NO. OF COPIES RECEIVED							
DISTRIBUTION	NEW	NEW MEXICO OIL CONSERVATION COMMISSION			Form C-101 Revised 1-1-65		
SANTA FE							
FILE					5A. Indicate		
U.S.G.S.					STATE X		
LAND OFFICE					1	Gas Leaso No.	
OPERATOR					NN	M 211	
					<i>(      </i>		
APPLICATIO	N FOR PERMIT TO	DRILL, DEEPEN, C	R PLUG BACK	<b>(</b>	MIIII	7//////////////////////////////////////	
Ia, Type of Work X(	Other- Recomplet	e to another po	51		7. Unit Agree	ment Name	
	1	DEEPEN	DI	LUG BACK			
b. Type of Well DRILL	1	DEEPEN []	1 1		8. Form or Le	of New Mexico	
OIL Y GAS SINGLE X MULTIF					J C''	A/C 1	
2. Name of Operator 70 - 4	O. A.				9. Well No.		
alle	CP Line	<b>0</b> -			5		
Sun Exploration q Production 99.						10. Field and Pool, or Wildest	
					Bagley Siluro Devoniar		
P.O. Box 1861, Midland, Texas 79702					TITTITY		
4. Location of Well UNIT LETT	C	ATED 660 FE	ET FROM THE	North LINE	1111111		
		2	12 0	77 E			
AND 1980 FEET FROM	ATHE West LIN	E OF SEC. 2 TV	IP. 12-S RGE	. 33-E NMPM	12, County	<del>~~}}}}}</del>	
					N .		
		711111111111	777,7777	7777777	Lea	HHHHH	
					((((((()		
						<u> </u>	
			Proposed Depth	l l	ì	20, Rotary or C.T.	
			N/A		Devonian	N/A	
21. Elevations (Show whether D	F, RT, etc.) 21A. Kind	& Status Plug. Bond 2	1B. Drilling Contra	ctor		Date Work will start	
4335.6 GL	N/	'A	N/A		N/A		
23.							
23.	F	PROPOSED CASING AND	CEMENT PROGR.	AM			
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DE	PTH SACKS C	F CEMENT	EST. TOP	
3722 01 11022	13 3/8	48#	318	350	Sxs		
	9 5/8	36#	3863	3700	SXS		
···	7	29# 26# 23#	1197	1800	Sxs		
					l		
Massa Im	•	· 					
Move In		•					
Rig up							
Mill tbg. and Pkr at 8769							
Test for and repair csg. leaks							
Squeeze perfs from 8983 to 9326 GIH and perf Devonian from 10690 to 10695							
	Devonian from 10	690 to 10695					
Acdz and swab							
POP 7 test	•				•	•	
						•	
						,	
						•	
		•					
IN ABOVE SPACE DESCRIBE	DOCUMENT DESCRIPTION IS	DOCUMENT IS TO DEEPEN O	R PLUG BACK, GIVE	DATA ON PRESENT F	RODUCTIVE ZONE	AND PROPOSED NEW PRODU	
IN ABOVE SPACE DESCRIBE ! TIVE ZONE. GIVE BLOWOUT PREVE	HOPUSED PHOGRAM: IF HTER PROGRAM, IF ANY.						
I hereby certify that the informa	tion above is true and con	nplete to the be <b>st of</b> my k	nowledge and belie	f.			
					1 г	0.2	
Signed Jet m	Lomy	_ Title Acct.	Asst. II	<del></del>	Date 1-5-	3 <u>4</u>	
	or State Healthan						
	or State USA) by					7	
Tanana and a same and	Series					**	
APPROVED BY	Garger's	TITLE			DATE		
CONDITIONS OF APPROVAL,	IF ANY:						