Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State **X**   Fee. ☐

5. State Oil & Gas Lease No.
K-5115

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 **X**   GAS WELL ☐   OTHER-

7. Unit Agreement Name

2. Name of Operator
E. J. Dunigan, Jr.

8. Farm or Lease Name
Sun State

3. Address of Operator
Box 261, Pampa, Texas   79065

9. Well No.
1

4. Location of Well

UNIT LETTER **E** , **660** FEET FROM THE **West** LINE AND **1980** FEET FROM

THE **North** LINE, SECTION **30** TOWNSHIP **20S** RANGE **23E** NMPM.

10. Field and Pool, or Wildcat
Wildcat

15. Elevation *(Show whether DF, RT, GR, etc.)*

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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐		COMMENCE DRILLING OPNS. **X**
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

OTHER **Running of 8-5/8" cag** **X**

OTHER _____

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.

We spudded this well on June 2, 1967 @ 7:00 A.M.

We ran 370' of used 8-5/8" cag. 24# 8 rd thd.   Set @ 372'

Cemented with 75 sks reg. cement.

Plug down @ 4:00 P.M. on June 9, 1967.

Cement circulated to cellar. W.O.C. 24 hrs.

Drilled plug. Bailed hole dry. Tested for water shut off. Hole dry.

Drilling ahead.

RECEIVED

JUN 1 3 1967

ARTESIA OFFICE

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

SIGNED *James D. Monroe*   TITLE **Agent**   DATE **June 12, 1967**

APPROVED BY _____   TITLE OIL AND GAS INSPECTOR   DATE _____

CONDITIONS OF APPROVAL, IF ANY: