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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - "C-101" FOR SUCH PROPOSALS.)		5a. Indicate Type of Lease State ☐ Fed ☒ Fee ☐
		5. State Oil & Gas Lease No. NM 047
1. Name of Operator Sun Exploration and Production Company		6. Farm or Lease Name New Mexico Federal 'N'
2. Address of Operator P.O. Box 5940 T.A. Denver, Colorado 80217		7. Unit Agreement Name
3. Location of Well UNIT LETTER <u>MP</u> <u>P</u> <u>850</u> FEET FROM THE <u>South</u> LINE AND <u>1135</u> FEET FROM THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>30N</u> RANGE <u>12W</u> N.M.P.M.		8. Well No. 6E
		9. Field and Pool, or Wildcat Basin Dakota
14. Elevation (Show whether DF, RT, GR, etc.)		12. County San Juan

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐ OTHER <u>Install Cathodic Protection Anode Bed</u> ☒	PLUG AND ABANDON ☐ CHANGE PLANS ☐	REMEDIAL WORK ☐ COMMENCE DRILLING OPNS. ☐ CASING TEST AND CEMENT JOBS ☐ OTHER ☐	ALTERING CASING ☐ PLUG AND ABANDONMENT ☐

7. 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. Move in water well type drilling rig onto existing well location at least fifty feet from existing gas well.
2. Drill and underream hole of approximately twelve inch diameter to a maximum depth of 250 feet.
3. Lower seven inch diameter pipe into hole and fill with anode material. Fill in hole on outside of pipe.
4. Rig down move out.
5. Install rectifier. Connect to gas well and the anode bed.

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NOV 30 1983

OIL CON. DIV.
DIST. 3

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

SIGNED Ma McKissack TITLE Sr. Acct. Assist DATE 11/21/38

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: