

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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DISTRIBUTION	
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 OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Company		8. Farm or Lease Name New Mexico "BG" State
3. Address of Operator P.O. Box 1861, Midland, TX 79702		9. Well No. 1
4. Location of Well UNIT LETTER L LOCATED 1980 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE OF SEC. 28 TWP. 18S RGE. 34E NMPM		10. Field and Pool, or well springs Undesignated Bone Springs
11. Elevations (show whether DF, HT, etc.) 3988 GR		12. County Lea
21A. Kind & Status Plug. Bond Blanket on File	21B. Drilling Contractor NA	20. Rotary or C.T. Rotary
19. Proposed Depth 11000' -		19A. Formation Bone Springs
22. Approx. Date Work will start ASAP		

23.

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"	48	350'	375 sks	Surf.
12-1/4"	8-5/8"	24 & 32	3700'	1900 sks	Surf.
7-7/8"	5-1/2"	17 & 15.5	10200'	1200 sks	3000

Attached Blow Preventer

Formation	Top	Reservoir	Top
Rustler Anhydrite	1760 (+2242)	2nd Bone Springs Sand	9603 (-5601)
Delaware Mtn. Group	5790 (-1788)	Bone Springs Detrital	9900 (-5898)
Bone Springs	7800 (-3793)		
Wolfcamp	10,500 (-6498)		

Permit Expires 6 Months From Approval
Date 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 [Signature] Title Sr. Accounting Assistant Date 8/14/85

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 20 1985