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NEW MEXICO OIL CONSERVATION COMMISSION

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

<p align="center">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.)</p>		<p>5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/></p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>5. State Oil & Gas Lease No.</p>
<p>2. Name of Operator Sun Oil Company</p>		<p>7. Unit Agreement Name</p>
<p>3. Address of Operator P. O. Box 2792, Odessa, Texas</p>		<p>8. Farm or Lease Name State of New Mexico "E"</p>
<p>4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 26 TOWNSHIP 10 S RANGE 32 E NMPM.</p>		<p>9. Well No. 3</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 4317 Gr.</p>		<p>10. Field and Pool, or Wildcat</p>
<p>12. County Lea</p>		

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 JOB ☐
OTHER **Completion** ☒

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.

2-2-65 Lane Wells ran correlation log 3800 to 4242 and perforated 4 1/2" casing w/selective fire radio active NCF-2 charge 4124-26-28-30-35-38-41-43-45-47-49-52-56-59-68 and 4171. Ran 2" tubing seated 4180. Chemical Engineers treated perforations 4124-4171' with 4000 gals. dolo-salv w/5 gals. acetic acid/per 1000 gals. dolo-salv. Spotted 4 bbls. acid w/12 1/2 bbls. brine washed perms. in 1/2 bbl. stages every 10 min. Reversed acid. Raised tubing seat 4063. Swabbed to pits. Pulled and reran tubing seated at 4210. Ran rods. 24 hour potential ending 2-9-65 pumped 66.25 bbls. oil, 2199 bbls. water. GOR 621/1. Gravity 18.4 corrected.

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

SIGNED *[Signature]* TITLE Area Superintendent DATE 2-10-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-55

I.

Operator Sun Oil Company	
Address P. O. Box 2792, Odessa, Texas	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State of New Mexico "E"	Well No. 3	Pool Name, including Formation Mescalero-San Andres Extension	Kind of Lease State, Federal or Fee State
Location			
Unit Letter C	660	Feet From The North	Line and 1650 Feet From The West
Line of Section 26	Township 10S	Range 32E	NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> McWood, Corporation	Address (Give address to which approved copy of this form is to be sent) Box 330, Abilene, Texas	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> -	Address (Give address to which approved copy of this form is to be sent) -	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 26
	Twp. 10S	Rge. 32E
	Is gas actually connected? No	When -

If this production is commingled with that from any other lease or pool, give commingling order number: -

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-16-65	Date Compl. Ready to Prod. 2-4-65		Total Depth 4260		P.B.T.D. 4247			
Pool Mescalero-San Andres	Name of Producing Formation Milnesand		Top Oil/ XXX Pay 4116		Tubing Depth 4210			
Perforations 4124, 26, 28, 30, 35, 38, 41, 43, 45, 47, 49, 52, 56, 59, 68, & 71 - 1 JS per interval.					Depth Casing Shoe 4260			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		1550'		400			
7-7/8"	4-1/2"		4260'		400			
7-7/8"	2" EUE		4210'		-			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-4-65	Date of Test 2-8-65	Producing Method (Flow, pump, gas lift, etc.) Pump - 2" x 1 1/4" Insert Pump - 16-38" SPM	
Length of Test 24	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 88.24	Oil-Bbls. 66.25	Water-Bbls. 21.99	Gas-MCF 41.14

GAS WELL

Actual Prod. Test-MCF/D -	Length of Test -	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) -	Tubing Pressure -	Casing Pressure -	Choke Size -

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Area Superintendent

(Title)

2-10-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable or new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.