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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate <input checked="" type="checkbox"/> Type of Lease
STATE <input type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. R-595

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work <input checked="" type="checkbox"/> DRILL <input 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. Name of Lease New Mexico State
2. Name of Operator Sun Oil Company		9. Well No. 1
3. Address of Operator P. O. Box 2880, Dallas, Texas 75221		10. Well Name Silhouette Form (Extension)
4. Location of Well UNIT LETTER A LOCATED 518.6 FEET FROM THE North LINE 802.9 East 21 105 34E AND FEET FROM THE LINE OF SEC. TWP. RGE. NMPM		12. County Lea
19. Proposed Depth 10,000		19A. Formation Bough "C"
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DE, RT, etc.) 4196	21A. Kind & Status Plug Bond \$10,000 Blanket Bond	21B. Drilling Contractor (Unknown)
22. Approx. Date Work will start when approved		

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
7-7/8"	13-3/8"	48#	375'	200	Surf
11"	8-5/8"	28# & 24#	4000'	175	2900'
7-7/8"	5-1/2"	17#, 15#, 14#	10,000'	275	7800'

From 375' to 4000', the hole will be drilled using 600 (4000 psi test) blow-out prevention equipment and from 4000' to TD using Series 900 (6000 psi test) blow-out prevention equipment. A Series 900 wellhead will be used if well is successfully completed.

APPROVAL VALID
FOR 90 DAYS UNLESS
PRODUCTION COMMENCED,

EXPIRES **8-9-68**

THIS PERMIT IS VALID FOR 90 DAYS UNLESS PRODUCTION COMMENCED PRIOR TO RUNNING CASING **13 3/8**

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.

by **Ross R. Cone, Jr.** Title **Asst. Regional Supt.** Date **5-6-68**

(This space for State Use)

ED BY **[Signature]** TITLE **[Signature]** DATE **[Signature]**

NS OF APPROVAL, IF ANY: