

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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.
7. Unit Agreement Name
8. Farm or Lease Name State of New Mexico "G"
9. Well No. 1
10. Field and Pool, or Wildcat Mescalero Field
12. County Lea

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"/>
2. Name of Operator Sun Oil Company
3. Address of Operator Box 2792, Odessa, Texas
4. Location of Well UNIT LETTER <u>L</u> <u>660</u> FEET FROM THE <u>West</u> LINE AND <u>1980</u> FEET FROM THE <u>South</u> LINE, SECTION <u>35</u> TOWNSHIP <u>11S</u> RANGE <u>32E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4316' Gr.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>

PLUG AND ABANDON	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input checked="" type="checkbox"/>	PLUG AND ABANDONMENT	<input type="checkbox"/>
CASING TEST AND CEMENT JOB	<input checked="" type="checkbox"/>		
OTHER	<input type="checkbox"/>		

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.

Well spudded 5-29-65. On 5-30-65 ran 13 jts. 8 5/8" OD, 20# casing, (400') seated at 400'. Cemented with 100 sks Incor cement, 12% gel and 100 sks Incor, 2% CaCl. Gist centralizers at 399' and 366'. Circulated 25 sks cement, WOC 18 hours. Tested 8 5/8" casing 900#, 30 minutes, o.k.

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 6-1-65

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: