

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

C. CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

30-025-28802

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 <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
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 "BF" State
2. Name of Operator Sun Exploration & Production Co.		9. Well No. 1
3. Address of Operator P. O. Box 1861, Midland, TX 79702		10. Field and Pool, or Wildcat Baum Upper Penn
4. Location of Well UNIT LETTER <u>N</u> LOCATED <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>South</u> LINE OF SEC. <u>14</u> TWP. <u>13-S</u> RGE. <u>32-E</u> NMPM		UNDESIGNATED
		12. County Lea
		19. Proposed Depth 10,100
		19A. Formation Bough D
		20. Rotary or C.T. Rotary
21. Elevations (show whether DF, KT, etc.) 4309.8 GR	21A. Kind & Status Plug. Bond Planket on file	22. Approx. Date Work will start ASAP

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	450	475	Surf.
12 1/4	8 5/8	24	4000	1400	Surf.
7 7/8	5 1/2	17, 15.5	9950	800	7100

SEE ATTACHED - BLOWOUT PREVENTER

Upper Penn 9418 (-5118)

Bough "D" 9653 (-5353)

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 11/2/85
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 Dee Ann Kemp Title Associate Accountant Date 7-10-84

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 12 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 11 1984

OFFICE
HOBBS