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NEW MEXICO OIL CONSERVATION COMMISSION

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

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"/>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator Sun Oil Company		5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 2792, Odessa, Texas		7. Unit Agreement Name
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 10S RANGE 32E NMPM.		8. Farm or Lease Name State of N.M. "P"
		9. Well No. 1
		10. Field and Pool, or Wildcat Mescalero-San Andres
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

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

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.

12-30-64 - Lane Wells ran correlation log 2200-2350-3000-3100-3800-4398'. Perf. 4 1/2" csg.
1 - 3/8" JSPT at each interval, 4074-77-80-83-87-92-95-4101-07-11-15-18-35-44-48-56-63-66 & 71.
Ran 2" TUE tubing open ended seated at 4170.
12-31-64 - Cardinal washed perfs. 4171 to 4074 w/750 galls. HCl acid. Maximum treatment pressure - TBG 1250 - Csg 600. Final press. TBG 1150, Csg. 600.
1-4-65 - swabbing.
Pulled and reran tubing seated at 4211.
On 1-8-65, 24 hour potential ending 1-8-65, 82.68 bbls. oil, 19.40 lbm, gravity 18.3, GOR 612/1.

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

SIGNED *D. D. Cunningham* TITLE Area Superintendent DATE 1/11/65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: