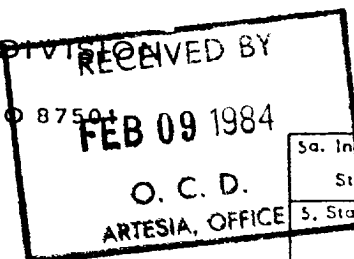


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501



Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>

3a. Indicate Type of Lease  
State ☒ Fee ☐  
3. 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 Exploration & Production Company	8. Farm or Lease Name New Mexico 0 State Comm.
3. Address of Operator P. O. Box 1861, Midland, Texas 79702.	9. Well No. 1
4. Location of Well UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM East 12 TOWNSHIP 19-S RANGE 28-E NMPM.	10. Field and Pool, or Wildcat Wildcat (Cisco)
15. Elevation (Show whether DF, RT, GR, etc.) 3381.7 GR	12. County Eddy

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 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.

Additional information for new well - Amend C-105 - Question 32

Perfs - 10802-10941 - Acdz w/4000gals 7-1/2% morflow BC Acid.

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

SIGNED DeAnn Kemp TITLE Senior Accounting Assistant DATE 2-7-84

Original Signed By  
Leslie A. Clements  
Supervisor District II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 10 1984

CONDITIONS OF APPROVAL, IF ANY: