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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 Sun Oil Company	8. Farm or Lease Name State of New Mexico "P"
3. Address of Operator P. O. Box 2792, Odessa, Texas	9. Well No. 1
4. Location of Well UNIT LETTER P 511.7 FEET FROM THE East LINE AND 657.4 FEET FROM THE South LINE, SECTION 6 TOWNSHIP 10 S RANGE 33 E NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 4177 Gr.	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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

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.

Spudded 2-1-65. On 2-3-65 ran 49 jts. 8 5/8" OD, 24# casing seated at 1550'. Cemented with 300 sacks Incor 12% gel, 100 sks Incor neat & CaCl. Gist centralizers at 1549 and 1535'. Circulated 70 sks cement. WOC 24 hours. Tested 8 5/8" casing, 1025#, 30 minutes, o.k. 2-9-65, Schlumberger ran Gamma Ray log 1550-4497, sonic and caliper log 1550-4515. Later log 2300-4517, Micro lateral Log 2300-4519. Preparing to DST.

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

SIGNED *D. D. Wright*

TITLE **Area Superintendent**

DATE **2-10-65**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: