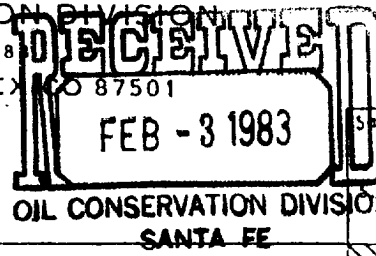


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION  
P. O. BOX 208  
SANTA FE, NEW MEXICO 87501



Form C-103  
Revised 10-1-70

3. Indicate Type of Lease  
State ☐ Fee ☐  
State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Carbon Dioxide		7. Unit Agreement Name
2. Name of Operator Sun Exploration and Production Co.		8. Farm or Lease Name Dan Trigg
3. Address of Operator P.O. Box 1861, Midland, Texas 79702		9. Well No. 3
4. Location of Well UNIT LETTER J 1650 FEET FROM THE South LINE A 1650 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 15-N RANGE 28-E NMPM.		10. Field and Pool, or Wildcat
15. Elevation (Show whether DF, RT, GR, etc.)		12. County San Miguel

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 checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING O-NIS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input 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.

- MIRU. RIH W/2-3/8 TBG. LOAD HOLE W/9.5# MUD LADEN FLUID. POH.
- SPOT 10 SXS CMT AT SURFACE. CUT OFF CSG. 4'BELOW SURFACE. WELD ON STEEL PLATE. SET PERM MARKER. CLN UP LOCATION.

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

SIGNED Dei Ann Kemp TITLE Accounting Asst. II DATE 1-28-83  
APPROVED BY Carl Wilcox TITLE DISTRICT SUPERVISOR DATE 2/3/83  
CONDITIONS OF APPROVAL, IF ANY: