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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. OG 5904
7. Unit Agreement Name
8. Name of Lease Mine New Mexico "A" State
9. Well No. 3
10. Field and Pool, or Wildcat Inbo (Permo-Penn)
12. County Lea

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Sun Oil Company
3. Address of Operator P. O. Box 2792, Odessa, Texas 79760
4. Location of Well UNIT LETTER I 710 FEET FROM THE East LINE AND 1980 FEET FROM THE South LINE, SECTION 7 TOWNSHIP 11 S RANGE 34 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4198' Gr.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

On 11-14-69 Dowell acidized perms. 9843-53' with 2000 gals. 28% NE HCL and 2000 gals 3% NE HCL down 2 1/2" tubing bottomed at 9834'. Flushed with 66 bbls lease crude. Well swabbed and flowed. Placed on pump 11-22-69. On 24 hour potential ending 11-27-69, pumped 103 BO, 10 BW, GOR 930/1.

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

SIGNED John M. Sweeney

TITLE **Ass't District Superintendent** DATE **12-2-69**

APPROVED BY [Signature]

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: