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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☐ FEE ☒

5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		7. Unit Agreement Name
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name U. D. Sawyer
2. Name of Operator SUN OIL COMPANY		9. Well No. 1
3. Address of Operator P. O. Box 1861 Midland, Texas 79702		10. Field and Pool, or Wildcat Crossroads, Penn
4. Location of Well UNIT LETTER <u>O</u> LOCATED <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>27</u> TWP. <u>9S</u> RGE. <u>36-E</u> NMPM		12. County Lea
19. Proposed Depth 12,258		19A. Formation Penn
20. Rotary or C.T.		
21. Elevations (Show whether DF, RT, etc.) 4041.5 KB	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor to be determined
22. Approx. Date Work will start upon approval		

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Well is now TA. Work to recompleate in Penn zone.

- MIRU
- GIH W/5 1/2" retainer, set @ 4720.
- Test tbg. to 3500 psi.
- Howco EIR into San Andres perms w/treated prod. water & squeeze w/125 sx Class H cmt. & 125 sx 5# Gilsomite.
- GIH W/4 5/8" Bit and drill out cement retainer to 4850'.
- Pressure test to 1000 psi. Swab test.
- Drill out cement and cmt retainer 4918-50'. Lower bit & drill out to 11,475.
- Pressure test to 1000 psi. POH.
- Run GNL from 11,475 to 9,475.
- Perf. csg. from 11412-22, 11 holes.
- GIH w/2 7/8" tbg. w/rdg pkr and SN to 11,420'.
- Pump 200 bbl. 2% KCl down annulus. Set prk.
- Remove BDP & NU wellhead.
- Acidize perms 11,412-22 w/2000 gals. 15% NEHCl.
- Swab well and test.

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 Doris Williams Title ACCOUNTING ASSISTANT Date October 5, 1979

(This space for State Use)

SUPERVISOR DISTRICT 1

OCT - 9 1979

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Expires 4/9/80