

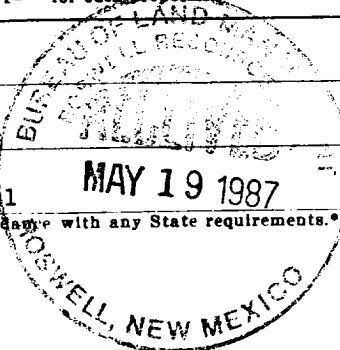
UNITED STATES N. M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO NM - 0142233
2. NAME OF OPERATOR Apollo Energy, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATION Box 8097, Roswell, New Mexico 88201	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE/4 NW/4 Sec. 17 T8S R30E	8. FARM OR LEASE NAME Baxter Fed.
	9. WELL NO. N/A
	10. FIELD AND POOL, OR WILDCAT Cato
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17 T8S R30E
14. PERMIT NO.	12. COUNTY OR PARISH Chaves
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE NM



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Water Disposal Approval	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Re: Water Disposal Application - UT Baxter Fed

Apollo Energy, Inc. proposes to dispose of produced water from the subject lease in the following manner:

- (1) Transport the produced water through a surface layed continuous poly line to the Cato IV storage facilities located in the SW/4 NE/4 Sec. 17. Commingle the produced water with water from surrounding leases.
- (2) Transport the fluid using a transfer pump and surface layed continuous poly line to the Cato III storage facilities; salt water handling system.
- (3) Commingle the produced water from the UT Baxter Fed (subject lease) with produced water from other surrounding leases.

See Attached Sheet

18. I hereby certify that the foregoing is true and correct

SIGNED

J. Goodrich

TITLE Project Manager

DATE May 15, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER

MAY 26 1987

*See Instructions on Reverse Side

PAGE 2

- (4) Inject/dispose of the commingled water into NMOCC approved Cato Baskett SWD project located on non-federal leases:

Cato Baskett B E/2 NW/4 Sec. 11
Cato Baskett D E/2 Sec. 11
CS Wasley N/2 Sec. 14

Cato Wasley Pressure Maintance Program
NMOCC R-3867-B Dated 8-7-72
Cato Baskett Pressure Maintance Program
NMOCC R-3867-A Dated 11-18-70

✓ 15 MAY 87



RECEIVED
MAY 27 1987
OCD
HOBBS OFFICE

(November 14, 1985)
(Formerly 9-321)

DEPARTMENT
BUREAU C

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0142233

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Baxter Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Cato San Andres

11. SEC., T., R., N., OR BLK. AND
SURVEY OR AREA

Sec. 17, T8S, R30E

12. COUNTY OR PARISH

CHAVES

13. STATE

NM

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—" for such proposals.)

1. OIL ☒ WELL ☒ GAS ☐ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

APOLLO ENERGY, INC.

3. ADDRESS OF OPERATOR

PO BOX 5315, HOBBS, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit F, 1980' FNL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4090' DF (est.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) CHANGE IN OWNERSHIP

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Previous operator - Union Texas Petroleum Corp.

Planned workover in the future



18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE DOES NOT WARRANT OR
CERTIFY THAT THE APPLICANT HOLDS
ENTITLE THE APPLICANT TO CONDUCT OPERATIONS THEREON.

DATE 9-11-86

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

APPROVED
PETER W. CHESTER

OCT 7 1986

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to a Federal agency or the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Form 10-105
November 1983
Bureau of Land Management

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Budget Bureau No. 10-105
Expires August 31, 1987

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" for such proposals.

1. WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> TIEBACK		5. LEASE DESIGNATION AND SERIAL NO. NM 0142233	
2. NAME OF OPERATOR APOLLO ENERGY, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO BOX 5315, HOBBS, NM 88241		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F, 1980' FNL & 1980' FWL		8. FARM OR LEASE NAME Baxter Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4090' DF (est.)		10. FIELD AND POOL, OR WILDCAT Cato San Andres	
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 17, T8S, R30E	
		12. COUNTY OR PARISH CHAVES	13. STATE NM

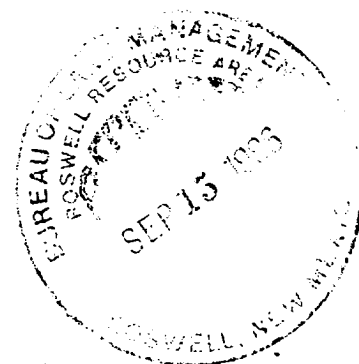
15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRAC TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRAC TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHUT-IN WELL <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Regeneration Report and Log form.)

17. (If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to work.)

Well TA'd at present. Workover planned to add new perforations and acidizing at a later date.



18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE PRESIDENT DATE 9-11-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: APPROVED FOR 12 MONTH PERIOD
ENDING OCT 7 1987
*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER
OCT 7 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED
OCT 10 1986
S.S.
NEWS OFFICE