	<del></del>		
NO. OF COPIES RECEIVED	-	V +	Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	Effective 1-1-65
FILE			<u> </u>
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee.
OPERATOR			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 GAS GAS			7. Unit Agreement Name
WELL WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Sun Oil Company			State of New Mexico
3, Address of Operator	•		9. Well No.
P. C. Box 2792, Odessa, Temas			_  1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER			√ dildeat
			VIIIIIIII A
THE SOUTH LINE, SECTION 6 TOWNSHIP 10 S RANGE 33 E NMPM.			
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
	4177 Gr.		I.ea
Check Appropriate Box To Indicate Nature of Notice, Report or Otl			har Data
	INTENTION TO:		T REPORT OF:
		3323243211	TREFORT OF.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
		OTHER	
OTHER			
work) SEE RULE 1 103.	Operations (Clearly state all pertinent deta	ils, and give pertinent dates, including	estimated date of starting any proposed
Rec. 130' drlg. mud 4295-4354, straddle 2 hours. One hour Is Temp. 111 F. Rec. 30 2-11-65 - plugging we 10 sk plug in top of	FP 57#, FFP 185#. Hyd. wt. plus 180° salty sulphur we packer test, 5/8" x 1/4" of 1261#, 1 hr. FSIF 806# 90° drilling mud, no gas, ell - 33 sk plug 3650/3550 8 5/8". Installed steel 4# casing, 1550° - left in	in and out 2504, max. ater, no odor or gas. 3 shokes, tool open 3 hour f, IFP 434, FFP 1444, hy oil or water.  2, 32 sk plug 2250/2350, marker and plate. Mud	d. wt. in and out 2369.
Note: Verbal permis	sion granted by Ar. Joe Re	mey to plug well on 2-1	.0 <del>-</del> 65•
18. I hereby certify that the informati	ion above is true and complete to the best o		
SIGNED W	TITLE	area Superintendent	
	· · · · · · · · · · · · · · · · · · ·		
ADDROVED BY		The second of th	
APPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, IF AN	1Y:		