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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS 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			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 L. C. Harris		
2. Name of Operator Sinclair Oil & Gas Company			9. Well No. 6		
3. Address of Operator Box 1470, Midland, Texas			10. Field and Pool, or Wildcat Cato-San Andres		
4. Location of Well UNIT LETTER <u>B</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>22</u> TWP. <u>8-S</u> RGE. <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

23.

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

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

Signature: [Signature] Title: Administrative Clerk Date: June 1, 1967

(This space for State Use)

APPROVED BY: [Signature] TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

