

30-025-19832

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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5A. Indicate Type of Lease
STATE ☒ REC ☐
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name Maduro State Comm.
2. Name of Operator Sun Exploration & Production Company		9. Well No. 1
3. Address of Operator P.O. Box 1861, Midland, TX 79702		10. Field and Pool, or Wildcat Undesigned (Morrow)
4. Location of Well UNIT LETTER <u>L</u> LOCATED <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>16</u> TWP. <u>19S</u> RGE. <u>33E</u> NMPM		12. County Lea
19. Proposed Depth 13900' -		19A. Formation Morrow
20. Rotary or C.T. Rotary		
21. Elevations (Show whether DF, KT, etc.) 3645 GR	21A. Kind & Status Plug. Bond Blanket on File	21B. Drilling Contractor N/A
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	54.5	500	425	Surf.
12-1/4"	8-5/8	32	5200	2550	Surf.
7-7/8	5-1/2	17 & 20	13700	1450	7500

Formation	Top	Reservoir	Top
Rustler	1350	Lower Morrow Clastics	13410 (-9740)
Yates	3235	Middle Morrow Clastics	13120 (-9450)
Bone Springs	7885 (-4215)	Atoka Sandstone	12580 (-8910)
1st Bone Spring Sand	9070 (-5400)	Permit Expires 6 Months From Approval Date Unless Drilling Underway.	
2nd Bone Spring Sand	9610 (-5940)		
3rd Bone Spring Sand	10630 (-5960)		
Wolfcamp	10890 (-7220)	Attached: Blowout Preventer	
Atoka 'C' Limestone	12753 (-9083)		

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 Velma A. Ruyes Title Sr. Accounting Assistant Date 7/2/85

(This space for State Use)

GRANTED BY _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: