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NEW MEXICO OIL CONSERVATION COMMISSION

HURDS OFFICE O. C. C.

FEB 16 11 42 AM '67

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-3259	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name	
DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>		New Mexico "H" State	
SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		9. Well No.	
2. Name of Operator		14	
Sun Oil Company		10. Field and Pool, or Wildcat	
3. Address of Operator		Und. Cato - San Andres	
P. O. Box 2880, Dallas, Texas 75221		12. County	
4. Location of Well UNIT LETTER 0 LOCATED 1980 FEET FROM THE East LINE AND 660 FEET FROM THE South LINE OF SEC. 16 TWP. 8S RGE. 30E NMPM		Chaves	
19. Proposed Depth		19A. Formation	
3600'		Milnesand	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	
4123' Gr.		\$10,000 Blanket Bond	
21B. Drilling Contractor		22. Approx. Date Work will start	
Cactus Drilling Corp.		When Approved	

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"	28#	450'	300	Circ. to surface
7-7/8"	4-1/2"	9.5#	3600'	300	1470'

From 450' to Total Depth, the hole will be drilled using Series 600 (2000 psi test) blowout prevention equipment.

A Series 600 wellhead will be used if well is successfully completed.

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 **February 15, 1967**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

18. 1. 1971

19. 1. 1971

20. 1. 1971

21. 1. 1971

22. 1. 1971

23. 1. 1971

24. 1. 1971

25. 1. 1971

26. 1. 1971

27. 1. 1971

28. 1. 1971

29. 1. 1971

30. 1. 1971

31. 1. 1971

1. 2. 1971

2. 2. 1971

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