

**OCD-HOBBS**  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

ENTERED  
AFMSS  
FEB 12 2008

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**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.*

5. Lease Serial No.  
NM98217

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

JCT FEDERAL 7 NO. 1

2. Name of Operator  
THOMPSON, J. CLEO

9. API Well No.  
30-025-38350

3a. Address  
P O BOX 12577  
ODESSA TX 79768

3b. Phone No. (include area code)  
(432) 550-8887

10. Field and Pool or Exploratory Area  
DEVONIAN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
547' FEL & 2100' FSL  
UL 1, SEC 7, T9S, R38E

11. Country or Parish, State  
LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Other SWD
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	INFORMATION
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

SE ATTACHED FORM CONCERNING SALT WATER DISPOSAL. PLEASE NOTE THAT THE FORM C-103 WAS SUBMITTED TO US BY THE FACILITY OPERATOR AS THEIR "STATE ISSUED PERMIT FOR THE DISPOSAL FACILITY" AS REQUESTED IN ITEM 7.

RECEIVED  
2008 FEB 12 P 12:42  
BUREAU OF LAND MGMT.  
HOBBS, NEW MEXICO

RECEIVED  
FEB 26 2008  
HOBBS OCD

APPROVED  
FEB 24 2008  
JAMES A. AMOS  
SUPERVISOR-EPS

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

Title OPERATIONS MANAGER

Signature

*J. E. Stevens*

Date 02/08/2008

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

*Chris Williams*

OC DISTRICT

SUPERVISOR/GENERAL MANAGER

MAR 03 2008

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.

Title  
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 page 2)

RECEIVED

FEF 05 2008

KAH-018-08

ATTACHMENT TO INCIDENT OF NON COMPLIANCE NUMBER \_\_\_\_-\_\_\_\_-\_\_\_\_

### WATER PRODUCTION & DISPOSAL INFORMATION

In order to process your disposal request, the following information must be completed:

1. Names(s) of all formation(s) producing water on the lease.

DEVONIAN

2. Amount of water produced from all formations in barrels per day.

125 BBLs/DAY

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.

500 BBL FIBER GLASS TANK

5. How water is moved to the disposal facility.

TRUCK

6. Identify the Disposal Facility by:

A. Facility Operator Name John B. Stearns

B. Name of facility of well name & number Gray SWD #1

C. Type of facility of well (WDW)(WIW), etc. WDW

D. Location by  $\frac{1}{4}$ ,  $\frac{1}{4}$ , Section, Township and Range NE ~~SW~~  $\frac{1}{4}$  NW  $\frac{1}{4}$ , Sec. 18, 9S-34E

7. Attach a copy of the State issued permit for the Disposal Facility.

Submit all of the above required information to this office, 414 West Taylor, Hobbs, NM 88240, on a Sundry Notice Form 3160-5, 1 Original and 5 copies, within the required time frame. (This form may be used as an attachment to the Sundry Notice.) Call (505) 393-3612 if you need to further discuss this matter.

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-23898
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. SWD 751
7. Lease Name or Unit Agreement Name Gray #1
8. Well No. #1 SWD
9. Pool name or Wildcat SWD Perm/Bough C <96097>

**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. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER SWD

2. Name of Operator  
John R. Stearns dba STEARNS

3. Address of Operator  
HC 65 Box 988, Crossroads, NM 88114

4. Well Location  
Unit Letter C : 660 Feet From The north Line and 3300 Feet From The east Line  
Section 18 Township 9S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. 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 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: change from producer to SWD. <input checked="" type="checkbox"/>	

12. 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.

8/6-7/99 RIH with Model R Pkr. and 2 7/8" plastic coated tubing---set packer @ 9643 ft. with 12 points set on packer. Loaded casing with packer fluid. Mechanical integrity test: 340# held for 15 minutes.

SWD-751

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

SIGNATURE John R. Stearns TITLE OWNER DATE 8/15/99

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Gayle W. Wink TITLE DEPUTY COMMISSIONER DATE SEP 27 1999

CONDITIONS OR APPROVAL, IF ANY:

# Permian Treating Chemicals, Inc.

## WATER ANALYSIS REPORT

**SAMPLE**

Oil Co.: J. Cleo Thompson  
Lease: Fed 7  
Well No.: #1  
Location:  
Attention:

Date Sampled: 17-December-2007  
Date Analyzed: 26-December-2007  
Lab ID Number: Dec2607.002- 1  
Salesperson:  
File Name: Dec2607.002

**ANALYSIS**

1. Ph
2. Specific Gravity 60/60 F.
3. CaCO<sub>3</sub> Saturation Index

6.190  
1.080

@ 80F  
@ 140F

-0.246  
0.674

Negligible  
Moderate

**Dissolved Gasses**

4. Hydrogen Sulfide
5. Carbon Dioxide
6. Dissolved Oxygen

MG/L

EQ. WT.

\*MEQ/L

Not Present

Not Determined  
Not Determined

**Cations**

7. Calcium (Ca++)
8. Magnesium (Mg++)
9. Sodium (Na+)
10. Barium (Ba++)

(Calculated)

3,174

/ 20.1 =

157.91

700

/ 12.2 =

57.38

32,754

/ 23.0 =

1,424.09

Not Determined

**Anions**

11. Hydroxyl (OH-)
12. Carbonate (CO<sub>3</sub>=)
13. Bicarbonate (HCO<sub>3</sub>-)
14. Sulfate (SO<sub>4</sub>=)
15. Chloride (Cl-)
16. Total Dissolved Solids
17. Total Iron (Fe)
18. Manganese (Mn++)
19. Total Hardness as CaCO<sub>3</sub>
20. Resistivity @ 75 F. (Calculated)

0

/ 17.0 =

0.00

0

/ 30.0 =

0.00

633

/ 61.1 =

10.36

1,100

/ 48.8 =

22.54

56,987

/ 35.5 =

1,605.27

95,348

191.00

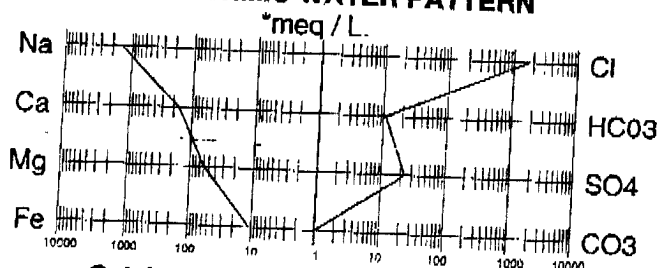
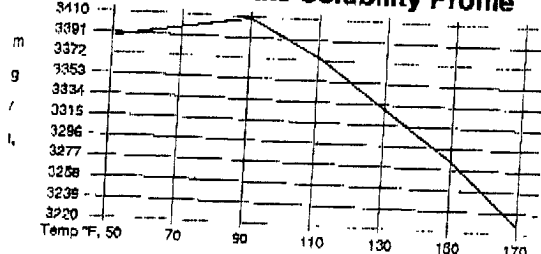
/ 18.2 =

10.49

Not Determined

10,810

0.099 Ohm · meters

**LOGARITHMIC WATER PATTERN****Calcium Sulfate Solubility Profile****PROBABLE MINERAL COMPOSITION**

COMPOUND	*meq/L	X	EQ. WT. =	mg/L.
Ca(HCO <sub>3</sub> ) <sub>2</sub>	10.36		81.04	840
CaSO <sub>4</sub>	22.54		68.07	1,534
CaCl <sub>2</sub>	125.01		55.50	6,938
Mg(HCO <sub>3</sub> ) <sub>2</sub>	0.00		73.17	0
MgSO <sub>4</sub>	0.00		60.19	0
MgCl <sub>2</sub>	57.38		47.62	2,732
NaHCO <sub>3</sub>	0.00		84.00	0
NaSO <sub>4</sub>	0.00		71.03	0
NaCl	1,422.88		58.46	83,182

\* milliequivalents per Liter

*Kevin Byrne*

Kevin Byrne, Analyst