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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-66

JUN 2

11. Indicate Type of Lease State <u>13</u> <u>66</u> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name
9. Well No. <u>New Mexico "I" State</u> <u>112</u>
10. Field and Pool, or Wildcat <u>Inbe Penn</u>
12. County <u>Lea</u>

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 <u>SunOil Company</u>
3. Address of Operator <u>P. O. Box 2792, Odessa, Texas 79760</u>
4. Location of Well UNIT LETTER <u>G</u> <u>1980.3</u> FEET FROM THE <u>North</u> LINE AND <u>1979.8</u> FEET FROM THE <u>Last</u> LINE, SECTION <u>7</u> TOWNSHIP <u>11 S</u> RANGE <u>34 E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <u>4198 Gr.</u>

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 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 5:30 p.m. 5-24-66. On 5-25-66 ran 13 jts. 13 3/8" OD, 8R, 48# casing seated at 420'. Cemented w/120 sks Lite wt. Trinity, and 100 sks Incor neat w/2% CaCl. Gist centralizers at 419 and 387. Circulated appx. 60 sks cement. WOC 18 hours. Tested 13 3/8" casing, 800#, 30 min. O..

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

SIGNED T. E. Maxwell TITLE Area Superintendent DATE 6-1-66

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: