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NEW MEXICO OIL CONSERVATION COMMISSION

30-025-28222

Form C-101
Revised 1-1-85

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 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 Eva Owens	
2. Name of Operator Sun Exploration and Production Company		9. Well No. 2	
3. Address of Operator P.O. Box 1861, Midland, Texas 79702		10. Field and Pool, or Wildcat Drinkard	
4. Location of Well UNIT LETTER <u>L</u> LOCATED <u>1780</u> FEET FROM THE <u>South</u> LINE AND <u>770 760</u> FEET FROM THE <u>West</u> LINE OF SEC. <u>25</u> TWP. <u>21-S</u> RGE. <u>37-E</u> NMPM		12. County Lea	
18. Proposed Depth 7700		19A. Formation Drinkard	20. Rotary or C.T. Rotary
21. Elevation of Stone whether DF, RT, etc.) 3368.1 GR	21A. Kind & Status Film. Pond 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
12 1/4	8 5/8	24	1300	900 SXS	Surface
7 7/8	5 1/2	14 & 15.5	7700	2275 Sxs	Surface

Blowout preventer 10" Hydraulic

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 2/12/84
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 Sr. Acct. Asst. Date 8-18-83

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 22 1983

CONDITIONS OF APPROVAL, IF ANY:

mcl