

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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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 b. Type of Well DRILL <input type="checkbox"/> DEEPEN <input checked="" 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 type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Company		8. Farm or Lease Name State AF
3. Address of Operator P.O. Box 1861, Midland, TX 79702		9. Well No. 2
4. Location of Well UNIT LETTER 0 LOCATED 330 FEET FROM THE South LINE AND 2130 FEET FROM THE East LINE OF SEC. 8 TWP. 18-S RGE. 35-E NMPM		10. Field and Pool or Wildcat East Vacuum Wolfcamp
11. Elevations (show whether DF, RT, etc.) 3944 GR		12. County Lea
21A. Kind & Status Plug. Bond	19. Proposed Depth 11,850TD	19A. Formation Wolfcamp
21B. Drilling Contractor	20. Rotary or C.T.	
22. Approx. Date Work will start ASAP		

23. Existing ~~PROPOSED~~ CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17"	13-3/8"	48#	408'	400	Surface
12"	9-5/8"	36 & 40#	4015'	3753	Surface
8-5/8"	7"	23 & 32#	11850'	2000	320'

Deepen within casing PBTD 10,100' CIBP

- HOT OIL CSG W/ 50 BBLS LSE OIL 2 DAYS PRIOR TO MIRU. PUT WELL ON HAND.
- MIRU PU. POH W/ RODS & PMP. ND WH. NU BOP. RLSE TAC AND POH W/ 2-7/8" 6.5# J-55 PRODUCTION TBG.
- MIRU WELEX. PERF WOLFCAMP 9864-9900' (LANE WELLS 9862-9898'), 2 JSPF, 120° PHASING, TOTAL 73 HOLES, VIA LANE WELLS GR/CCL DATED 3/28/64, USING 4" PREMIUM CHARGE, 22.7 GM, .42" EH CSG GUN. NOTE: GUN SHOULD BE LOADED AT THE 0° & 120° PHASE PORTS. GUN IS TO BE DECENTRALIZED SUCH THAT 60° IS AT ZERO STAND-OFF FROM CSG ID. (SEE ATTACHED DIAGRAM).

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 Maria L. Perez Title Associate Accountant Date 3/12/87

(This space for State Use)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAR 13 1987

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 13 1987
OCD
HOBBS OFFICE