

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-3273	

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"/>		7. Unit Agreement Name
2. Name of Operator Sun Oil Company		8. Farm or Lease Name New Mexico "AO" State
3. Address of Operator P. O. Box 1861 Midland, Texas 79701		9. Well No. 1
4. Location of Well UNIT LETTER <u>M</u> , <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>10 S</u> RANGE <u>34 E</u> NMPM.		10. Field and Pool, or Wildcat Undesignated Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4234 DF		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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Plug Back

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.

4-7-71 Set Model "R" packer @ 9690, tested bridge plug to 5000#. Test o.k. Treat perfs. 9628-9637 with 2500 gals. 15% NE Hcl.

4-8-15-71 Swabbing.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Bur Hughes</u>	TITLE <u>Proration Clerk</u>	DATE <u>4-19-71</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT</u>	DATE <u>APR 21 1971</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

APR 2 1971

OIL CONSERVATION COMM.
HOBBS, N. M.