

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

NEW MEXICO OIL CONSERVATION COMMISSION
 Hobbs Office O. C. C.
 Orig & cc: OCC, Hobbs
 cc: Regional Office
 cc: file
 JUN 28 2 56 PM '67

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 DRILL <input type="checkbox"/> DEEPEN <input checked="" type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name W. D. Grimes	
2. Name of Operator SINCLAIR OIL & GAS COMPANY		9. Well No. 3	
3. Address of Operator P. O. Box 1920, Hobbs, New Mexico 88240		10. Field and Pool, or Wildcat Hobbs Grayburg San Andres	
4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>28</u> TWP. <u>18S</u> RGE. <u>38E</u> NMPM		12. County Lea	
21. Elevations (Show whether DF, RT, etc.) 3646' GR		19. Proposed Depth 4300'	19A. Formation Grayburg San Andres
21A. Kind & Status Plug. Bond In Effect	21B. Drilling Contractor Pool Company	20. Rotary or C.T. Rotary	
		22. Approx. Date Work will start Upon Approval	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Present Total Depth 4235'. PBTID 4196'.

Present production 6 BOPD and 150 BWPD.

PROPOSE TO: Deepen from present total depth 4235' to approx. 4300'. Cement squeeze perforations 4172-4182' and test casing. Drill to approx. 4280' and run logs if satisfactory. If logs unsatisfactory drill to approx. 4300', acidize w/approx. 2500 gals. acid and tests.

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 [Signature] Title Superintendent Date 6-28-67

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: