

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well Oil <input type="checkbox"/> Gas <input type="checkbox"/> <input type="checkbox"/> Well <input checked="" type="checkbox"/> Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 14791
2. Name of Operator Samson Resources Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 2 West 2nd Street Tulsa, OK 74103 (918) 583-1791	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SE SW Sec. 4 T21S R32E NMP	8. Well Name and No. New Mexico Federal "D" #1
	9. API Well No. 300252548500
	10. Field and Pool, or Exploratory Area Morrow
	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"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Dispose Water

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

13 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.)*

Request approval for the disposal of produced water.

Name of formation producing water on lease. Morrow
Amount of water produced from all formations in barrels per day. 4
How water is stored on the lease. Fiberglass storage tank
How water is moved from facility. By truck

Disposal facility:

Operators name.	Chaparral Service, Inc.
Well name	Chaparral
Well type and number.	SWDW #1
Location.	NW4 NE4 Sec. 17-T23S-R37E

* Copy of Underground Injection Control Permit and water analysis is attached.

RECEIVED
1999 APR 20 P 6:06
BUREAU OF LAND MGMT
HOODS, NEW MEXICO

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

14. I hereby certify that the foregoing is true and correct			
Signed	<i>David Bishop</i>	Title	Environmental Technician
(This space for Federal or State office use)		Date	4/13/99
Approved by	<i>David Bishop</i>	Title	ENGINEER
Conditions of approval, if any:		Date	MAY 27 1999

Title 18 U.S.C. Section 1001, makes 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.

* See Instruction on Reverse Side