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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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
New Mexico "E" State	
9. Well No.	
1	
10. Field and Pool, or Willacut	
Mescalero San Andres	
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 <u>D</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM	
THE <u>West</u> LINE, SECTION <u>26</u> TOWNSHIP <u>10 S</u> RANGE <u>32 E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	
4317' 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 ☐

SUBSEQUENT REPORT OF:

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

9-10-69 pulled rods and tubing. Howco fractured perfs. 4074-4171' down casing w/40,000 gal. gel SW and 32,000# 20-40 sd. Ran tubing, rods and pump. Produced load 9-13 thru 9-23-69 Re-potential - In 24 hours ending 9-25-69 pumped 127 bbls oil, 30 bbls LW, 18 x 40 spm, 1 1/4" pump. GOR 466/l.

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 10-8-69

APPROVED BY [Signature]

TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: