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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
HUBBS OFFICE O. C. C.

Form C-101
Revised 1-1-65

JUN 7 10 23 AM '67

5A. Indicate Type of Lease	
STATE <input type="checkbox"/>	FEE <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>				7. Unit Agreement Name	
b. Type of Well 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 L. C. Harris	
2. Name of Operator Sinclair Oil & Gas Company				9. Well No. 5	
3. Address of Operator Box 1470, Midland, Texas				10. Field and Pool, or Wildcat Cato-San Andres	
4. Location of Well UNIT LETTER <u>H</u> LOCATED <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>30</u> TWP. <u>8-S</u> R.1E. <u>30-E</u> NMPM				12. County Chaves	
19. Proposed Depth 3800				19A. Formation San Andres	
20. Rotary or C.T. Rotary				21. Elevations (Show whether DF, RT, etc.)	
21A. Kind & Status Plug. Bond In Effect		21B. Drilling Contractor Not Let		22. Approx. Date Work will start When Approved	

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	8 5/8"OD	24	450	300	Surface
6 3/4"	4 1/2"OD	9.5	3800	275	2010'

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,

EXPIRES 9-8-67

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 [Signature] Title Administrative Clerk Date June 1, 1967
(This space for State Use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: