

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Revised 1-1-65

Nov 15 10 44 AM '65

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 Re-enter <input checked="" type="checkbox"/> DRILL <input 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 RENSHAW
2. Name of Operator MORAN OIL PRODUCING & DRILLING CORP.		9. Well No. 1
3. Address of Operator Box 1919, Hobbs, New Mexico		10. Field and Pool, or Wildcat Wildcat
4. Location of Well UNIT LETTER <u>D</u> LOCATED <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>2</u> TWP. <u>14S</u> RGE. <u>36E</u> NMPM		12. County LEA
19. Proposed Depth 10,900		19A. Formation PENN.
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, RT, etc.) 3933 GL	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor Lohmann
22. Approx. Date Work will start 11-15-65		

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
Old well	13 3/8	39	339	300	Circ.
Old well	9 5/8	36	4614	1500	
Old Well	5 1/2	17-20	11,116	450	9600

Well plugged in 1953. 9-5/8 cut off @ 567', 5-1/2 cut off @ 5616'.  
Propose to splice 9-5/8 and 5-1/2, clean out to 10,900' perforate and  
test Penn. 10,730-10,750. Will use 10" 900 Hydraulic BOP.

*Formerly Sinclair Oil & Gas Co.*

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 R. M. Moran Title President Date 11-15-65  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: