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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 ☒ 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 <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 State of N.M. "E"
3. Address of Operator P. O. Box 2792, Odessa, Texas	9. Well No. 2
4. Location of Well UNIT LETTER E 660 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 10S RANGE 32E NMPM.	10. Field and Pool, or Wildcat Mescalero-San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4317 Gr.	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 ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☒
OTHER **and progress** ☐

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.

1-21-65 pulled tubing, Lane Wells ran Baker retainer BP on wire line set @ 4170.
Perf. 4" casing 1- 3/8" jet shot per interval at 4150-46-37-33-27-24-18-14-11-06 by
Gamma Acoustic log measurement w/3 1/2" casing gun selective fire w/radio active charges @
4150 and 4106. Gamma Ray showed shots in place. Reran 2" tubing w/Baker retainer, seated
at 4157. 1-23-65 Cardinal acidized perfs. w/3000 gals. 15% unisal acid w/225# citric acid
down 2" tubing. Spotted 4 bbls. acid across perfs. Raised tubing seat 4064, using 16 ball
sealers. Shut down press. 1000# tubing, 350# casing. 1-24-25-65 - swabbing.

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

SIGNED *A. H. Cunningham* TITLE Area Superintendent DATE 1-27-65
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: