLIC SAFETY PERSONNEL WILL BE MADE AWARE OF THE DRILLING OF THIS WELL.

#### CHECK LISTS:

STATUS CHECK LISTS AND PROCEDURAL CHECK LISTS HAVE BEEN INCLUDED TO INSURE ADHERENCE TO THE PLAN.

#### GENERAL INFORMATION:

A GENERAL INFORMATION SECTION HAS BEEN INCLUDED TO SUPPLY SUPPORT INFORMATION.



## **EMERGENCY PROCEDURES**

- A. IN THE EVENT OF ANY EVIDENCE OF H<sub>2</sub>S LEVEL ABOVE 10 PPM, TAKE THE FOLLOWING STEPS:**
- 1. SECURE BREATHING EQUIPMENT.**
  - 2. ORDER NON-ESSENTIAL PERSONNEL OUT OF DANGER ZONE.**
  - 3. TAKE STEPS TO DETERMINE IF THE H<sub>2</sub>S LEVEL CAN BE CORRECTED OR SUPPRESSED AND, IF SO, PROCEED IN NORMAL OPERATION.**
- B. IF UNCONTROLLABLE CONDITIONS OCCUR:**
- 1. TAKE STEPS TO PROTECT AND/OR REMOVE ANY PUBLIC IN THE DOWN-WIND AREA FROM THE RIG – PARTIAL EVACUATION AND ISOLATION. NOTIFY NECESSARY PUBLIC SAFETY PERSONNEL AND THE BUREAU OF LAND MANAGEMENT OF THE SITUATION.**
  - 2. REMOVE ALL PERSONNEL TO SAFE BREATHING AREA.**
  - 3. NOTIFY PUBLIC SAFETY PERSONNEL TO SAFE BREATHING AREA.**
  - 4. PROCEED WITH BEST PLAN (AT THE TIME) TO REGAIN CONTROL OF THE WELL. MAINTAIN TIGHT SECURITY AND SAFETY PROCEDURES.**
- C. RESPONSIBILITY:**
- 1. DESIGNATED PERSONNEL.**
    - a. SHALL BE RESPONSIBLE FOR THE TOTAL IMPLEMENTATION OF THIS PLAN.**
    - b. SHALL BE IN COMPLETE COMMAND DURING ANY EMERGENCY.**
    - c. SHALL DESIGNATE A BACK-UP.**

## **EMERGENCY PROCEDURES**

**\*(Procedures are the same for both Drilling and Tripping)**

- |                          |  |
|--------------------------|--|
| <b>ALL PERSONNEL:</b>    | <ol style="list-style-type: none"><li><b>1. ON ALARM, DON ESCAPE UNIT AND REPORT IN UP WIND BRIEFING AREA.</b></li><li><b>2. CHECK STATUS OF PERSONNEL (BUDDY SYSTEM).</b></li><li><b>3. SECURE BREATHING EQUIPMENT.</b></li><li><b>4. AWAIT ORDERS FROM SUPERVISOR.</b></li></ol>   |
| <b>DRILLING FOREMAN:</b> | <ol style="list-style-type: none"><li><b>1. REPORT TO UP WIND BRIEFING AREA.</b></li><li><b>2. DON BREATHING EQUIPMENT AND RETURN TO POINT OF RELEASE WITH TOOL PUSHER OR DRILLER (BUDDY SYSTEM).</b></li><li><b>3. DETERMINE H<sub>2</sub>S CONCENTRATIONS.</b></li><li><b>4. ASSESS SITUATION AND TAKE CONTROL MEASURES.</b></li></ol>     |
| <b>TOOL PUSHER:</b>      | <ol style="list-style-type: none"><li><b>1. REPORT TO UP WIND BRIEFING AREA.</b></li><li><b>2. DON BREATHING EQUIPMENT AND RETURN TO POINT OF RELEASE WITH DRILLING FOREMAN OR DRILLER (BUDDY SYSTEM).</b></li><li><b>3. DETERMINE H<sub>2</sub>S CONCENTRATION.</b></li><li><b>4. ASSESS SITUATION AND TAKE CONTROL MEASURES.</b></li></ol> |

**DRILLER:**

1. DON ESCAPE UNIT.
2. CHECK MONITOR FOR POINT OF RELEASE.
3. REPORT TO BRIEFING AREA.
4. CHECK STATUS OF PERSONNEL (IN AN ATTEMPT TO RESCUE, USE THE BUDDY SYSTEM).
5. ASSIGNS LEAST ESSENTIAL PERSON TO NOTIFY DRILLING FOREMAN AND TOOL PUSHER BY QUICKEST MEANS IN CASE OF THEIR ABSENCE.
6. ASSUMES THE RESPONSIBILITIES OF THE DRILLING FORMAN AND TOOL PUSHER UNTIL THEY ARRIVE SHOULD THEY BE ABSENT.

**EMERGENCY PROCEDURES**

**DERRICK MAN  
FLOOR MAN #1  
FLOOR MAN #2**

1. WILL REMAIN IN BRIEFING AREA UNTIL INSTRUCTED BY SUPERVISOR.

**MUD ENGINEER:**

1. REPORT TO BRIEFING AREA.
2. WHEN INSTRUCTED, BEGIN CHECK OF MUD FOR PH AND H2S LEVEL. (GARETT GAS TRAIN.)

**SAFETY PERSONNEL:**

1. MASK UP AND CHECK STATUS OF ALL PERSONNEL AND SECURE OPERATIONS AS INSTRUCTED BY DRILLING FOREMAN AND REPORT TO BRIEFING AREA.

**TAKING A KICK**

WHEN TAKING A KICK DURING AN H2S EMERGENCY, ALL PERSONNEL WILL FOLLOW STANDARD BOP PROCEDURES AFTER REPORTING TO BRIEFING AREA AND MASKING UP.

**OPEN-HOLE LOGGING**

ALL UNNECESSARY PERSONNEL OFF FLOOR. DRILLING FOREMAN AND SAFETY PERSONNEL SHOULD MONITOR CONDITION, ADVISE STATUS AND DETERMINE NEED FOR USE OF AID EQUIPMENT.

**RUNNING CASING OR PLUGGING**

FOLLOWING THE SAME "TRIPPING" PROCEDURE AS ABOVE. DRILLING FOREMAN AND SAFETY PERSONNEL SHOULD DETERMINE IF ALL PERSONNEL HAVE ACCESS TO PROTECTIVE EQUIPMENT.

**IGNITION PROCEDURES**

THE DECISION TO IGNITE THE WELL IS THE RESPONSIBILITY OF COMPANY FOREMAN. IN THE EVENT HE IS INCAPACITATED, IT BECOMES THE RESPONSIBILITY OF THE CONTRACT RIG TOOL PUSHER. THE DECISION SHOULD BE MADE ONLY AS A LAST RESORT AND IN A SITUATION WHERE IT IS CLEAR THAT:

1. HUMAN LIFE AND PROPERTY ARE ENDANGERED.
2. THERE IS NO HOPE CONTROLLING THE BLOWOUT UNDER THE PREVAILING CONDITIONS AT THE WELL.

NOTIFY THE DISTRICT OFFICE IF TIME PERMITS, BUT DO NOT DELAY IF HUMAN LIFE IS IN DANGER.

INITIATE FIRST PHASE OF EVACUATION PLAN.

## **IGNITION PROCEDURES**

### **INSTRUCTIONS FOR IGNITING THE WELL**

1. TWO PEOPLE ARE REQUIRED FOR THE ACTUAL IGNITING OPERATION. THEY MUST WEAR SELF-CONTAINED BREATHING UNITS AND HAVE SAFETY ROPE ATTACHED. ONE MAN (TOOL PUSHER OR SAFETY ENGINEER) WILL CHECK THE ATMOSPHERE FOR EXPLOSIVE GASES WITH THE EXPLOSIMETER. THE OTHER MAN (DRILLING FOREMAN) IS RESPONSIBLE FOR IGNITING THE WELL.
2. PRIMARY METHOD TO IGNITE: 25 MM FLARE GUN WITH RANGE OF APPROXIMATELY 500 FEET.
3. IGNITE UP WIND AND DO NOT APPROACH ANY CLOSER THAN IS WARRANTED.
4. SELECT THE IGNITION SITE BEST FOR PROTECTION, AND WHICH OFFERS AN EASY ESCAPE ROUTE.
5. BEFORE FIRING, CHECK FOR PRESENCE OF COMBUSTIBLE GAS.
6. AFTER LIGHTING, CONTINUE EMERGENCY ACTION AND PROCEDURE AS BEFORE.
7. ALL UNASSIGNED PERSONNEL WILL LIMIT THEIR ACTIONS TO THOSE DIRECTED BY THE DRILLING FOREMAN.

**REMEMBER:** AFTER WELL IS IGNITED, BURNING HYDROGEN SULFIDE WILL CONVERT TO SULFUR DIOXIDE, WHICH IS ALSO HIGHLY TOXIC. **DO NOT ASSUME THE AREA IS SAFE AFTER THE WELL IS IGNITED.**

## **TRAINING REQUIREMENTS**

WHEN WORKING IN AN AREA WHERE HYDROGEN SULFIDE GAS (H<sub>2</sub>S) MIGHT BE ENCOUNTERED, DEFINITE TRAINING REQUIREMENTS MUST BE CARRIED OUT. ALL COMPANIES WILL INSURE THAT ALL PERSONNEL AT THE WELL SITE WILL HAVE HAD ADEQUATE TRAINING IN THE FOLLOWING:

1. HAZARDS AND CHARACTERISTICS OF H<sub>2</sub>S.
2. PHYSICAL EFFECTS OF HYDROGEN SULFIDE ON THE HUMAN BODY.
3. TOXICITY OF HYDROGEN SULFIDE AND SULFUR DIOXIDE.
4. H<sub>2</sub>S DETECTION.
5. EMERGENCY RESCUE.
6. RESUSCITATORS.
7. FIRST AID AND ARTIFICIAL RESPIRATION.
8. EFFECTS OF H<sub>2</sub>S ON METALS.
9. LOCATION SAFETY.

### **SERVICE COMPANY AND VISITING PERSONNEL**

- A. EACH SERVICE COMPANY THAT WILL BE ON THIS WELL WILL BE NOTIFIED IF THE ZONE CONTAINS H<sub>2</sub>S.
- B. EACH SERVICE COMPANY MUST PROVIDE FOR THE TRAINING AND EQUIPMENT OF THEIR EMPLOYEES BEFORE THEY ARRIVE AT THE WELL SITE.
- C. EACH SERVICE COMPANY WILL BE EXPECTED TO ATTEND A WELL SITE BRIEFING.

## **EMERGENCY EQUIPMENT REQUIREMENTS**

### **1. SIGNS**

- A. ONE SIGN LOCATED AT LOCATION ENTRANCE WITH THE FOLLOWING LANGUAGE:

(LEASE)  
CAUTION – POTENTIAL POISON GAS  
HYDROGEN SULFIDE  
NO ADMITTANCE WITHOUT AUTHORIZATION

### **2. WIND SOCK – WIND STREAMERS**

- A. ONE 36" (IN LENGTH) WIND SOCK LOCATED AT PROTECTION CENTER, AT HEIGHT VISIBLE FROM RIG FLOOR.
- B. ONE 36" (IN LENGTH) WIND SOCK LOCATED AT HEIGHT VISIBLE FROM PIT AREAS.

3. **HYDROGEN - SULFIDE DETECTOR AND ALARMS**

- A. H2S MONITORS WITH ALARMS WILL BE LOCATED ON THE RIG FLOOR, AT THE BELL NIPPLE, AND AT THE FLOW LINE. THESE MONITORS WILL BE SET TO ALARM AT 10 PPM WITH RED LIGHT, AND TO ALARM AT 15 PPM WITH RED LIGHT AND AUDIBLE ALARM.
- B. HAND OPERATED DETECTORS WITH TUBES.
- C. H2S MONITOR TESTER.

4. **CONDITION FLAGS**

- A. ONE EACH OF GREEN, YELLOW, AND RED CONDITION FLAGS TO BE DISPLAYED TO DENOTE CONDITIONS.

GREEN – NORMAL CONDITIONS  
YELLOW – POTENTIAL DANGER  
RED – DANGER, H2S PRESENT

- B. CONDITION FLAG SHALL BE POSTED AT LOCATION SIGN ENTRANCE.

5. **AUXILIARY RESCUE EQUIPMENT**

- A. STRETCHER
- B. 100' LENGTH OF 5/8" NYLON ROPE.

6. **MUD INSPECTION DEVICES**

GARRETT GAS TRAIN OR HACH TESTER FOR INSPECTION OF SULFIDE CONCENTRATION IN MUD SYSTEM.

7. **FIRE EXTINGUISHER**

ADEQUATE FIRE EXTINGUISHERS SHALL BE LOCATED AT STRATEGIC LOCATIONS.

8. **BLOW OUT PREVENTION EQUIPMENT**

THE WELL SHALL HAVE HYDRAULIC BOP EQUIPMENT FOR THE ANTICIPATED BHP OF 1500 PSI. EQUIPMENT IS TO BE TESTED ON INSTALLATION.

9. **COMBUSTIBLE GAS DETECTOR**

THERE SHALL BE ONE COMBUSTIBLE GAS DETECTOR ON LOCATION AT ALL TIMES.

10. **BOP TESTING**

BOP AND CHOKE LINE AND KILL LINE WILL BE TESTED.

11. **AUDIO SYSTEM**

RADIO COMMUNICATION WILL BE AVAILABLE AT THE RIG.

- A. RIG FLOOR OR TRAILER
- B. VEHICLE

12. **SPECIAL CONTROL EQUIPMENT**

- A. HYDRAULIC BOP EQUIPMENT WITH REMOTE CONTROL ON GROUND.
- B. ROTATING HEAD

**EMERGENCY EQUIPMENT REQUIREMENTS**

13. **EVACUATION PLAN**

EVACUATION ROUTES SHOULD BE ESTABLISHED PRIOR TO SPUDDING EACH WELL AND DISCUSSED WITH ALL RIG PERSONNEL.

14. **DESIGNATED AREA**

- A. **PARKING AND VISITOR AREA: ALL VEHICLES ARE TO BE PARKED AT A PREDETERMINED SAFE DISTANCE FROM THE WELLHEAD. THIS WILL BE THE DESIGNATED SMOKING AREA.**
- B. **TWO BRIEFING AREAS ON EITHER SIDE OF THE LOCATION AT THE MAXIMUM ALLOWABLE DISTANCE FROM THE WELL BORE SO THEY OFFSET PREVAILING WINDS PERPENDICULARLY, OR AT A 45-DEGREE ANGLE IF WIND DIRECTION TENDS TO SHIFT IN THE AREA.**
- C. **PROTECTION CENTERS OR IF A MOVABLE TRAILER IS USED, IT SHOULD BE DEPT UPWIND OF EXISTING WINDS. WHEN WIND IS FROM THE PREVAILING DIRECTIONS, BOTH PROTECTION CENTERS SHOULD BE ACCESSIBLE.**

**STATUS CHECK LIST**

**NOTE: ALL ITEMS ON THIS LIST MUST BE COMPLETED BEFORE DRILLING TO POSSIBLE FORMATIONS CONTAINING H2S.**

- 1. **SIGN AT LOCATION ENTRANCE.**
- 2. **TWO (2) WIND SOCKS LOCATED AS REQUIRED.**
- 3. **TWO (2) 30-MINUTE PRESSURE DEMAND AIR PACKS ON LOCATION FOR ALL RIG PERSONNEL AND MUD LOGGERS.**
- 4. **AIR PACK INSPECTED FOR READY USE.**
- 5. **SAFE BREATHING AREAS SET UP.**
- 6. **CONDITION FLAG ON LOCATION AND READY FOR USE.**
- 7. **H2S DETECTION SYSTEM HOOKED UP.**
- 8. **H2S ALARM SYSTEM HOOKED UP AND READY.**
- 9. **ALL RIG CREW AND SUPERVISORS TRAINED AS REQUIRED.**
- 10. **ALL OUTSIDE SERVICE CONTRACTORS ADVISED OF POTENTIAL H2S HAZARD ON WELL.**
- 11. **NO SMOKING SIGN POSTED.**
- 12. **HAND OPERATED H2S DETECTOR WITH TUBES ON LOCATION.**

**CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_**

**PROCEDURAL CHECK LIST**

**PERFORM EACH TOUR:**

- 1. **CHECK FIRE EXTINGUISHERS TO SEE THAT THEY HAVE THE PROPER CHARGE.**
- 2. **CHECK BREATHING EQUIPMENT TO ENSURE THAT IT HAS NOT BEEN TAMPERED WITH.**
- 3. **MAKE SURE ALL THE H2S DETECTION SYSTEM IS OPERATIVE.**

**PERFORM EACH WEEK:**

- 1. **CHECK EACH PIECE OF BREATHING EQUIPMENT TO MAKE SURE THAT DEMAND REGULATOR IS WORKING. THIS REQUIRES THAT THE BOTTLE BE OPENED AND THE MASK ASSEMBLY BE PUT ON TIGHT ENOUGH SO THAT WHEN YOU INHALE, YOU RECEIVE AIR.**
- 2. **BLOW OUT PREVENTER SKILLS.**
- 3. **CHECK SUPPLY PRESSURE ON BOP ACCUMULATOR STAND BY SOURCE.**

4. CHECK ALL SKA-PAC UNITS FOR OPERATION: DEMAND REGULATOR, ESCAPE BOTTLE AIR VOLUMES, SUPPLY BOTTLE OF AIR VOLUME.
5. CHECK BREATHING EQUIPMENT MASK ASSEMBLY TO SEE THAT STRAPS ARE LOOSENEED AND TURNED BACK, READY TO PUT ON.
6. CHECK PRESSURE ON BREATHING EQUIPMENT AIR BOTTLES TO MAKE SURE THEY ARE CHARGED TO FULL VOLUME.
7. CONFIRM PRESSURE ON ALL SUPPLY AIR BOTTLES.
8. PERFORM BREATHING EQUIPMENT DRILLS WITH ON-SITE PERSONNEL.
9. CHECK THE FOLLOWING SUPPLIES FOR AVAILABILITY.
  - A. EMERGENCY TELEPHONE LIST.
  - B. HAND OPERATED H2S DETECTORS AND TUBES.

### **GENERAL EVACUATION PLAN**

THE DIRECT LINES OF ACTION PREPARED BY INDIAN FIRE & SAFETY, INC. TO PROTECT THE PUBLIC FROM HAZARDOUS GAS SITUATIONS ARE AS FOLLOWS:

1. WHEN THE COMPANY APPROVED SUPERVISOR (DRILLING FOREMAN, CONSULTANT, RIG PUSHER, OR DRILLER) DETERMINES THE H2S GAS CANNOT BE LIMITED TO THE WELL LOCATION AND THE PUBLIC WILL BE INVOLVED, HE WILL ACTIVATE THE EVACUATION PLAN. ESCAPE ROUTES ARE NOTED ON AREA MAP.
  2. "COMPANY MAN" OR DESIGNEE WILL NOTIFY LOCAL GOVERNMENT AGENCY THAT A HAZARDOUS CONDITION EXISTS AND EVACUATION NEEDS TO BE IMPLEMENTED.
  3. COMPANY SAFETY PERSONNEL THAT HAVE BEEN TRAINED IN THE USE OF H2S DETECTION EQUIPMENT AND SELF-CONTAINED BREATHING EQUIPMENT WILL MONITOR H2S CONCENTRATIONS, WIND DIRECTIONS, AND AREA OF EXPOSURE. THEY WILL DELINEATE THE OUTER PERIMETER OF THE HAZARDOUS GAS AREA. EXTENSION TO THE EVACUATION AREA WILL BE DETERMINED FROM INFORMATION GATHERED.
  4. LAW ENFORCEMENT PERSONNEL (STATE POLICE, POLICE DEPT., FIRE DEPT., AND SHERIFF'S DEPT.) WILL BE CALLED TO AID IN SETTING UP AND MAINTAINING ROAD BLOCKS. ALSO, THEY WILL AID IN EVACUATION OF THE PUBLIC IF NECESSARY.
- IMPORTANT:** LAW ENFORCEMENT PERSONNEL WILL NOT BE ASKED TO COME INTO A CONTAMINATED AREA. THEIR ASSISTANCE WILL BE LIMITED TO UNCONTAMINATED AREAS. CONSTANT RADIO CONTACT WILL BE MAINTAINED WITH THEM.
5. AFTER THE DISCHARGE OF GAS HAS BEEN CONTROLLED, COMPANY SAFETY PERSONNEL WILL DETERMINE WHEN THE AREA IS SAFE FOR RE-ENTRY.

### **EMERGENCY ACTIONS**

#### **WELL BLOWOUT – IF EMERGENCY**

1. EVACUATE ALL PERSONNEL IF POSSIBLE.
2. IF SOUR GAS – EVACUATE RIG PERSONNEL.
3. IF SOUR GAS – EVACUATE PUBLIC WITHIN 1 HOUR RADIUS OF EXPOSURE.
4. DON SCBA AND RESCUE.
5. CALL 911 FOR EMERGENCY HELP (FIRE DEPT AND AMBULANCE) AND NOTIFY SR. DRILLING FOREMAN AND DISTRICT FOREMAN.
6. GIVE FIRST AID.

**PERSON DOWN LOCATION/FACILITY**

1. IF IMMEDIATELY POSSIBLE, CONTACT 911. GIVE LOCATION AND WAIT FOR CONFIRMATION.
2. DON SCBA AND RESCUE.

**TOXIC EFFECTS OF HYDROGEN SULFIDE**

HYDROGEN SULFIDE IS EXTREMELY TOXIC. THE ACCEPTABLE CEILING CONCENTRATION FOR EIGHT-HOUR EXPOSURE IS 10 PPM, WHICH IS .001% BY VOLUME. HYDROGEN SULFIDE IS HEAVIER THAN AIR (SPECIFIC GRAVITY – 1.192) AND COLORLESS. IT FORMS AN EXPLOSIVE MIXTURE WITH AIR BETWEEN 4.3 AND 46.0 PERCENT BY VOLUME. HYDROGEN SULFIDE IS ALMOST AS TOXIC AS HYDROGEN CYANIDE AND IS BETWEEN FIVE AND SIX TIMES MORE TOXIC THAN CARBON MONOXIDE. TOXICITY DATA FOR HYDROGEN SULFIDE AND VARIOUS OTHER GASES ARE COMPARED IN TABLE I. PHYSICAL EFFECTS AT VARIOUS HYDROGEN SULFIDE EXPOSURE LEVELS ARE SHOWN IN TABLE II.

**TABLE I**  
**TOXICITY OF VARIOUS GASES**

COMMON NAME	CHEMICAL FORMULA	SPECIFIC GRAVITY (SC=1)	THRESHOLD LIMIT (1)	HAZARDOUS LIMIT (2)	LETHAL CONCENTRATION (3)
HYDROGEN CYANIDE	HCN	0.94	10 PPM	150 PPM/HR	300 PPM
HYDROGEN SULFIDE	H <sub>2</sub> S	1.18	10 PPM	250 PPM/HR	600 PPM
SULFUR DIOXIDE	SO <sub>2</sub>	2.21	5 PPM	-	1000 PPM
CHLORINE	CL <sub>2</sub>	2.45	1 PPM	4 PPM/HR	1000 PPM
CARBON MONOXIDE	CO	0.97	50 PPM	400 PPM/HR	1000 PPM
CARBON DIOXIDE	CO <sub>2</sub>	1.52	5000 PPM	5%	10%
METHANE	CH <sub>4</sub>	0.55	90,000 PPM	COMBUSTIBLE ABOVE 5% IN AIR	

1) THRESHOLD LIMIT – CONCENTRATION AT WHICH IT IS BELIEVED THAT ALL WORKERS MAY BE REPEATEDLY EXPOSED DAY AFTER DAY WITHOUT ADVERSE EFFECTS.

2) HAZARDOUS LIMIT – CONCENTRATION THAT WILL CAUSE DEATH WITH SHORT-TERM EXPOSURE.

3) LETHAL CONCENTRATION – CONCENTRATION THAT WILL CAUSE DEATH WITH SHORT-TERM EXPOSURE.

**TOXIC EFFECTS OF HYDROGEN SULFIDE**

**TABLE II**  
**PHYSICAL EFFECTS OF HYDROGEN SULFIDE**

PERCENT (%)	PPM	CONCENTRATION GRAINS 100 STD. FT <sup>3</sup> *	PHYSICAL EFFECTS
0.001	10	00.65	Obvious and unpleasant odor.
0.002	20	01.30	Safe for 8 hours of exposure.
0.010	100	06.48	Kill smell in 3 – 15 minutes. May sting eyes and throat.
0.020	200	12.96	Kills smell shortly; Stings eyes and throat.
0.050	500	32.96	Dizziness; Breathing ceases in a few minutes; Needs prompt artificial respiration.
0.070	700	45.36	Unconscious quickly; Death will result if not rescued promptly.
0.100	1000	64.30	Unconscious at once; Followed by death within minutes.

\*AT 15.00 PSIA AND 60°F.

## **USE OF SELF-CONTAINED BREATHING EQUIPMENT**

1. WRITTEN PROCEDURES SHALL BE PREPARED COVERING SAFE USE OF SCBA'S IN DANGEROUS ATMOSPHERE, WHICH MIGHT BE ENCOUNTERED IN NORMAL OPERATIONS OR IN EMERGENCIES. PERSONNEL SHALL BE FAMILIAR WITH THESE PROCEDURES AND THE AVAILABLE SCBA.
2. SCBA'S SHALL BE INSPECTED FREQUENTLY AT RANDOM TO INSURE HAT THEY ARE PROPERLY USED, CLEANED, AND MAINTAINED.
3. ANYONE WHO MAY USE THE SCBA'S SHALL BE TRAINED IN HOW TO INSURE PROPER FACE-PIECE TO FACE SEAL. THEY SHALL WEAR SCBA'S IN NORMAL AIR AND THEN WEAR THEM IN A TEST ATMOSPHERE. (NOTE: SUCH ITEMS AS FACIAL HAIR {BEARD OR SIDEBURNS} AND EYEGLASSES WILL NOT ALLOW PROPER SEAL.) ANYONE THAT MAY BE REASONABLY EXPECTED TO WEAR SCBA'S SHOULD HAVE THESE ITEMS REMOVED BEFORE ENTERING A TOXIC ATMOSPHERE. A SPECIAL MASK MUST BE OBTAINED FOR ANYONE WHO MUST WEAR EYEGLASSES OR CONTACT LENSES.
4. MAINTENANCE AND CARE OF SCBA'S:
  - A. A PROGRAM FOR MAINTENANCE AND CARE OF SCBA'S SHALL INCLUDE THE FOLLOWING:
    1. INSPECTION FOR DEFECTS, INCLUDING LEAK CHECKS.
    2. CLEANING AND DISINFECTING.
    3. REPAIR.
    4. STORAGE.
  - B. INSPECTION; SELF-CONTAINED BREATHING APPARATUS FOR EMERGENCY USE SHALL BE INSPECTED MONTHLY FOR THE FOLLOWING PERMANENT RECORDS KEPT OF THESE INSPECTIONS.
    1. FULLY CHARGED CYLINDERS.
    2. REGULATOR AND WARNING DEVICE OPERATION.
    3. CONDITION OF FACE PIECE AND CONNECTIONS.
    4. ELASTOMER OR RUBBER PARTS SHALL BE STRETCHED OR MASSAGED TO KEEP THEM PLIABLE AND PREVENT DETERIORATION.
  - C. ROUTINELYUSED SCBA'S SHALL BE COLLECTED, CLEANED AND DISINFECTED AS FREQUENTLY AS NECESSARY TO INSURE PROPER PROTECTION IS PROVIDED.

## **USE OF SELF-CONTAINED BREATHING EQUIPMENT**

5. PERSONS ASSIGNED TASKS THAT REQUIRES USE OF SELF- CONTAINED BREATHING EQUIPMENT SHALL BE CERTIFIED PHYSICALLY FIT FOR BREATHING EQUIPMENT USAGE BY THE LOCAL COMPANY PHYSICIAN AT LEAST ANNUALLY.
6. SCBA'S SHOULD BE WORN WHEN:
  - A. ANY EMPLOYEE WORKS NEAR THE TOP OR ON TOP OF ANY TANK UNLESS TEST REVEALS LESS THAN 10 PPM OF H2S.
  - B. WHEN BREAKING OUT ANY LINE WHERE H2S CAN REASONABLY BE EXPECTED.
  - C. WHEN SAMPLING AIR IN AREAS TO DETERMINE IF TOXIC CONCENTRATIONS OF H2S EXISTS.
  - D. WHEN WORKING IN AREAS WHERE OVER 10 PPM H2S HAS BEEN DETECTED.
  - E. AT ANY TIME THERE IS A DOUBT AS TO THE H2S LEVEL IN THE AREA TO BE ENTERED.



**RESCUE**  
**FIRST AID FOR H<sub>2</sub>S POISONING**

**DO NOT PANIC!**

**REMAIN CALM – THINK!**

- 1. HOLD YOUR BREATH. (DO NOT INHALE FIRST; STOP BREATHING.)**
- 2. PUT ON BREATHING APPARATUS.**
- 3. REMOVE VICTIM(S) TO FRESH AIR AS QUICKLY AS POSSIBLE. (GO UP-WIND FROM SOURCE OR AT RIGHT ANGLE TO THE WIND. NOT DOWN WIND.)**
- 4. BRIEFLY APPLY CHEST PRESSURE – ARM LIFT METHOD OF ARTIFICIAL RESPIRATION TO CLEAN THE VICTIM'S LUNGS AND TO AVOID INHALING ANY TOXIC GAS DIRECTLY FROM THE VICTIM'S LUNGS.**
- 5. PROVIDE FOR PROMPT TRANSPORTATION TO THE HOSPITAL, AND CONTINUE GIVING ARTIFICIAL RESPIRATION IF NEEDED.**
- 6. HOSPITAL(S) OR MEDICAL FACILITIES NEED TO BE INFORMED, BEFORE-HAND, OF THE POSSIBILITY OF H<sub>2</sub>S GAS POISONING – NO MATTER HOW REMOTE THE POSSIBILITY IS.**
- 7. NOTIFY EMERGENCY ROOM PERSONNEL THAT THE VICTIM(S) HAS BEEN EXPOSED TO H<sub>2</sub>S GAS.**

**BESIDES BASIC FIRST AID, EVERYONE ON LOCATION SHOULD HAVE A GOOD WORKING KNOWLEDGE OF ARTIFICIAL RESPIRATION, AS WELL AS FIRST AID FOR EYES AND SKIN CONTACT WITH LIQUID H<sub>2</sub>S. EVERYONE NEEDS TO MASTER THESE NECESSARY SKILLS.**

EXHIBIT "D" LOCATION DIAGRAM

MESQUITE 2 STATE #6  
1,650' FSL & 1650' FWL  
SEC 2, T18S, R31E  
EDDY COUNTY, NM

