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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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-5922	

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 ¹⁰ th 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 Wildcat	
4. Location of Well UNIT LETTER K LOCATED 1980 FEET FROM THE West LINE 1980 South 6 14S 36E AND FEET FROM THE LINE OF SEC. TWP. RGE. NMPM		12. County Lea	
19. Proposed Depth 11,750'		19A. Formation U. Penn-Saunders	
20. Rotary or C.T. Rotary		21. Elevations (Show whether DE, RT, etc.) 3986 Gr.	
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
17-1/2"	13-3/8"	48 lb.	400	120	Surf.
11"	8-5/8"	24 lb.	4,600	200	3,300'
7-7/8"	4-1/2"	11.6 & 10.5 lb.	11,750	350	9,300'

From 400' to 4600', the hole will be drilled using Series 600 (4000 PSI test) blow-out prevention equipment and from 4600' to Total Depth using Series 900 (6000 PSI test) blow-out prevention equipment. A Series 900 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.

Signed F. A. Lawrence Title Asst. Division Supt. Date Nov. 29, 1967

(This space for State Use)

APPROVED BY [Signature] TITLE Asst. Division Supt. DATE Nov. 29, 1967

CONDITIONS OF APPROVAL, IF ANY:

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1. *Chlorophyll a* (Chl *a*)