STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

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

RECEIVED BY
AUG 01 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: V - 231

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: Anadarko Production Company ✓

8. Farm or Lease Name: Sun State

3. Address of Operator: P. O. Drawer 130, Artesia, New Mexico 88210

9. Well No.: 1

4. Location of Well: UNIT LETTER N, 660 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 21S RANGE 27E NMPM.

10. Field and Pool, or Wildcat: Delaware Wildcat

15. Elevation (Show whether DF, RT, GR, etc.): 3244.8' GL

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 [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Progress Report [X]	

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.

7-23-85 Rigged up swabbing unit. SICP 0. SITP 5#.

Bled pressure off tubing.

Swab: IFL @200'; swabbed 14 BF in 3 hrs; 1st run = slight trace of oil
3rd run = well unloaded (125#) and blew swab out of hole.

SI; Rigged down swabbing unit. Placed well on intermeter.

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

SIGNED [signature] TITLE Area Supervisor DATE July 24, 1985

APPROVED BY Original Signed By Les A. Clements TITLE Supervisor District I DATE JUL 31 1985

CONDITIONS OF APPROVAL, IF ANY: