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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

JUL 15 10 13 AM '66

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 Eidson "A" WN	
2. Name of Operator Sinclair Oil & Gas Company				9. Well No. 4	
3. Address of Operator Box 1470, Midland, Texas				10. Field and Pool, or Wildcat Shoe Bar Penn	
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1750</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>26</u> TWP. <u>16-S</u> RGE. <u>35-E</u> NMPM				12. County Lea	
21. Elevations (Show whether DF, RT, etc.)				19. Proposed Depth 10600	
21A. Kind & Status Plug. Bond In Effect				19A. Formation Pennsylvanian	
21B. Drilling Contractor Cactus Drilg. Corp.				20. Rotary or C.T. Rotary	
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
15"	11 3/4" OD	22#	400	450	Surface
11"	8 5/8" OD	32#	4800	1000	Surface
7 7/8"	5 1/2" OD	14#, 15.5# & 17#	10750	400	4875

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED

EXPIRES 10 19 66

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 General Services Supervisor Date July 15, 1966

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: