

OIL CONSERVATION DIVISION

Form C-103
Revised 10-1-78

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
SEP 27 1985
O. C. D.
ARTESIA, CHIEF

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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM 15-101) 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 Anadarko Petroleum Corporation	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 22 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

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐
OTHER Progress Report ☐

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.

1. Rigged up pulling unit; tripped out of hole with rods and pump.
2. Swab-tested well.
3. Acidized Delaware open hole zone: 3130' - 3160'.
4. Bled well down; swabbed remainder of load water.
5. Re-ran pump and rods.
6. Returned well to production.

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

SIGNED Jon Hightower TITLE Field Foreman DATE September 20, 1985
Original Signed By Les A. Clement
APPROVED BY Supervisor District II TITLE DATE SEP 30 1985
CONDITIONS OF APPROVAL, IF ANY: