

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Bureau of Geology, Minerals and Natural Resources Department

Form C-101
Revised 1-1-84

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-025-00964 3097

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☐

b. Type of Well:

OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐

2. Name of Operator

Petroleum production Management, Inc.

3. Address of Operator

Suite 200/Sutton Place Bldg. Wichita, Kansas 67202

7. Lease Name or Unit Agreement Name

Sunray 682 Ltd.

8. Well No.

5

9. Pool name on Well

Lane San Andres

UNDESIGNATED

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 36 Township 9-S Range 33-E NMPM Lea County

10. Proposed Depth

5000'

11. Formation

San Andres

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

4290.6'

14. Kind & Status Plug. Bond

Special

15. Drilling Contractor

Norton Drlg. Co.

16. Approx. Date Work will start

6-5-90

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	24#	450'	350	Surface
7 7/8"	5 1/2"	14#	5000'	250	4000'

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

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.

SIGNATURE W.M. Groesbeck TITLE District Engineer DATE 5-16-90

TYPE OR PRINT NAME W.M. Groesbeck TELEPHONE NO. 675-2478

(This space for State) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 18 1990

CONDITIONS OF APPROVAL, IF ANY: