

STATE OF NEW MEXICO

OIL CONSERVATION DIVISION HOBBS DISTRICT OFFICE

5/26/98

POST OFFICE BOX 1980 HOBBS, NEW MEXICO 88241-1960 (505) 393-6161

GOVERNOR

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

RE: Proposed:

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NSL		 	
NSP <sup>-</sup>			
SWD			
WFX			
PMX	×		
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Gentlemen:

I have examined the application for the: Ge Southwest Royalties Inc M Operator Lease & Well No.

and my recommendations are as follows:

Yours very truly,

Chris Williams Supervisor, District 1

/ed

Flying M SA Unit \$42-M.29.9. Gonzales 31 Federal #by-I-31-95-3: 33e # 8-29-95

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· -		ANTA PE NEW MERICO 87501	He	jing y	$\gamma\gamma$
APPLICA	TION FOR AUTHORIZATION TO INJECT		0		_
. I.	Purpose: Secondary Recovery Application qualifies for adm	Pressure Hain	tenance 1? Xve	Dinnosal	L Storage
••	500-00-5-	ROTALTIES, IN			
II.		11390 MIDLA			
	Address.	LOUNT	Phone	1-800 - 43	3 - 7945
· III.	Well data: Complete the data re proposed for injecti	quired on the rever	se side of	f this form fo	or each well
IV.	to this as expandion of an exist	ing project?	ves [		1 + R-3033.
۷.	If yes, give the Division order Attach a map that identifies all	wells and leases w	ithin two	miles of any	proposed
••	Attach a map that identifies all injection well with a one-half m well. This circle identifies th	ile radius circie d	LaMU alon	nd each propo	sed injection
• VI.	Attach a tabulation of data on a penetrate the proposed injection well's type, construction, date a schematic of any plugged well	zone. Such data s drilled, location.	depth. re-	cord of comple	
VII.	Attach data on the proposed oper				
	<ol> <li>Proposed average and max</li> <li>Whether the system is op</li> <li>Proposed average and max</li> <li>Sources and an appropria the receiving formation</li> <li>If injection is for disp at or within one mile the disposal zone form literature, studies, mage</li> </ol>	en or closed; cimum injection pres ate analysis of inje on if other than rei oosal purposes into of the proposed wel nation water (may be nearby wells, etc.).	sure; ction flu njected p a zone no l, attach measured	id and compat roduced water t productive a chemical a or inferred	ibility with ; and of oil or gas nalysis of from existing
#Y111 -	detail, geological name, thickne bottom of all underground source total dissolved solids concentra injection zone as well as any su injection interval.	ess, and depth. Gives of drinking water	e the geo (aquifer 1 or less	s containing ) overlying t	waters with he proposed
<u>.</u> IX.	Describe the proposed stimulation				
<b>X.</b>	Attach appropriate logging and t with the Division they need not	test data on the wel be resubmitted.)	ll. (If w	ell logs have	been filed
• XI.	Attach a chemical analysis of fr available and producing) within location of wells and dates same	one mile of any inj	or more f jection or	resh water we disposal wel	lls (if l showing
XII.	Applicants for disposal wells me examined available geologic and or any other hydrologic connect: source of drinking water.	engineering data ar ion between the disp	nd find no Dosal zone	and any unde	rground
XIII.	Applicants must complete the "P	roof of Notice" sec	tion on th	ne reverse sid	e of this form.
XIV.	Certification			. <b>.</b>	knug and connect
	I hereby certify that the inform to the best of my knowledge and	mation submitted with belief.	th this ap	oplication is	true and correct
5) 2010 2010 2010	Name: JAMES BLOUNT		Title	AREA SU	PEKVISOR
Č,	Signature: James Blog	m	Date: _	5-6-98	
ຣບbຓ	he information required under Sec itted, it need not be duplicated i he earlier submittal.	tions VI, VIII, X, and resubmitted. P	and XI abo lease show	ove has been p w the date and	reviously   circumstance



#### III. WELL DATA

#### FORM C-108 Side 2

- The following well data must be aubmitted for each injection well covered by this application. Α. The data must be both in tabular and schematic form and shall include:
  - Lease name; Well No.; location by Section, Township, and Range; and footage (1)
  - (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
  - A description of the tubing to be used including its size, lining material, and (3)
  - (4) The name, model, and setting depth of the parker used or a description of any other

Division District offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown Β. only when different. Information shown on schematics need not be repeated.
  - (1) The name of the injection formation and, if applicable, the field or pool name.
  - (2) The injection interval and whether it is perforated or open-hole.

  - (3) State if the well was drilled for injection or, if not, the original purpose of the well.
  - Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
  - (5) Give the depth to and name of the next higher and next lower oil or gas zone in the

## XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement

- (1) The name, address, phone number, and contact party for the applicant;
- the intended purpose of the injection well; with the exact location of single (2)wells or the section, township, and range location of multiple wells;
- (3) the formation name and depth with expected maximum injection rates and pressures; and
- a notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, P. O. Box 2088, Santa Fe, New Mexico 87501 within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within the internet of the date this application was

	$\overline{}$	TECTION WELL DATA SHEET	•	
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		Total depth <u>440</u>	94'	
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#### McGuffin #2

Location: 1980' FNL & 660' FWL Type: Oil Sec 29, T9S, R33E Date Drilled: 5/74 Total Depth: 4440'

## Casing Record:

Size	Depth	Sacks Cement
8 5/8"	407'	350
4 <sup>1</sup> /2"	4440'	250

## Completion:

5/74	Perforated 4340-74'. Acidized well w/4500 gal acid.
5/74	Squeezed perfs w/32 bbls Injectrol + 40 sx cmt.
1/67	Reperforated 4340-64'. Acidized w/2000 gal acid.

#### Flying M Unit #34-1

Location: 2112' FSL & 79	6' FWL	Sec 29, T9S, R33E
Type: Oil		Date Drilled: 7/67
Casing Record:		Total Depth: 4465'
Size	Depth	Sacks Cement

Size	Depth	Sacks Cement
8 5/8"	288'	200
4 1/2"	4465'	250

## Completion:

7/67 Perf 4348-83'.
7/67 Acidized well w/5000 gal acid. Put well on pump.

#### Flying M Unit #24-2

'FWL	Sec 29, T9S, R33E
	Date Drilled: 7/67
	Total Depth: 4459'
Depth	Sacks Cement
279'	200
4459'	250
	Depth 279'

## Completion:

8/67 Perf 4367-4406'.8/67 Acidized well. Put well on pump.



Wells in Area of Review Application for Authorization to Inject Southwest Royalties, Inc.

## Flying M Unit #24-1

Location: 1980' FSL & 1980' FWL Type: Oil

Casing Record:

Size	Depth
8 5/8"	404'
4 <sup>1</sup> / <sub>2</sub> "	4450'

## Completion:

4/74	Perf 4346-84'.	
4/74	Acidized well.	Put well on pump.

#### Flying M Unit #1A-7

Location: 659' FSL & 1991' FEL Type: Oil

Sec 29, T9S, R33E Date Drilled: 5/74 Total Depth: 4429'

Sec 29, T9S, R33E

Date Drilled: 3/74 Total Depth: 4450'

Sacks Cement 300 250

Casing Record:		
Size	Depth	Sacks Cement
8 5/8"	342'	300
4 1/2"	4429'	250

#### Completion:

6/74Perf 4356-4427'.6/74Acidized well w/4500 gal acid. Put well on pump.





#### PG-10





PG-10



VII. Proposed Operation

This well will be used to inject produced water from other wells in the Flying M (SA) Field via a closed system. The anticipated average injection rate and pressure is 500 BWPD @ 800 psi. The anticipated maximum rate and pressure is 1000 BWPD @ 2100 psi.

VIII. Geological Data

The produced water will be injected into the San Andres formation from 4333' to 4381'. The San Andres consists of dolomite.

The source of underground drinking water in the area is the Ogallala formation (base 400').

VIII. Proposed Stimulation

We will clean out the wellbore to PBTD. Set Model AD-1 packer at 4250' and acidize with 2000 gal 20% NEFE acid.

XII. I have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the injection zone and any underground source of drinking water.



PHONE (915) 673-7001 • 2111 BEECHWOOD • ABILENE, TX 79603 PHONE (505) 393-2326 • 101 E. MARLAND • HOBBS, NM 88240

ANALYTICAL RESULTS FOR SOUTHWEST ROYALTIES, INC. ATTN: JAMES BLOUNT P.O. BOX 11390 MIDLAND, TX 79702-8390 FAX TO:

Receiving Date: 04/24/98 Reporting Date: 04/30/98 Project Number: NOT GIVEN Project Name: NOT GIVEN Project Location: 14 MILES W. OF CROSSROADS, NM  $\omega/2$  + Ni $\omega/4$ , SEC 29, T 15, R 33E Sampling Date: NOT GIVEN Sample Type: GROUNDWATER Sample Condition: COOL & INTACT Sample Received By: JS Analyzed By: AH

, , , , , , , , , , , , , , , , , , , ,		•	11	Γ.	Conductivity	T-Alkalinity
	Na	Ca	Mg		-	-
AB NUMBER SAMPLE ID	(mg/L)	(mg/L)	(mg/L)	(mg/L)	(umnos/cm)	(mgCaCO <sub>3</sub> /L)
ANALYSIS DATE:	04/30/98	04/28/98	04/28/98	04/28/98	04/28/98	04/28/98
	234	776	175	10.1	6208	116
H3606-1 WINDMILL H2O	201					
	NR	42	53	NR	1445	NR
Quality Control		50	50	NR	1413	NR
True Value QC	NR	84	106	NR	102	\$
% Accuracy	NR		6.0	NR		1
Relative Percent Difference	NR	16.0	0.0		0.0	1
METHODS:	SM3	500-Ca-D	3500-Mg E	8049	120.1	310.1
	cī	SO₄	CO3	HCO3	рН	то
	(mg/L)	(mg/L)	(mg/L)	(mg/L)		
	0.00000	04/28/98	04/28/98	04/28/98	04/28/98	04/28/9
ANALYSIS DATE:	04/30/98	1342	04/20/90	142		
H3606-1 WINDMILL H2O	1185	1342			·	
Quality Control	476	50.2	NR	NF		
True Value QC	500	50.0	NR	NF		the second se
	95	100	the second s	NF	₹ 99.3	
% Accuracy Relative Percent Difference	0.8	0.3		NF	R 0.0	3 0.
Inclante Ferderic Binerence						
METHODS:	SM4500-CI-B	375.4	310.1	310.1	1 150.1	160.

Potter, Chemist

04/30/98 Date

PLEASE NOTE: Liability and Damages. Cardinal's liability and client's exclusive remedy for any claim arising, whether based in contract or tort, shall be limited to the amount paid by client for analyses. All claims, whether based in writing and received by Cardinal within thirty (30) days after completion of the applicable service. In no event shall Cardinal be liable for incidental or consequential damages, including, without limitation, business interruptions, loss of use, or loss of profits incurred by client, its subsidiaries, affiliates or successors arising out of or related to the performance of services hereunder by Cardinal, regardless of whether such claim is based upon any of the above-stated reasons or otherwise.



SURFACE OWNER

1864 - GONZAES FED 31

E/2 SECTION 31-9S-33E LEA CO., NM

1865 - FLYING "M" 34-2

SWSW SECTION 29-9S-33E LEA CO., NM

1869 - MCGUFFIN #2

SWNW SECTION 29-9S-33E LEA CO., NM ANNETTE O. MARTIN TRUST 8516 STONE HARBOR CT LAS VEGAS, NV 89128

MARGART MCGUFFIN BOX 344 CAPROCK, NM 88213



1865

# Flying M SWD/Injection Prospect

# **OFFSET OPERATORS REPORT**

Based on a cursory review of the records of Lea County, New Mexico and the Oil Conservation Division

ELLIS & ELLIS P. O. Box 2522 Midland, Texas 79702 Telephone: 915-685-3863 Fax: 915-685-0955



# April 24, 1998

Lands offsetting Proposed Injection well located in the W/2 SW/4 of Section 29, T-9-S, R-33-E, NMPM, Lea County, New Mexico, and not operated by Southwest Royalties (Plat attached).

Land	Operator	Comments
W/2 NE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM	John R. Stearns, et ux Lou Ann Stearns, d/b/a Stearns PO Box 988 Crossroads, NM 88114	
E/2 SE/4 of Section 30, T9S, R33E, NMPM, Lea County, NM	Joseph E. & Twila M. Goodding Living Trust dated 7/12/89, Twila M. Goodding, Trustee (3/4 interest) 1009 Crestview Circle Farmington, NM 87401 and Laura Kaempf, ssp (1/4 interest) 1325 Valley View Road, Apt. 302 Glendale, CA 91202	Unleased Mineral Interest



State of New Mexico, County of Lea.

#### I, KATHI BEARDEN

#### Publisher

of the Hobbs Daily News-Sun, a daily newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

1

of

weeks.

Beginning with the issue dated

April 23 1998 and ending with the issue dated

> April 23 1998

Publisher

Sworn and subscribed to before

23rd me this. day of

1998

ONSO Notary Public.

April

My Commission expires October 18, 2000 (Seal)

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

01101469000 02515156 Southwest Royalties, Inc. P.O. Box 11390 a/c# 476043 Midland, TX 79702

LEGAL NOTICE April 23, 1998 c., intends to convert to water in

- Southwest Royalties, Inc (3) wells in the Flying "M" (SA) Field. The wells involve follows:

- follows: Flying "M" (SA) Unit Tract 34 Well #2, located 660' FSL & 660', FWL of Section 29, T-9-S, R-33-E, Unit Letter M, in Lea Cour-, ty, New Mexico. Injection will be to provide pressure mainte-nance in the San Andres formation from 4333' 4381' at a maximum rate and pressure of 1200 BWPD and 2100 PSI. McGutfin #2, located 1980 FNL & 660 FWL of section 29, T-9-S, R-33-E, Unit Letter E, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres for-mation from 4340-64' at a maximum rate and pressure of 1200 BWPD and 2100 PSI. Gonzales 31 Federal #6Y. located 1980 FSL & 660 FEL or
- BWPD and 2100 PSI. Gonzales 31 Federal #6Y, located 1980 FSL & 860 FEL or Section 31, T-9-S, R-33-E, Unit Letter I, in Lea County, New Mexico. Injection will be to provide pressure maintenance in the San Andres formation from 4239-4282 at a mathinum rate and pressure of 1200 BWPD and 2100 PSI.

- interested parties must file objections or requests for h within 15 days to the following: Oil Conservation Division
- P.O. Box 2088 Santa Fe, NM 87501

you have any questions concerning this ap tact the follo co

Southwest Royalties, Inc. P.O. Box 11390 Midland, Tx 79702

Attention: Jim Blount #15879

SENUER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that can return this I also wish to receive the following services (for an Attach this form to the front of the mailpiece, or on the back if space does not
 Attach this form to the front of the mailpiece, or on the back if space does not extra fee): 1. Addressee's Address permit. ■Write "Return Receipt Requested" on the mailpiece below the article number. ■The Return Receipt will show to whom the article was delivered and the date delivered. Ser 2. D Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number 936530 B 4b. Service Type ANNETTE O. MARTIN TRUST å Registered 8516 STONE HARBOR CT. X Certified using LAS VEGAS, NV 89128 Express Mail Insured Return Receipt for Merchandise D COD ğ 7. Date of Delive 98 You 5 Received By: (Print Name) A h N e f = D M6. Signature: (Addressee or Agent) 8. Addressee's Address (Only if requested Thank and fee is paid) ar 11 1 1 11 i. PS Form 3811, December 1994 102595-97-B-0179 Domestic Return Receipt SENDER: Complete items 1 and/or 2 for additional ser
 Complete items 3, 4a, and 4b.
 Print your name and address on the reverse I also wish to receive the following services (for an extra fee): form sg/ hat we can return this card to you. • Attach this form to the front of the malipiece, or on the back if Permit.
 Write "Return Receipt Requested" on the malipiece b
 The Return Receipt will show to whom the article was delivered. space does not 1. D Addressee's Address Servic 2. C Restricted Delivery cle number and the date P 329 365 275 ceipt Consult postmaster for fee. 3. Article Addressed to: 4a. Article Numbe P 329 å 36 **US Postal Service** En 4b. Service Type **Receipt for Certified Mail** No Insurance Coverage Provided. Ret Registered Certified STEARNS Do not use for International Mail (S using Express Mail Insured **BOX 988** COD Return Receipt for Merchandise CROSSROADS, NM 88114 õ 7. Date of Delivery KU 302 -9-98 you 5. Received By: (Print Name) 8. Addressee's Address (Only if requested 9 Thank • 202 and fee is paid) \$ e, age 6. Signature: (Addressee or Agent) 111 Certified Fee DOW PS Form 3811, December 1994 Special Delivery Fee MAY 102595-97-B-0179 Domestic Return Receipt ZZ A. stricted Delivery Fee 6 SENDER: ¢, 395 e I also wish to receive the Setum Receipt Showing to Whom & Date Delivered Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this 1998 following services (for an extra fee): eturn Receipt Showing to Who USPS card to you. Attach this form to the front of the mailpiece, or on the Dack if epace does not Servic Date, & Addressee's Address 1. D Addressee's Address 3800 permit. Write "Return Receipt Requested" on the mailplece below the article number. The Return Receipt will show to whom the article was delivered and the date TOTAL Postage & Fees 2. C Restricted Delivery \$ Receipt Postmark or Date Consult postmaster for fee. delivered. 4a. Article Number クスユ 9 Form 3. Article Addressed to: 365274 P32 Joseph E. FTW: la Goodding പ്പ Return 4b. Service Type 1009 Crestvien Cirele Certified Registered using <sup>1</sup> Insured Express Mail Farmington, NM 87401 COD Return Receipt for Merchandise و 7. Date of Delivery you Thank 8. Addressee's Address (Only If requested 5. Received By: (Print Name) and fee is paid) wi la 6. Signature: (Addressee or Agent) 1111 Х i 1 -102595-97-B-0179 Domestic Return Receipt PS Form 3811, December 1994 SENDER: SENUCH: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not I also wish to receive the following services (for an extra fee): Servic 1. Addressee's Address permit. #Write "Return Receipt Requested" on the mailpiece below the afticle number. #The Return Receipt will show to whom the article was delivered and the date 2. Bestricted Delivery Consult postmaster for fee. ă delivered. Ħ Rece a. Article Number P3293652 3. Article Addressed to: Dale Toddor V. Todd 73 using Return 4b. Service Type PO BOX 310 Registered Certified Insured Bosque, NM 87006 Express Mail 🖸 Return Receipt for Merchandise 🔲 COD ٥ 7. Date of Delivery you Thank Received By: (Print Name 8. Addressee's Address (Only if requested and fee is paid) Signature: (400 Û 1 Х 102595-97-B-0179 Domestic Return Receipt PS Form 3811 December 1994