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LAND OFFICE		
OPERATOR		

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

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease

State ☒   Fee ☐

5. State Oil & Gas Lease No.

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·

7. Unit Agreement Name

2. Name of Operator

Sun Oil Company

8. Farm or Lease Name
New Mexico A State
~~State of New Mexico~~ "A"

3. Address of Operator

P. O. Box 2792, Odessa, Texas

9. Well No.
1

4. Location of Well

UNIT LETTER __O__ , __660__ FEET FROM THE __South__ LINE AND __1830__ FEET FROM

THE __East__ LINE, SECTION __7__ TOWNSHIP __13S__ RANGE __34E__ NMPM.

10. Field and Pool, or Wildcat
Inbe-Wolfcamp

15. Elevation *(Show whether DF, RT, GR, etc.)*

4210 DF

12. County
Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER __Misc. Work__ ☒

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.

In compliance with New Mexico Oil Conservation Commission requirements, the casing outlets for the 13 3/8", 8 5/8" and 4 1/2" casings have been extended above ground level and permanently labeled. This work was completed on 12-30-64. During a casing leak survey on 1-5-65, the results of this work was witnessed by Leslie Clements of the New Mexico Oil Conservation Commission.

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

SIGNED _____   TITLE __Engineer__   DATE __1-19-65__

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: