

*SWD-101*  
*Rec May 3*

NEW MEXICO OIL CONSERVATION COMMISSION

APPLICATION TO DISPOSE OF SALT WATER BY INJECTION INTO A POROUS FORMATION

|                                                                                                                                                                                                                 |               |                                                                      |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------|---------------|
| OPERATOR<br>Robert B. Holt                                                                                                                                                                                      |               | ADDRESS<br>Suite 801, First Nat'l Bank Bldg.<br>Midland, Texas 79701 |               |
| LEASE NAME<br>Aztec State                                                                                                                                                                                       | WELL NO.<br>1 | FIELD<br>North Baum                                                  | COUNTY<br>Lea |
| LOCATION<br>UNIT LETTER <u>H</u> ; WELL IS LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE<br><u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>13-S</u> RANGE <u>32-E</u> NMPM. |               |                                                                      |               |

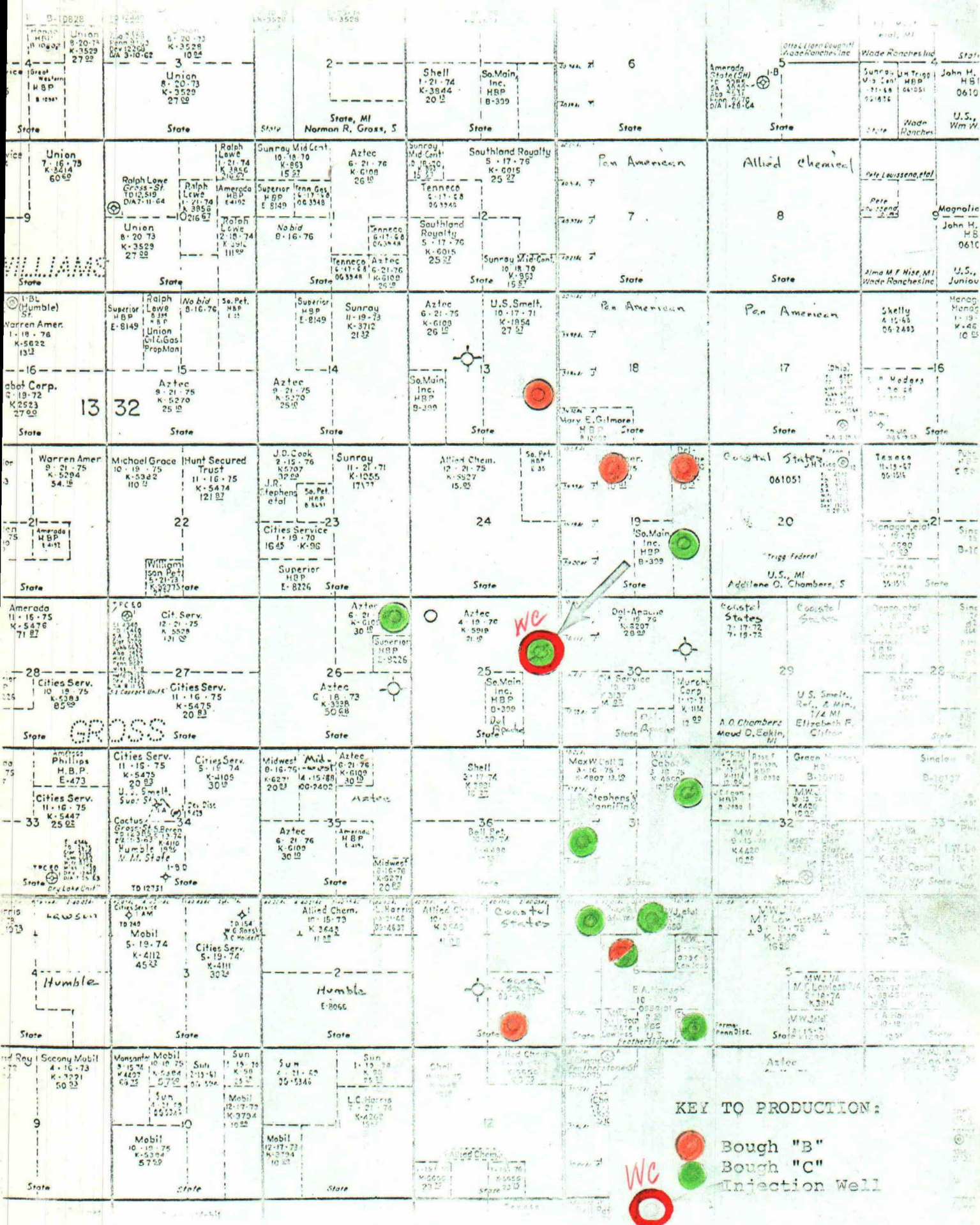
CASING AND TUBING DATA

| NAME OF STRING                                                                                                                                                                                                                                                                                                                                       | SIZE             | SETTING DEPTH                                                                          | SACKS CEMENT                                                           | TOP OF CEMENT                                                                           | TOP DETERMINED BY                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------|
| SURFACE CASING<br>48#                                                                                                                                                                                                                                                                                                                                | 13 3/8"          | 373'                                                                                   | 400 sx                                                                 | Circ.                                                                                   |                                    |
| INTERMEDIATE<br>32 & 24#                                                                                                                                                                                                                                                                                                                             | 8 5/8"           | 4,030'                                                                                 | 400 sx                                                                 | 3,200'                                                                                  | Temp. Survey                       |
| LONG STRING<br>11.6#                                                                                                                                                                                                                                                                                                                                 | 4 1/2"           | 9,900'                                                                                 | 350 sx                                                                 | 8,700'                                                                                  | Temp. Survey                       |
| TUBING<br>2"                                                                                                                                                                                                                                                                                                                                         | 2"               | 9767                                                                                   | NAME, MODEL AND DEPTH OF TUBING PACKER<br>Baker Model "D" @ 9200'      |                                                                                         |                                    |
| NAME OF PROPOSED INJECTION FORMATION<br>Wolfcamp                                                                                                                                                                                                                                                                                                     |                  |                                                                                        | TOP OF FORMATION<br>9240'                                              |                                                                                         | BOTTOM OF FORMATION<br>9268'       |
| IS INJECTION THROUGH TUBING, CASING, OR ANNULUS?<br>2" plastic coated tubing                                                                                                                                                                                                                                                                         |                  | PERFORATIONS OR OPEN HOLES?<br>Perforations                                            | PROPOSED INTERVAL(S) OF INJECTION<br>9245-54 (production test - water) |                                                                                         |                                    |
| IS THIS A NEW WELL DRILLED FOR DISPOSAL?<br>No                                                                                                                                                                                                                                                                                                       |                  | IF ANSWER IS NO, FOR WHAT PURPOSE WAS WELL ORIGINALLY DRILLED?<br>Oil - non-commercial |                                                                        | HAS WELL EVER BEEN PERFORMED IN ANY ZONE OTHER THAN THE PROPOSED INJECTION ZONE?<br>Yes |                                    |
| LIST ALL SUCH PERFORATED INTERVALS AND SACKS OF CEMENT USED TO SEAL OFF OR SQUEEZE EACH<br>9789, 9792, 9795, & 9798 - DR plug with 2 sks cement on top @ 9740'                                                                                                                                                                                       |                  |                                                                                        |                                                                        |                                                                                         |                                    |
| DEPTH OF BOTTOM OF DEEPEST FRESH WATER ZONE IN THIS AREA<br>240'                                                                                                                                                                                                                                                                                     |                  | DEPTH OF BOTTOM OF NEXT HIGHER OIL OR GAS ZONE IN THIS AREA<br>None                    |                                                                        | DEPTH OF TOP OF NEXT LOWER OIL OR GAS ZONE IN THIS AREA<br>9660                         |                                    |
| ANTICIPATED DAILY INJECTION VOLUME (BBLs.)<br>3,000                                                                                                                                                                                                                                                                                                  | MINIMUM<br>5,000 | MAXIMUM<br>closed                                                                      | OPEN OR CLOSED TYPE SYSTEM<br>gravity                                  | IS INJECTION TO BE BY GRAVITY OR PRESSURE?<br>vacuum                                    | APPROX. PRESSURE (PSI)<br>No       |
| 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 -<br>Yes                                                                                                                                                                                         |                  | WATER TO BE DISPOSED OF<br>Yes                                                         |                                                                        | NATURAL WATER IN DISPOSAL ZONE<br>Yes                                                   | ARE WATER ANALYSES ATTACHED?<br>No |
| NAME AND ADDRESS OF SURFACE OWNER (OR LESSEE, IF STATE OR FEDERAL LAND)<br>Stanley Goode - Kenna, New Mexico                                                                                                                                                                                                                                         |                  |                                                                                        |                                                                        |                                                                                         |                                    |
| LIST NAMES AND ADDRESSES OF ALL OPERATORS WITHIN ONE-HALF (1/2) MILE OF THIS INJECTION WELL<br>Allied Chemical, 1300 Wilco Bldg., Midland, Texas<br>Pan American, Box 1410, Ft. Worth, Texas<br>Delaware Apache, Wilco Bldg. Midland, Texas<br>Cities Service, Vaughn Bldg., Midland, Texas<br>Aztec, 920 Mercantile Securities Bldg., Dallas, Texas |                  |                                                                                        |                                                                        |                                                                                         |                                    |
| HAVE COPIES OF THIS APPLICATION BEEN SENT TO EACH OF THE FOLLOWING?<br>Yes                                                                                                                                                                                                                                                                           |                  | SURFACE OWNER<br>Yes                                                                   |                                                                        | EACH OPERATOR WITHIN ONE-HALF MILE OF THIS WELL<br>Yes                                  |                                    |
| ARE THE FOLLOWING ITEMS ATTACHED TO THIS APPLICATION (SEE RULE 701-B)<br>Yes                                                                                                                                                                                                                                                                         |                  | PLAT OF AREA<br>Yes                                                                    |                                                                        | ELECTRICAL LOG<br>Yes                                                                   | DIAGRAMMATIC SKETCH OF WELL<br>Yes |

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

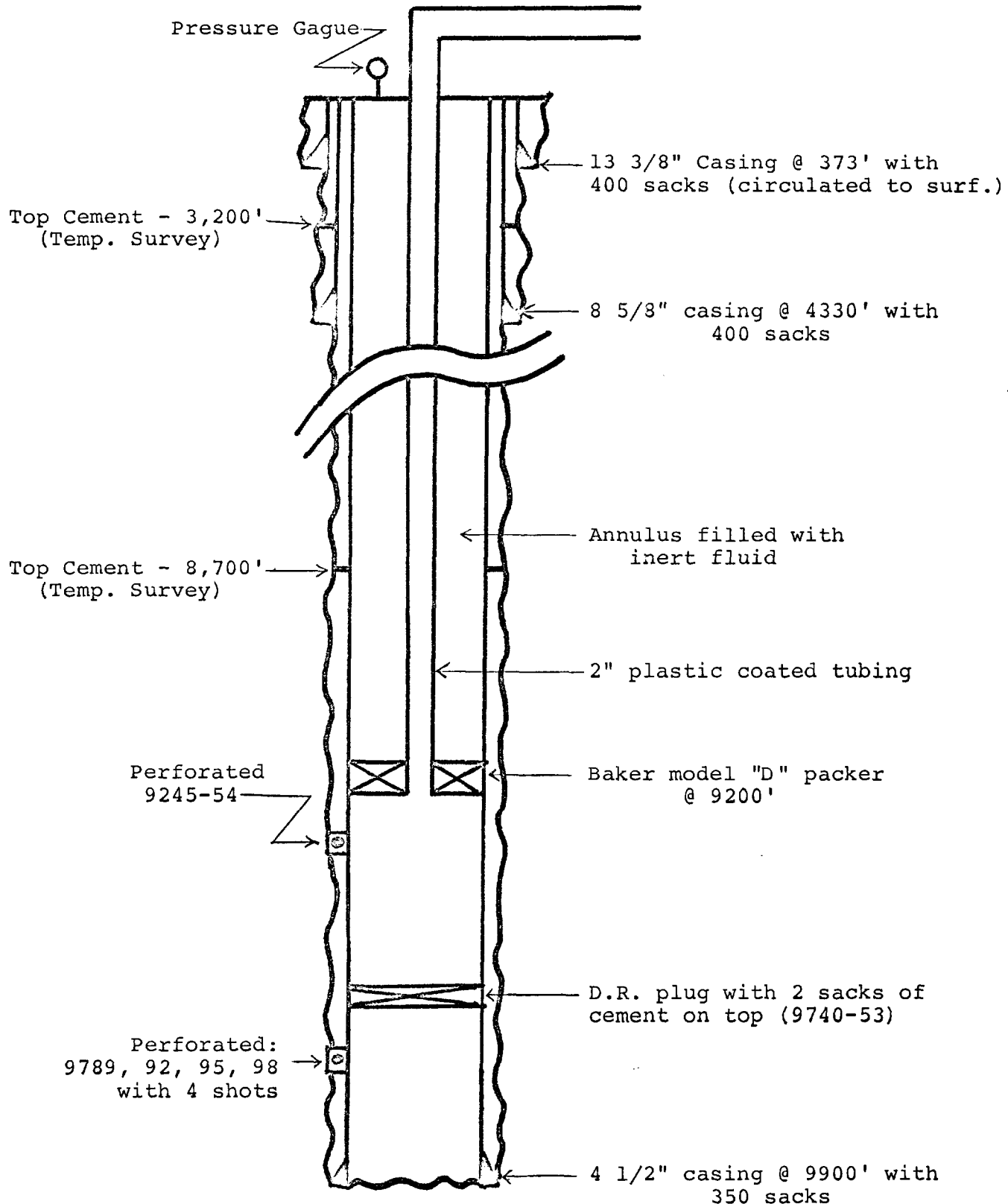
William J. LeMay (Signature) Agent (Title) April 17, 1969 (Date)

NOTE: Should waivers from the surface owner and all operators within one-half mile of the proposed injection well not accompany this application, the New Mexico Oil Conservation Commission will hold the application for a period of 15 days from the date of receipt by the Commission's Santa Fe office. If at the end of the 15-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 701.





DIAGRAMMATIC SKETCH  
 Of Proposed Installation of  
 Water Injection Equipment  
 for the HOLT No. 1 AZTEC-STATE  
 Sec. 25, T-13-S, R-32-E  
 Unit H, Lea Co., N. M.



T.D. 9900'

No. 028883

## RECEIPT FOR CERTIFIED MAIL—30¢

|                                                                                                        |                                                                                    |                                                                  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SENT TO<br><i>Atlas Services</i>                                                                       |                                                                                    | POSTMARK<br>OR DATE<br>                                          |
| STREET AND NO.<br><i>Madison Bldg</i>                                                                  |                                                                                    |                                                                  |
| P. O. STATE, AND ZIP CODE<br><i>Midland Texas 79701</i>                                                |                                                                                    |                                                                  |
| Return Receipt<br>Shows to whom<br>and date<br>delivered<br><input type="checkbox"/> 10¢ fee           | Shows to whom,<br>date, and where<br>delivered<br><input type="checkbox"/> 35¢ fee | Deliver to<br>Addressee Only<br><input type="checkbox"/> 50¢ fee |
| POD Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Mar. 1966 NOT FOR INTERNATIONAL MAIL |                                                                                    |                                                                  |

No. 028884

## RECEIPT FOR CERTIFIED MAIL—30¢

|                                                                                                        |                                                                                    |                                                                  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SENT TO<br><i>Atlas</i>                                                                                |                                                                                    | POSTMARK<br>OR DATE<br>                                          |
| STREET AND NO.<br><i>100 Macmillan Bldg</i>                                                            |                                                                                    |                                                                  |
| P. O. STATE, AND ZIP CODE<br><i>Midland Texas 79701</i>                                                |                                                                                    |                                                                  |
| Return Receipt<br>Shows to whom<br>and date<br>delivered<br><input type="checkbox"/> 10¢ fee           | Shows to whom,<br>date, and where<br>delivered<br><input type="checkbox"/> 35¢ fee | Deliver to<br>Addressee Only<br><input type="checkbox"/> 50¢ fee |
| POD Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Mar. 1966 NOT FOR INTERNATIONAL MAIL |                                                                                    |                                                                  |

No. 028885

## RECEIPT FOR CERTIFIED MAIL—30¢

|                                                                                                        |                                                                                    |                                                                  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SENT TO<br><i>Stanley Gode</i>                                                                         |                                                                                    | POSTMARK<br>OR DATE<br>                                          |
| STREET AND NO.                                                                                         |                                                                                    |                                                                  |
| P. O. STATE, AND ZIP CODE<br><i>Kerrville Texas 78043</i>                                              |                                                                                    |                                                                  |
| Return Receipt<br>Shows to whom<br>and date<br>delivered<br><input type="checkbox"/> 10¢ fee           | Shows to whom,<br>date, and where<br>delivered<br><input type="checkbox"/> 35¢ fee | Deliver to<br>Addressee Only<br><input type="checkbox"/> 50¢ fee |
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No. 028882

## RECEIPT FOR CERTIFIED MAIL—30¢

|                                                                                                        |                                                                                    |                                                                  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SENT TO<br><i>DeLaware Apache</i>                                                                      |                                                                                    | POSTMARK<br>OR DATE<br>                                          |
| STREET AND NO.<br><i>Waller Bldg</i>                                                                   |                                                                                    |                                                                  |
| P. O. STATE, AND ZIP CODE<br><i>Midland Texas 79701</i>                                                |                                                                                    |                                                                  |
| Return Receipt<br>Shows to whom<br>and date<br>delivered<br><input type="checkbox"/> 10¢ fee           | Shows to whom,<br>date, and where<br>delivered<br><input type="checkbox"/> 35¢ fee | Deliver to<br>Addressee Only<br><input type="checkbox"/> 50¢ fee |
| POD Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Mar. 1966 NOT FOR INTERNATIONAL MAIL |                                                                                    |                                                                  |

No. 028880

## RECEIPT FOR CERTIFIED MAIL—30¢

|                                                                                                        |                                                                                    |                                                                  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SENT TO<br><i>Pen American</i>                                                                         |                                                                                    | POSTMARK<br>OR DATE<br>                                          |
| STREET AND NO.<br><i>Box 1410</i>                                                                      |                                                                                    |                                                                  |
| P. O. STATE, AND ZIP CODE<br><i>Midland Texas 79701</i>                                                |                                                                                    |                                                                  |
| Return Receipt<br>Shows to whom<br>and date<br>delivered<br><input type="checkbox"/> 10¢ fee           | Shows to whom,<br>date, and where<br>delivered<br><input type="checkbox"/> 35¢ fee | Deliver to<br>Addressee Only<br><input type="checkbox"/> 50¢ fee |
| POD Form 3800 NO INSURANCE COVERAGE PROVIDED— (See other side)<br>Mar. 1966 NOT FOR INTERNATIONAL MAIL |                                                                                    |                                                                  |

No. 028881

## RECEIPT FOR CERTIFIED MAIL—30¢

|                                                                                                        |                                                                                    |                                                                  |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SENT TO<br><i>Allied Chemical</i>                                                                      |                                                                                    | POSTMARK<br>OR DATE<br>                                          |
| STREET AND NO.<br><i>1300 Colco Bldg</i>                                                               |                                                                                    |                                                                  |
| P. O. STATE, AND ZIP CODE<br><i>Midland Texas 79701</i>                                                |                                                                                    |                                                                  |
| Return Receipt<br>Shows to whom<br>and date<br>delivered<br><input type="checkbox"/> 10¢ fee           | Shows to whom,<br>date, and where<br>delivered<br><input type="checkbox"/> 35¢ fee | Deliver to<br>Addressee Only<br><input type="checkbox"/> 50¢ fee |
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