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NO. OF COPIES RECEIVED								
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION				Form C-101 Revised 1-1-65		
SANTA FE		Nov 8 1 30 PM '65				5A. Indicate Type of Lease		
U.S.G.S.	+					STATE X FEE		
LAND OFFICE	+			. 20 114	65	_	& Gas Lease No.	
OPERATOR	+-1					K-385		
0.2						innn	mmmi	
APPLICATIO	N FOR PERA	OT TI	DRILL, DEEPEN, O	OR PLUG BACK		(((((()		
Ia, Type of Work				<u> </u>		7. Unit Agre	ement Name	
DRILL X			DEEPEN	PLUG B	ACK [
b. Type of Well							8. Farm or Lease Name	
OIL X GAS WELL	OTHER			SINGLE X MULT	ZONE	LEA 946	STATE	
2. Name of Operator						9. Well No.		
SINCLAIR OIL & GAS COMPANY						1		
3. Address of Operator						10. Field and Pool, or Wildcat UNDFSIGNATED		
9.X 1h70, MIDLA'D, TEXAS 4. Location of Well E 1080 MORTH						UNDESIGNATED //		
4. Location of well	·R	LOC	ATED 1980 F	EET FROM THE TORTH	LINE			
660	THE WEST		2	wp. 18-S RGE. 35-	F).			
AND FEET FROM		/////	E OF SEC.		NMPM	12. County	<i>}}}}</i>	
						LEA		
	tHHH	HH	<i>HHHHH</i>		HHH	THIN	Hillithinn	
	HHHH	7777			9A. Formation		20. Rotary or C.T.	
				9200	BONE SPI	RINGS	ROTARY	
21. Elevations (Show whether DF,		IA. Kind	- 4	1B. Drilling Contractor CONTRACT NOT LE	T	22. Approx WHEN A	. Date Work will start PPROVED	
23.		P	ROPOSED CASING AND	CEMENT PROGRAM				
SIZE OF HOLE	SIZE OF CASING WEIGHT PER FO		WEIGHT PER FOOT	SETTING DEPTH SACKS O		CEMENT	EST. TOP	
17 1/2"	13 3/8"		48#	375	435		SURFACE	
11 11	8 5/8"	OD	24-28-32#	3600	1500		SURFACE	
7 7/8"	4 1/2"		10.5-11.6#	9200	1250		X	
1 1/ 5	- -, -	V	1	1 ,200	1 4-70		/	
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				gr _{ij} ets	ROVA VA	IJ 2		
					n gritis			
ALBOVALVAND Light Spile Committee Albovalvande								
$I_{ij} = I_{ij} + I$								
				i es f				
							2	
N ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE.								
hereby certify that the information above is true and complete to the best of my knowledge and belief.								
Figned								
(This space for State Usa)								

Coment mun de hook

CONDITIONS OF APPROVAL, IF ANY: