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LAND OFFICE	
OPERATOR	

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 For

5. State Oil & Gas Lease No.
#1 Sun State

7. Unit Agreement Name

8. Farm or Lease Name
Sun-State

9. Well No.
1

10. Field and Pool, or Wildcat
Undesignated

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 GAS WELL OTHER

2. Name of Operator
CHARLES B. READ

3. Address of Operator
P. O. BOX 2126, ROSWELL, NEW MEXICO 88201

4. Location of Well
UNIT LETTER P 554 FEET FROM THE South LINE AND 554 FEET FROM
THE East LINE, SECTION 7 TOWNSHIP 11S RANGE 33E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4311.50' GL

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 checked="" type="checkbox"/>	OTHER <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 1703.

Set 10, 380' of 17# & 15.5# J-55 5 1/2 @ 10, 380' cemented with 500 sx on 10-17-68.
WOC 18 hrs. Pressure test to 1500# for 30". Test OK.

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

SIGNED *Charles B. Read* TITLE Agent DATE November 26, 1968

APPROVED BY *John W. Remy* TITLE DATE DEC 2 1968

CONDITIONS OF APPROVAL, IF ANY: