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HOBBS OFFICE O.C.C.
 NEW MEXICO OIL CONSERVATION COMMISSION
 JUN 13 11 33 AM '68

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
K-5265-1	
7. Unit Agreement Name	
8. Farm or Lease Name	
New Mexico "M" State	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
Undesignated	
12. County	
Lee	

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 GAS WELL OTHER

2. Name of Operator
Sun Oil Company

3. Address of Operator
P. O. Box 2792, Odessa, Texas 79760

4. Location of Well
 UNIT LETTER D, 660 FEET FROM THE North LINE AND 660 FEET FROM
 THE West LINE, SECTION 19 TOWNSHIP 10 S RANGE 34 E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4204 Gr.

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 OPNS. <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 checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Well spudded 12:15 p.m., 6-8-68. On 6-9-68 ran 13 jts. 13 3/8", 48#, H-40 casing seated at 415'. Dowell cemented with 250 sks Incor (375 ft.³) w/2% CaCl. Mixing temperature est. 80°F; est. min. formation temperature 64°; est. strength at time of test 800 psi. In place 12 hours prior to test. Tested casing 800#, 30 minutes, o.k. Circulated approx. 6 sks.

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

SIGNED J. E. Edison TITLE Area Superintendent DATE 6-12-68

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: