	•						
NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW	MEXICO OIL CONSERV	ISERVATION COMMISSION		Form C-101 Revised 1-1-65		
SANTA FE						Type of Lease	
FILE		fire 1:			STATE X		
U.S.G.S.	11	Oct 13 25 Fil 185			.5. State Oil & Gas Lease No.		
LAND OFFICE						E-9644	
OPERATOR					THITTE	HIIIIIII	
A DOLLGATION	LEOD DEDMIT TO	DDILL DEEDEN O	P PLUG BACK				
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK 1a. Type of Work						ement Name	
					None		
b. Type of Well	Type of Well				8. Farm or Lease Name		
OIL GAS SINGLE MULTIPLE ZONE ZONE ZONE					Sinclair State 'A'		
2. Name of Operator					9. Well No.		
Charles B. Read	d				1.) To .) 1922.3	
3. Address of Operator						10. Field and Pool, or Wildcat East Saunders	
Box 1822, Roswe	ell, New Mexic	0			7777777	Miner .	
4. Location of Well UNIT LETTE	RALOC	ATED 554 FEE	T FROM THENOT	th_LINE			
		10	140 2	4 T			
AND 554 FEET FROM	THE EAST LIN	E OF SEC.	TITTI REELLI	NMPM	12. County	X444444	
					Lea		
	HHHHHH	HHHHHH	/////////////////////////////////////	<i>HHH</i>	TITIT		
	HHHHHH	11111111	, Proposed Depth 1	9A. Formatio	n	20. Rotary or C.T.	
				ennsyl	vanian	Rotary	
21. Elevations (Show whether DF,	RT, etc.) 21A. Kind		B. Drilling Contractor	_	1	. Date Work will start	
D.F. 4166.5	States	vide He	ondo Drilling (co., Inc.	Oct.	19, 1965	
23.		ROPOSED CASING AND	CEMENT PROGRAM				
	T ==	WEIGHT DED FOOT	CETTING DEBTH	SACKSO	F CEMENT	EST. TOP	
SIZE OF HOLE	SIZE OF CASING	WEIGHT / ERTOOT SETTING		 		circ. to surfa	
17-1/2"	13-3/8"	48#	350'	215 sx		3250'	
	8-5/8"	24# & 32#	4450'		6X	9953'	
7-7/8"	4-1/2"	10.5# & 11.6#	10, 500'	240	D.A.	1 7755	
						T AND DRODOCED NEW PROD	
IN ABOVE SPACE DESCRIBE P	ROPOSED PROGRAM: IF TER PROGRAM, IF ANY.	PROPOSAL IS TO DEEPEN OF	R PLUG BACK, GIVE DATA C	N PRESENT P	RODUCTIVE ZON	E AND PROPOSED NEW PROF	
TIVE ZONE. GIVE BLOWOUT PREVEN	TER PROGRAM, IF ANT.			N PRESENT P	RODUCTIVE ZON	E AND PROPOSED NEW PRO	
IN ABOVE SPACE DESCRIBE P TIVE ZONE. GIVE BLOWOUT PREVEN I hereby certify that the informat	TER PROGRAM, IF ANT.			N PRESENT P			
TIVE ZONE. GIVE BLOWOUT PREVEN	TER PROGRAM, IF ANT.		owledge and belief.	N PRESENT PI		ct. 14, 1965	
I hereby certify that the informat	ion above is true and con	aplete to the best of my kr	owledge and belief.	N PRESENT P			
I hereby certify that the informat	ion above is true and con	aplete to the best of my kr	owledge and belief.	N PRESENT P			
I hereby certify that the informate Signed (This space for	ion above is true and con	aplete to the best of my kr	owledge and belief.	ON PRESENT P			
I hereby certify that the informate Signed (This space for APPROVED BY	ion above is true and con	aplete to the best of my kr	owledge and belief.	N PRESENT P	DateQ		
I hereby certify that the informate Signed (This space for	ion above is true and con	aplete to the best of my kr	owledge and belief.	N PRESENT P	DateQ		