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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
 Original cc: OCC, Hobbs
 cc: Regional Office
 cc: State Land Office
 cc: file

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 4649
7. Unit Agreement Name
8. Farm or Lease Name BELL-STATE
9. Well No. 1
10. Field and Pool, or Wildcat UNDESIGNATED
12. County CHAVES
19. Proposed Depth 3700
19A. Formation SAN ANDRES
20. Rotary or C.T. ROTARY
21. Elevations (Show whether DE, RT, etc.) 21A. Kind & Status Plug. Bond IN EFFECT
21B. Drilling Contractor NOT IET
22. Approx. Date Work will start WHEN APPROVED

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK	
1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>	2. Name of Operator SINCLAIR OIL & GAS COMPANY 3. Address of Operator BOX 1470, MIDLAND, TEXAS. 4. Location of Well UNIT LETTER B LOCATED 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM THE EAST LINE OF SEC. 32 TWP. 8-S RGE. 30-E NMPM
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	20	300	200 SAX	SURFACE
7-7/8"	4-1/2"OD	9.5	3700	300 SAX	2300

8 5/8" PRIOR TO RUNNING CASING.

EXPIRES Jan. 11, 1968

CEMENT MUST BE 8 5/8" CASING.

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 John W. Remyan Title ADMINISTRATIVE CLERK Date 9-5-67

(This space for State Use)

APPROVED BY John W. Remyan TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: