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NEW MEXICO OIL CONSERVATION COMMISSION  
OCT 7 11 54 AM '66

Form C-101  
Revised 1-1-65

5A. Indicate Type of Lease
STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Farm or Lease Name <b>W. B. Maveety</b>	
2. Name of Operator <b>Sun Oil Company</b>		9. Well No. <b>7</b>	
3. Address of Operator <b>P. O. Box 2880, Dallas, Texas 75221</b>		10. Field and Pool, or Wildcat <b>Monument-Grayburg</b>	
4. Location of Well UNIT LETTER <b>G</b> LOCATED <b>1650</b> FEET FROM THE <b>East</b> LINE <b>2310</b> FEET FROM THE <b>North</b> LINE OF SEC. <b>35</b> TWP. <b>19S</b> RGE. <b>36E</b> NMPM		12. County <b>Lea</b>	
19. Proposed Depth <b>4100'</b>		19A. Formation <b>Grayburg</b>	
20. Rotary or C.T. <b>Rotary</b>		21. Elevations (Show whether DF, RT, etc.) <b>3603' (Ground)</b>	
21A. Kind & Status Plug. Bond <b>\$10,000 Blanket Bond</b>		21B. Drilling Contractor <b>(Unknown)</b>	
22. Approx. Date Work will start <b>When Approved</b>			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24#	350'	200	Circ. to Surf.
7-7/8"	4-1/2"	9.5#	4100'	430	2200'

Series 600 (minimum) blowout prevention equipment will be used while drilling this well, and 2000 PSI working pressure wellhead will be used if 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 *Gene F. [Signature]* Title **Asst. Regional Supt.** Date **October 6, 1966**  
(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

1-10-67