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NEW MEXICO OIL CONSERVATION COMMISSION

Form O-101
Revised 1-1-65

MAY 12 10 45 AM '66

5A. Indicate Type of Lease	DATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil Gas Lease No.	K-5617	

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"/>		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 checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Form or Lease Name State New Mexico 1 st State
2. Name of Operator Sun Oil Company		9. Well No. 2
3. Address of Operator P. O. Box 2880, Dallas, Texas 75221		10. Field and Pool or Wildcat Inbe-Penn (011)
4. Location of Well UNIT LETTER <u>1111</u> LOCATED <u>1980.3</u> FEET FROM THE <u>North</u> LINE <u>1979.8</u> East <u>7</u> <u>11S</u> <u>34E</u> AND FEET FROM THE LINE OF SEC. TWP. RGE. NMPM		12. County Lea
19. Proposed Depth 9950'		19A. Formation Bough "C"
20. Rotary or C.T. Rotary		21. Elevations (Show whether DE, RT, etc.) 4198 (Ground)
21A. Kind & Status Plug. Bond \$10,000 Blanket Bond		21B. Drilling Contractor (Un-known)
22. Approx. Date Work will start When Approved		

23. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48 Lb.	400'	200	Surf.
11"	8-5/8"	24 Lb.	4000'	175	2950'
7-7/8"	4-1/2"	10.5 & 9-1/2 Lb.	9950'	300	8000'

From 400' to 4000', the hole will be drilled using Series 600 (4000 PSI test) blow-out prevention equipment and from 4000' to TD using Series 900 (PSI test) blow-out prevention equipment. A Series 900 wellhead will be used if well is successfully completed.

APPROVED FOR DRILLING
5/12/66
EXPIRES

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 J.E. Walke (J.E. Walke) Title Regional Superintendent Date 5-10-66
 (This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: