

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

Form C-103  
Revised 10-1-78

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RECEIVED BY  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501  
**AUG 01 1985**  
O. C. D.  
ARTESIA OFFICE

5a. Indicate Type of Lease  
State ☒ 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 DEEEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  
USE "APPLICATION FOR PERMIT - L" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator <b>Anadarko Production Company</b>	8. Farm or Lease Name <b>Sun State</b>
3. Address of Operator <b>P. O. Drawer 130, Artesia, New Mexico, 88210</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>N</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>22</b> TOWNSHIP <b>21S</b> RANGE <b>27E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Delaware Wildcat</b>
15. Elevation (show whether DF, RT, GR, etc.) <b>3244.8' GL</b>	12. County <b>Eddy</b>

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 OPS. <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"/>	OTHER <input checked="" type="checkbox"/> <b>Progress Report</b>

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.

8-1-85 SITP = 130 psig. Blow well down; did not recover any fluid. Set horizontal gas separator.

8-2-85 Rigged up pulling unit. Ran 2" x 1½" x 12' pump and ¾" sucker rods. Placed well on pump at 6:30 p.m.

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

SIGNED *Mike Williams* TITLE Area Supervisor DATE August 5, 1985  
Original Signed By  
Mike Williams  
APPROVED BY Oil & Gas Inspector TITLE \_\_\_\_\_ DATE AUG 16 1985  
CONDITIONS OF APPROVAL, IF ANY: