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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

May 27 8 54 AM '68

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-5265-1	

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"/>		OTHER <input type="checkbox"/>	
2. Name of Operator		Sun Oil Company		SINGLE ZONE <input checked="" type="checkbox"/>		MULTIPLE ZONE <input type="checkbox"/>	
3. Address of Operator		P. O. Box 2880, Dallas, Texas 75221		UNIT LETTER D		LOCATED 660 FEET FROM THE North LINE	
4. Location of Well		AND 660 FEET FROM THE West LINE OF SEC. 19 TWP. 10S RGE. 34E NMPM		10. Field and Pool, or Wildcat (Extension)		UNDESIGNATED	
12. County		Lea		19. Proposed Depth		10,000'	
19A. Formation		Bough 'c'		20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		4204 Gr.		21A. Kind & Status Plug. Bond		\$10,000 Blanket Bond	
21B. Drilling Contractor		Not Assigned		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
17-1/2"	13-3/8"	48 lb.	400'	250 sks	Surf.
12-1/4"	8-5/8"	24 & 28 lb.	4000'	210 sks	3000'
7-7/8"	5-1/2"	Comb. 14, 15.5, 17 lb.	10000'	200 sks	9300'

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 (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
DRILLING COMMENCED.

8-27-68

THE COMMISSION MUST BE NOTIFIED
24 HOURS BEFORE TO RUNNING 13 3/4

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.

F. A. Lawrence
Signed F. A. Lawrence Title Asst. Division Supt. Date May 24, 1968

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: