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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
A-983

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Co.	8. Farm or Lease Name State "A" A/C -3
3. Address of Operator P.O. Box 1861, Midland, Texas 79702	9. Well No. 12
4. Location of Well UNIT LETTER B 25 FEET FROM THE North LINE AND 2615 FEET FROM THE East LINE, SECTION 10 TOWNSHIP 23-S RANGE 36-E N.M.P.M.	10. Field and Pool, or Wildcat Langlie Mattix Seven Rivers Queen Grayburg
15. Elevation (Show whether DF, RT, GR, etc.) 3465.6 GR	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data.

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-24 Test annulus & PKR to 500 psi, establish inj. rate w/ 100 bbls lse wtr @ 1 BPM on Vac..

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Alva Franco TITLE Sr. Accounting Assistant DATE 5/30/84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 5 1984

CONDITIONS OF APPROVAL, IF ANY: