

APPLICATION TO PLACE WELL ON INJECTION-GEOTHERMAL RESOURCES AREA

Operator		Address	
Lease Name	Well No.	Field	County
Location Unit Letter _____ ; Well is Located _____ Feet From The _____ Line And _____ Feet From The _____ Line, Section _____ Township _____ Range _____ NMPM.			

CASING AND TUBING DATA

NAME OF STRING	SIZE	SETTING DEPTH	SACKS CEMENT	TOP OF CEMENT	TOP DETERMINED BY
Conductor Pipe					
Surface Casing					
Long String					
Tubing			Name, Model and Depth of Tubing Packer		
Name of Proposed Injection Formation			Top of Formation	Bottom of Formation	
Is Injection Through Tubing, Casing, or Annulus?		Perforations or Open Hole?	Proposed Interval(s) of Injection		
Is This a New Well Drilled For Injection?	If Answer is No, For What Purpose was Well Originally Drilled?		Has Well Ever Been Perforated in Any Zone Other Than the Proposed Injection Zone?		
List All Such Perforated Intervals and Sacks of Cement used to Seal Off or Squeeze Each					
Depth of Bottom of Deepest Fresh Water Zone in This Area		Is This Injection for Purpose of Pressure Maintenance or Water Disposal? (See Rules 501 and 502)			
Anticipated Daily Injection Volume	Minimum	Maximum	Open or Closed Type System	Is Injection to be by Gravity or Pressure?	Approx. Pressure (psi)
Answer Yes or No Whether the Following Waters are Mineralized to such a Degree as to be Unfit for Domestic, Stock, Irrigation, or Other General Use—			Water to be Injected	Natural Water in Injection Zone	Are Water Analyses Attached?
Name and Address of Surface Owner (or Lessee, if State or Federal Land)					
List Names and Addresses of all Operators Within One-Half (1/2) Mile of This Injection Well					
Have Copies of this Application Been Sent to Each Operator Within One-Half Mile of this Well?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are the Following Items Attached to this Application (see Rule 503)		Plat of Area	Electrical Log	Diagrammatic Sketch of Well	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

(Signature)

(Title)

(Date)

NOTE: Should waivers from all operators within one-half mile of the proposed injection well not accompany this application, the New Mexico Oil Conservation Division will hold the application for a period of 20 days from the date of receipt by the Division's Santa Fe office. If at the end of the 20-day waiting period no protest has been received by the Santa Fe office, the application will be processed. If a protest is received, the application will be set for hearing, if the applicant so requests. SEE RULE 503.