

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease  
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Saline Water Well		8. Farm or Lease Name Saline Water Well	
2. Name of Operator Climax Chemical Company		9. Well No. 4	
3. Address of Operator Box 1595 Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat	
4. Location of Well UNIT LETTER <u>P</u> LOCATED <u>350</u> FEET FROM THE <u>East</u> LINE AND <u>150</u> FEET FROM THE <u>South</u> LINE OF SEC. <u>34</u> TWP. <u>19</u> RGE. <u>36 East</u> NMPM		12. County Lea	
19. Proposed Depth 2500 ft.		19A. Formation Salt	
20. Rotary or C.T. R		21. Elevations (Show whether DF, RT, etc.)	
21A. Kind & Status Plug. Bond \$5,000 Bond		21B. Drilling Contractor	
22. Approx. Date Work will start			

## 23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	9 5/8"	36.00	1300 ft.	Circulate to Surface	
8 3/4"	5 1/2"	15.5		Will hang inside 9 5/8" casing and use as input for fresh water to wash salt section and return brine water.	

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed E. D. Smith Title Meek. Supt. Date 9-26-73

(This space for State Use)

APPROVED BY [Signature] TITLE SUPervisor DISTRICT 1 DATE SE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
JAN 13 1977  
U.S. CONSERVATION COMMISSION  
HOBBBS, N. M.