NO. OF COPIES RECEIVED	4	Form C-103 Supersedes Old
DISTRIBUTION		C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		5a. Indicate Type of Lease
U.S.G.S.		State X · Fee.
LAND OFFICE	- 	5. State Oil & Gas Lease No.
OPERATOR		S-8071
	SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM	SUNDRY NOTICES AND REPORTS ON WELLS A FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. APPLICATION FOR PERMIT _** (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-	O Description
2. Name of Operator Sunray DX 01	1 Company	8. Form or Lease Name New Mexico State 70"
	* somethy	9. Well No.
3. Address of Operator P. O. Box 11	16, Roswell, New Mexico	1
4. Location of Well		10. Field and Pool, or Wildcat
D .	660 North 660	Bone Springs
UNIT LETTER	FEET FROM THE LINE AND FEET FROM	
Best	32 19 29 NMPM.	
THELIN	IE, SECTION TOWNSHIP RANGE NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3322 17	Eddy
16.	Check Appropriate Box To Indicate Nature of Notice, Report or Otl	ner Data
		REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JQB	i-Annual TA Report
	OTHER	and the second s
OTHER		
17. Describe Proposed or Com	pleted Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1103.		
TA in Bone	Springs.	
Dualle aco	pleted in W. Burten Penn (Atoka Gas) Pool.	
pagity con	brasen ru we antage term (where new) toors	
		: V: - N
	REI	CEIVED
	10	N 1 3 1965
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	;	পৰাৰু পুৰু কৈ কিছে। প্ৰতিষ্ঠান কৰিব প্ৰতিষ্ঠান প্ৰতিষ্ঠান কৰিব প্ৰতিষ্ঠান
		Application of the property o
18. I hereby certify that the Tr	formation above is true and complete to the best of my knowledge and belief.	
1		
SIGNED BAG	B.F. Brattey HITLE District Engineer	DATE 1212-66
		0.11
71141	CAL AND SAS INSPECTOR	JAN 1 3 1966
APPROVED BY 1/20	Constitution TITLE	DATE
CONDITIONS OF APPROVAL	., IF ANY:	