

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEE ☐

5. State Oil & Gas Lease No.

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"/>		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. Farm or Lease Name New Mexico "BA" State
2. Name of Operator Sun Exploration & Production Co.		9. Well No. 3
3. Address of Operator P. O. Box 1861, Midland, Texas 79702		10. Field and Pool, or Wildcat Siete San Andres
4. Location of Well UNIT LETTER <u>G</u> LOCATED <u>2310</u> FEET FROM THE <u>east</u> LINE AND <u>1650</u> FEET FROM THE <u>north</u> LINE OF SEC. <u>16</u> TWP. <u>8S</u> RGE. <u>31E</u> NMPM		11. Designation <u>UNDESIGNATED</u>
19. Proposed Depth 4000		19A. Formation San Andres
20. Rotary or C.T. rotary		21. Elevations (show whether DF, RT, etc.) 4244.0
21A. Kind & Status Plug. Bond blanket on file		21B. Drilling Contractor NA
22. Approx. Date Work will start ASAP		12. County Chaves

23.

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	24#	1300	650	surf
7-7/8	5-1/2	14#	3900	450	2500

Blowout Preventer Attached

Formation	Top	Reservoir	Top
Rustler	1162	San Andres P ₁ Porosity	3736 (+500)
Yates	1867	San Andres P ₂ Porosity	3812 (+424)
San Andres	3038		
Marker	3575 (+661)		

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

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.

Signed Velma Reyes Title Sr. Accounting Asst. Date 2-27-85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE MAR - 1 1985

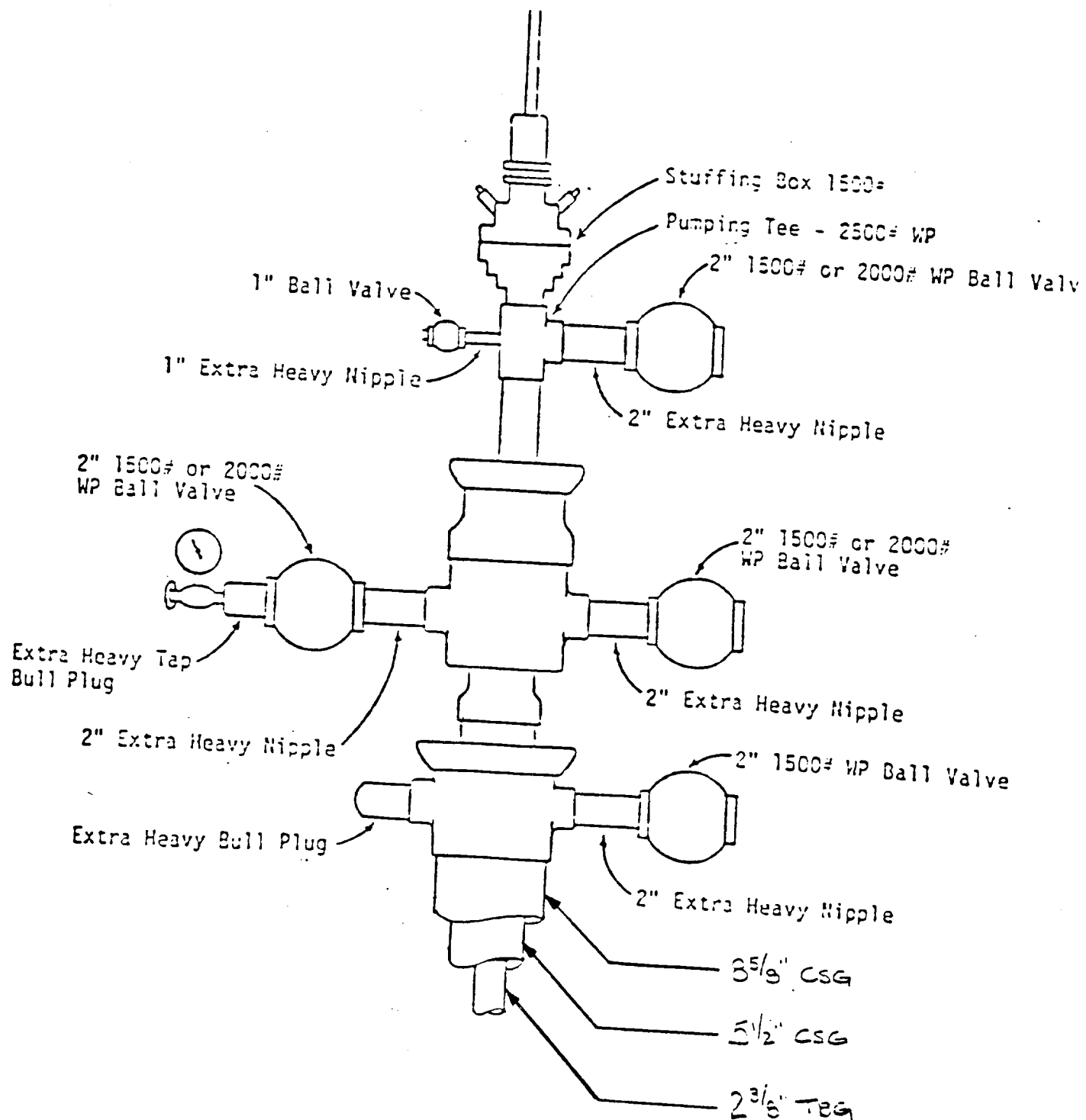
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 28 1985

O.C.D.
HOBBS OFFICE

WELL NAME NEW MEXICO "BA" STATE #3
COUNTY CHAVES, NM
DATE 2/20/85 BY SWS



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