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LAND OFFICE	
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NEW MEXICO OIL CONSERVATION COMMISSION

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

MAY 2 10 41 AM '67

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-3259
7. Unit Agreement Name
8. Farm or Lease Name New Mexico "H" State
9. Well No. 13
10. Field and Pool, or Wildcat Und. Cato - San Andres
12. County Chaves

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 **P** **660** FEET FROM THE **South** LINE AND **660** FEET FROM
THE **East** LINE, SECTION **16** TOWNSHIP **8 S** RANGE **30 E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4142' 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 JOBS <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.

Spudded well 8 a.m. MST 4-29-67. Ran 11 jts. 8 5/8" OD, 20# casing seated at 454'. Cemented w/300 sks Incor, 2% CaCl, 1/4" Flocele/sk. Mixing temp. est. 80°F, est. min. formation temp. 64°; est. strength at time of test, 1000-1200 psi. In place 12 hours prior to test. Tested casing 800#, 30 min. o.k. Circulated appx. 30 sks cement.

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 5-1-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: