STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DESEATOR		$\overline{}$

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103 -

SANTA FE	SANTA FE, NEW MEXICO 87501	Revised 10-1-78	
FILE U.S.G.S.		Sa. Indicate Type of Lease	
LAND OFFICE		State X Fee	
OPERATOR		5. State Oil & Gas Lease No. 983-2	
SUNI	DRY NOTICES AND REPORTS ON WELLS	111111111111111111111111111111111111111	
USE "APPLIC	PROPOSALS TO DRILL ON TO DEEPEN OF PLUG BACK TO A DIFFERENT RESERVOIR. CATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)	7. Unit Agreement Name	
OIL X CAS WELL Name of Operator	OTHER-		
Sun Exploration	& Production Company	8. Farm or Lease Name State "A" A/C-1	
P.O. Box 1861	Midland, Texas 79702	9. Well No. 63	
4. Location of Well		10. Field and Pool, or Witeen Gryb	
UNIT LETTER	1980 FEET FROM THE South LINE AND 660 FEET FROM	Langlie Mattix 7 Rvrs	
THE East LINE, SEC	CTION 3 TOWNSHIP 23-S RANGE 36-E NMPM.		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County	
16. Chap	3476 DF	Lea /////////	
NOTICE OF	k Appropriate Box To Indicate Nature of Notice, Report or Oth INTENTION TO: SUBSEQUENT	er Data REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON PULL OR ALTER CABING	CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT	
	OTHER Returned TA'd wel	l to production	
OTHER	isolate csg leak & a		
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed	
2/12/85 Isolate	ed csg leak from 532' to 563'. Sqzd leak with 200	sks Class "H" cmt.	
2/13/85 Tagged	ed cmt to 400', good circ but no cmt to surf. cmt @ 400'. Tested to 400#, O.K., drilled hard cmt & circ clean. Test leak for 1/4 hr - O.K.		
2/15/85 Tagged	PBD @ 3630'.		
2/22/85 Acidize	ed perfs 3446' - 3609' and open hole 3654' - 3691' Tagged PBD @ 3691'	w/5000 gallons 15% NEFEHCL	
2/25/85 RIH w/2	2-3/8" pumping set up, TS @ 3652, SN @ 3617. RIH w	/2" x 1-1/2" x 12' pump.	
5/15/85 lest: l	P 33 BO, 299 BW, 66 MCF (24 hrs) P 24 hrs 37 BO, 260 BW, 66 MCF		
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<u> </u>			
18. I hereby certify that the informati	ion above is true and complete to the best of my knowledge and belief.		
Maria X to	Sr. Accounting Assistant	DATE 6/6/85	
ORIGINAL SIGNED	BY-VERRY SEXTON	JA12 -/ 0/ 00	

CONDITIONS OF APPROVAL, IF ANY:

DISTRICT I SUPERVISOR

*1

JUN 1 9 1985

JUN 18 1985