	Form 9-331 C (May 1963) - ANTESIA - HUDDS SANYA PE	DEPARTMEN	TED STATES T OF THE INT OGICAL SURVEY	(Othe. instr reverse		Form approve Budget Bureau 5. LEASE DESIGNATION NM. 0155494-A	AND SERIAL NO.	
	APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					G. IF INDIAN, ALLOTTEE OR TRIBE NAME		
	1a. TYPE OF WORK b. TYPE OF WELL	DRILL 🗵	DEEPEN	PLUG BA	′СК □	7. UNIT AGREEMENT N.	A M E	
	WELL X	GAS WELL OTHER		SINGLE X MULTI	PLE	S. PARM OR LEASE NAM	(E	
	2. NAME OF OPERATOR					Winkler-Federal		
	Sinclair Oil & Gas Company					9. WELL NO.		
	3. ADDRESS OF OPERATOR					16		
	P. O. Box 1470, Midland, Texas					10. FIELD AND POOL, OR WILDCAT		
	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*) At surface					Cato San Andres		
	660' from South & West lines					11. SEC., T., B., M., OR BLK. AND SUBVEY OR AREA		
	At proposed prod. zone As above					Sec. 29, T-8-S, R-30-E		
	14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE®					12. COUNTY OR PARISH		
						Chaves	New Mexic	
	15. DISTANCE FROM PROPOSED* LOCATION TO NEARRST PROPERTY ON LEASE LINE, FT. (Also to nearest drig, line, if any)			NO. OF ACRES IN LEASE		OF ACRES ASSIGNED THIS WELL 40		
	18. DISTANCE FROM PROPOSED LOCATION® TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.			Р ВОРОВЕР ДЕРТН 3600	20. ROTAR	Rotary		
	21. ELEVATIONS (Show whether DF, RT, GR, etc.)					22. APPROX. DATE WORK WILL START* When approved		
	23.		PROPOSED CASING A	ND CEMENTING PROGR	AM			
	SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH		OLANTITY OF CEMEN		

20

9.5

300

3600

8-5/8" OD 4-1/2" OD

7-7/8"

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is zone. If proposal is to drill or deepen directionally, give preventer program, if any.	s to deepen or plug back, give data on p pertinent data on subsurface locations ar	resent productive zone and proposed new productive nd measured and true vertical depths. Give blowout
BIGNED S. M. Chillian	€ ~muRegion Regulatory	Engineer DATE 11-27-67
(This space for Federal or State office use)		
PERMIT NO.	APPROVAL DATE	and the second s
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	TO EREITED
QEO > 198/2/1/	,	M