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NEW MEXICO OIL CONSERVATION COMMISSION PS OFFICE

Form C-101
Revised 1-1-65

JUN 35 4 42 AM '67

5A. Indicate Type of Lease	<input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	OG-6007

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input 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 checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Pubco State	
2. Name of Operator Stoltz & Company - Clark		9. Well No. 1	
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico		10. Field and Pool, or Wildcat Undes. North Bagley	
4. Location of Well UNIT LETTER <u>M</u> LOCATED <u>810</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>31</u> TWP. <u>10 S</u> RGE. <u>33 E</u> NMPM		12. County Lea	
19. Proposed Depth 10,500		19A. Formation Lower Perm	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4289.5	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor	
22. Approx. Date Work will start 7/5/67			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
16	13 3/8	48#	300	200	Circ
10 3/4	8 5/8	24#	3750	200	2850
7 7/8	4 1/2	11.6#	10500	350	8965

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

EXPIRES 10-3-67

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 H. L. Smith Title Agent Date 7/1/67

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: