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NEW MEXICO OIL CONSERVATION COMMISSION

Orig & Rec: NMCCC
 Rec: G. E. Truran
 Rec: J. E. Pierce
 Rec: 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.	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Water Injection SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name East Mount Unit	
2. Name of Operator GENTRY OIL COMPANY		9. Well No. 849	
3. Address of Operator P. O. BOX 249, BORDO, NEW MEXICO 88240		10. Field and Pool, or Wildcat Bordo	
4. Location of Well UNIT LETTER A LOCATED 810 FEET FROM THE North LINE AND 510 FEET FROM THE East LINE OF SEC. 21 TWP. 19S RGE. 37E NMPM		12. County Lea	
19. Proposed Depth 3900		19A. Formation Yates Seven Rvrs.	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 3650' GL	
21A. Kind & Status Plug. Bond Blanket w/St. Paul Indemnity 11-30-37		21B. Drilling Contractor Contract Not Let	
22. Approx. Date Work will start When Permit Received			

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
11"	7-5/8"	24#	400	275	Surface
6-3/4"	4-1/2"	9.5#	3900	240*	Base of Salt

*Volume to be determined by fluid survey

It is planned to drill to 400', set 7-5/8" casing and circulate cement to surface. Drill out to 3900', set 4-1/2" casing and cement back to base of salt. Run Gamma Ray-Neutron Logs and complete by perforating the Queen formation. Acidize and sand water fracture. Equip for water injection well in waterflood project area.

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.

ORIGINAL SIGNED BY:

Signed C. L. Wade Title Area Superintendent Date 2-25-69

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: