

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

5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL ☒ GAS WELL ☐ OTHER ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐		7. Unit Agreement Name	
2. Name of Operator Sun Exploration & Production Co.		8. Farm or Lease Name New Mexico "BA" State	
3. Address of Operator P. O. Box 1861, Midland, Texas 79702		9. Well No. 4	
4. Location of Well UNIT LETTER <u>K</u> LOCATED <u>2310</u> FEET FROM THE <u>south</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>16</u> TWP. <u>8S</u> RGE. <u>31E</u> NMPM		10. Field and Pool, or Wildcat Siete San Andres	
		12. County Chaves	
		19. Proposed Depth 4000	
		19A. Formation San Andres	
		20. Rotary or C.T. rotary	
21. Elevations (Show whether DF, RT, etc.) 4233.0		21A. Kind & Status Plug. Bond blanket on file	
		21B. Drilling Contractor NA	
		22. Approx. Date Work will start ASAP	

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	1145	San Andres P ₁ Porosity	3715 (+518)
Yates	1850	San Andres P ₂ Porosity	3790 (+443)
San Andres	3018		
Marker	3560 (+673)		

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 Welma 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

CONDITIONS OF APPROVAL, IF ANY:

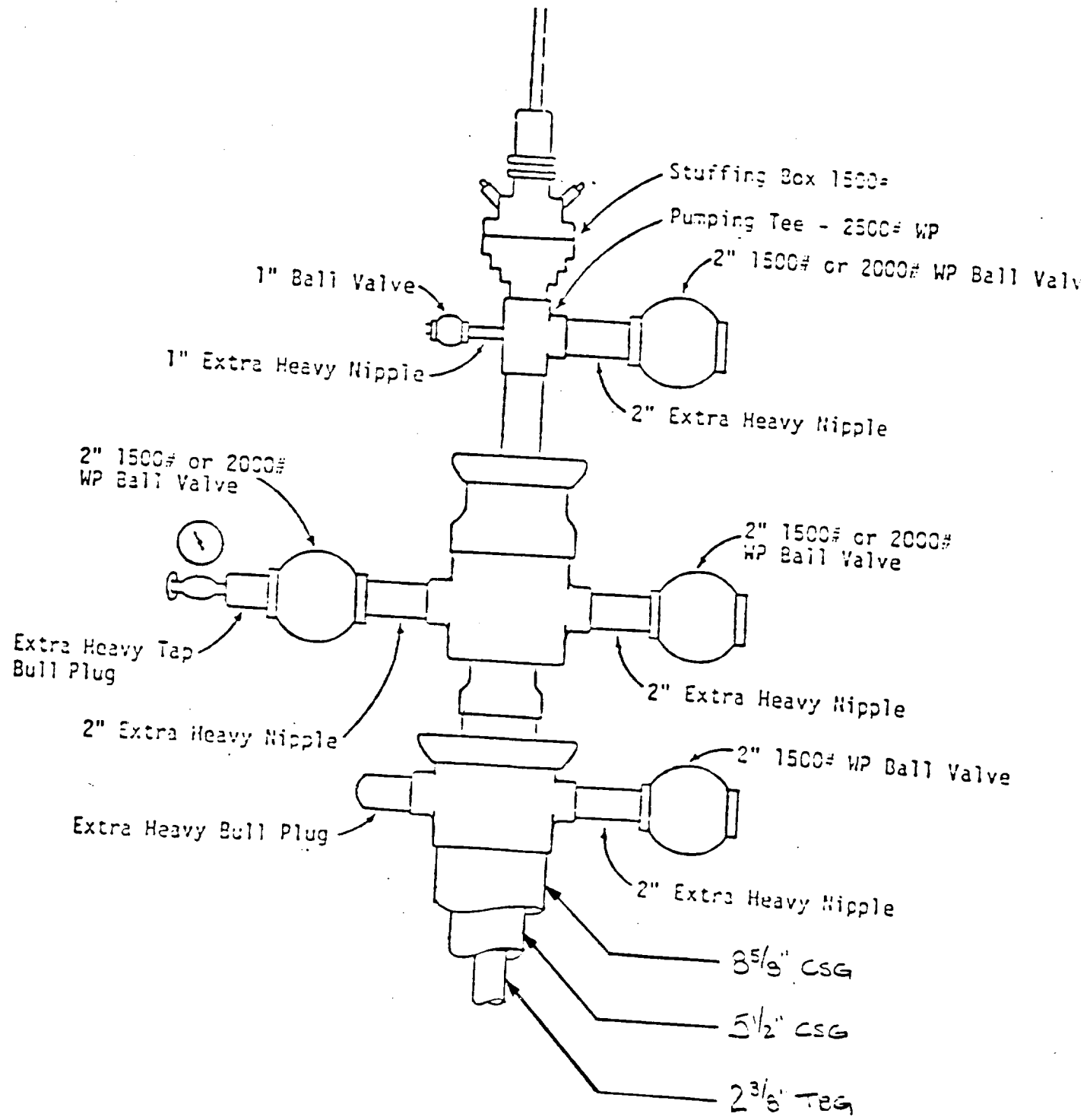
MAR - 1 1985

RECEIVED

FEB 28 1985

U.S. HOUSE OF REPRESENTATIVES
HONORARY OFFICE

WELL NAME NEW MEXICO "BA" STATE #4
COUNTY CHAVES, NM
DATE 2/20/85 BY SWIS



RECEIVED

FEB 28 1985

C. S. S.
HOBBS OFFICE