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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-3905	

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	
2. Name of Operator Stolts & 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 North Bagley	
4. Location of Well UNIT LETTER 0 LOCATED 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 29 TWP. 11 S RGE. 33 E NMPM				12. County Lea	
19. Proposed Depth 10,400				19A. Formation Lower Perm	
20. Rotary or C.T. Rotary					
21. Elevations (Show whether DF, RT, etc.) 4288 GL		21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor Moran Drilling Co.	
				22. Approx. Date Work will start 3/17/68	

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.
11	8 5/8	24#	3750	200	2965
7 7/8	4 1/2	11.6#	10,400	350	8865

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

6-16-68

DO NOT SIGN PRIOR TO RUNNING
ST. STATE

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 **A. L. Smith** Title **Agent** Date **3/14/68**

(This space for State Use)

APPROVED BY **[Signature]** TITLE **SECRETARY** DATE **3/14/68**

CONDITIONS OF APPROVAL, IF ANY: