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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.   |

|  |   |  |
|--|---|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><small>(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.)</small> |   |  |
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 7. Unit Agreement Name  |  |
| 2. Name of Operator<br><b>Sun Oil Company</b>  | 8. Farm or Lease Name<br><b>State of New Mexico "E"</b>       |  |
| 3. Address of Operator<br><b>P. O. Box 1861, Midland, Texas 79701</b>  | 9. Well No.<br><b>4</b>                                       |  |
| 4. Location of Well<br>UNIT LETTER <b>F</b> <b>1650</b> FEET FROM THE <b>North</b> LINE AND <b>1650</b> FEET FROM<br>THE <b>West</b> LINE, SECTION <b>26</b> TOWNSHIP <b>10S</b> RANGE <b>32E</b> NMPM.                        | 10. Field and Pool, or Wildcat<br><b>Mescalero-San Andres</b> |  |
| 11. Elevation (Show whether DF, RT, GR, etc.)<br><b>4311 Grr</b>   | 12. County<br><b>Lea</b>                                      |  |

|  |   |   |  |
|--|---|---|--|
| 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data<br>NOTICE OF INTENTION TO:  |   | SUBSEQUENT REPORT OF:                               |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/>   | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>              | ALTERING CASING <input type="checkbox"/>                     |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/>                |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <input checked="" type="checkbox"/> <b>Stimulation</b> |
| 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. |   |   |  |

10-1-75 Acdz. perfs 4159-4279 w/3000 gals. 15% 1 shot acid in 8 stages.  
RIH w/pump set-up on 2-3/8" tub. TS @ 4316'. Ran rods and 1-1/2" pump.  
POP @ 6:00 P.M. and test.

|  |                                |                         |  |
|--|--------------------------------|-------------------------|--|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                                |                         |  |
| SIGNED <u>Charles Gray</u>   | TITLE <u>Proration Analyst</u> | DATE <u>11-17-75</u>    |  |
| APPROVED BY <u>Chas. Gray</u>  | TITLE <u></u>                  | DATE <u>NOV 24 1975</u> |  |
| CONDITIONS OF APPROVAL, IF ANY:  |                                |                         |  |