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NEW MEXICO OIL CONSERVATION COMMISSION  
 HOBBS OFFICE 9: 8: 8:  
 JUN 26 8 11 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 DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> 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. Farm or Lease Name New Mexico "J" State	
2. Name of Operator Sun Oil Company		9. Well No. 1	
3. Address of Operator P. O. Box 2880, Dallas, Texas 75221		10. Field and Pool, or Wildcat Und. Cato - San Andres	
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE OF SEC. <u>36</u> TWP. <u>7S</u> RGE. <u>30E</u> NMPM		12. County Chaves	
19. Proposed Depth 3850'		19A. Formation Minesand	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DF, RT, etc.) 4201' (Ground)	
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
12-1/4'	8-5/8'	20#	450'	300	Circ. to surf.
7-7/8'	4-1/2'	9.5#	3850'	300	1820'

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

A 2000 psi WP wellhead will be used if well is successfully completed.

APPROVAL VALID  
 FOR 90 DAYS UNLESS  
 DRILLING COMMENCED  
 EXPIRES 9-24-67

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 [Signature] Title Asst. Division Supt. Date June 23, 1967  
 (This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

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