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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
MAR 25 11 42 AM '66

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 New Mexico I State
3. Address of Operator P. O. Box 2792, Odessa, Texas	9. Well No. 1
4. Location of Well UNIT LETTER <u>8</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>1978.9</u> FEET FROM THE <u>Last</u> LINE, SECTION <u>7</u> TOWNSHIP <u>11 S</u> RANGE <u>34 E</u> NMPM.	10. Field and Pool, or Wildcat Inbe-Penn Field
15. Elevation (Show whether DF, RT, GR, etc.) 4198 Gr.	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
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 checked="" 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 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 3-7-66. On 3-8-66 ran 12 jts. (383.09') 13 3/8" OD, 48#, 81 #1 Cond. casing, seated at 400.00'. Cemented with 100 sks incor 12% gel, 100 sks incor neat w/2% CaCl. Gist centralizers 39" and 366". RC 18 hours. Tested 13 3/8" OD casing, 700#, 30 minutes, o.k. Circ. 25 sk. cement.

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

SIGNED T. P. Maxwell TITLE Area Superintendent DATE 3-24-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: