

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☐DEEPEN ☐PLUG BACK ☒

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐

OTHER

SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Sun Oil Company - Midland

*Formerly Phillips 66 Co. Cap.
well no. 1 Sherri-Dawn*

3. ADDRESS OF OPERATOR

P.O. Box 1861, Midland, Texas 79702

JUL 31

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

660' FNL & 660' FWL Unit Ltr "D"

At proposed prod. zone

Bone Springs

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

14 miles south of Maljamar, New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drilg. unit line, if any)

660'

16. NO. OF ACRES IN LEASE

160

17. NO. OF ACRES ASSIGNED TO THIS WELL

160

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

1960'

19. PROPOSED DEPTH

9942'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

3632' GR

22. APPROX. DATE WORK WILL START*

Upon approval

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8"	48#	810'	450 sx Class "H"
12 1/4"	8 5/8"	32# & 24#	4200'	1250 sx Lite & "C"
7 7/8"	4 1/2"	11.6# & 13.5#	13049'	950 sx Lite & "H"

Plug back and complete in the Bone Springs Zone.
This well originally tested the wolfcamp & Morrow Zones
before being TA.

Present TD is 13,055'

Set CIBP @ 10,475 feet and Cap with 50 feet of cement.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

TITLE

Sr. Acctg. Asst.

DATE

7-28-81

(This space for Federal or State office use)

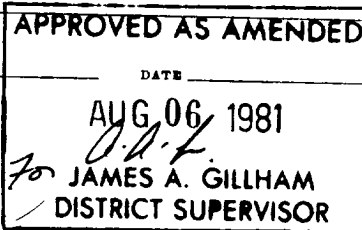
PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions On Reverse Side