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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

Nov 8 11 46 AM '65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. Lease & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name Harris State	
9. Well No. 5	
10. Field and Pool, or Wildcat Mescalero-San Andres	
12. County Lea	
19. Proposed Depth 4400	19A. Formation San Andres
20. Rotary or C.T. Rotary	
21. Elevations (Show whether DF, RT, etc.) 4300 G.L. (Est.)	22. Approx. Date Work will start 11-7-65

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work	
DRILL <input checked="" type="checkbox"/>	DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>
b. Type of Well:	
OIL WELL <input checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>
2. Name of Operator Sunray Oil Company	
3. Address of Operator P. O. Box 1116, Roswell, New Mexico	
4. Location of Well	
UNIT LETTER I	LOCATED 2310 FEET FROM THE South LINE
AND 990 FEET FROM THE East LINE OF SEC. 23 TWP. 10S RGE. 32E NMPM	
21. Elevations (Show whether DF, RT, etc.) 4300 G.L. (Est.)	
21A. Kind & Status Plug. Bond Approved	
21B. Drilling Contractor Cactus Corp.	

23.

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	350	250	Circulate
7 7/8	4 1/2	9.5	4400	300	3600

1. Drill to approx. 350'. Run 8 5/8" csg to 350'. Cmt w/250 sx reg. cmt. Circulate cmt to surface. WOC 18 hrs. Test csg to 1000 psig for 30 min.
2. Drill 7 7/8" hole to approx 4400'. Run open hole logs. Run 4 1/2" csg to TD. Cmt w/200 sx cmt. WOC 24 hrs. Test csg to 1000 psig for 30 min.
3. Completion procedure will be determined after log analysis.

APPROVAL VALID
FOR 30 DAYS UNLESS
DRILLING COMMENCED.

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 B. F. Brawley District Engineer Date 11-5-65

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: