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# 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.	

## 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 <b>Sun Oil Company</b>		8. Farm or Lease Name <b>State of N.M. "E"</b>	
3. Address of Operator <b>P. O. Box 2792, Odessa, Texas</b>		9. Well No. <b>2</b>	
4. Location of Well UNIT LETTER <b>E</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>26</b> TOWNSHIP <b>10 S</b> RANGE <b>32 E</b> NMPM.		10. Field and Pool, or Wildcat <b>Undesignated</b>	
15. Elevation (Show whether DF, RT, GR, etc.) <b>4317 Gr.</b>		12. County <b>Lea</b>	

## 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 ☐  
OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **Potential Test** ☒  
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.

**1-26-27-65 pulled tubing, packer, holddown and retainer, reran tubing seated at 4200' with rods and pump.**

**24 hours - potential test ending 1-30-65 pumped 91.49 bbls. oil and 15.96 bbls. water.  
GOR 213/1, gravity 18.6 corrected.**

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

SIGNED **A. W. Allright** TITLE **Area Superintendent** DATE **2-1-65**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: