| Office State of New Mexico   | Form C-103  |
|--|---|
|  | Revised August 1, 2011                            |
| District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 District III – (505) 334-6178 1220 South St. Francis Dr. | WELL API NO.<br>30-025-31000                      |
| 811 S. First St., Artesia, NM 88210  District III - (505) 334-6178  NOV. 1 0 2011 1220 South St. Francis Dr.   | 5. Indicate Type of Lease                         |
| 1000 Rio Brazos Rd., Aztec, NM 874 NOV 1 8 2011 Santa Fe, NM 87505   | STATE FEE  6. State Oil & Gas Lease No.           |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   | L-332   |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  | 7. Lease Name or Unit Agreement Name              |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  | SUNRAY –A-6822 LTD                                |
| 1. Type of Well: Oil Well Gas Well Other   | 8. Well Number 001                                |
| 2. Name of Operator DWIGHT A. TIPTON   | 9. OGRID Number 006550                            |
| 3. Address of Operator   | 10. Pool name or Wildcat                          |
| c/o Oil Reports & Gas Services, Inc. 1008 W. BROADWAY, HOBBS, NM 88240  4. Well Location   | LANE; SAN ANDRES (37000)                          |
| Unit Letter O : 990 feet from the SOUTH line and 1   | 980feet from theEASTline                          |
| Section 36 Township 09S Range 33E  | NMPM LEA County                                   |
| 11. Elevation (Show whether DR, RKB, RT, GR, e   |   |
|  |   |
| 12. Check Appropriate Box to Indicate Nature of Notice   | e, Report or Other Data                           |
|  | IBSEQUENT REPORT OF:                              |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORTEN TEMPORARILY ABANDON ☐ COMMENCE [  | DRK ALTERING CASING DRILLING OPNS. P AND A        |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEME  | <u> </u>  |
| DOWNHOLE COMMINGLE   | 4   |
| OTHER: OTHER:  |   |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details,   | and give pertinent dates, including estimated dat |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple (proposed completion or recompletion.   | Completions: Attach wellbore diagram of           |
|  |   |
| REQUEST TO TEMPORARILY ABANDON DUE TO THE CEASING O  | F PRODUCTION.                                     |
|  |   |
|  |   |
| Condition of Approval: Notify OCD Hobbs  | thart.  |
| office 24 hours prior to running MIT Test & C  | iait  |
|  | .e. *   |
| Rule 19.15.25.14   | e Oil Conservation Division                       |
| Set CIBP, RBP or Packer within 100 feet of uppermost perfsyor open hole. Pressure test to 500 psi for 30 minutes with  | ST BE NOTIFIED 24 Hours                           |
| a pressure drop of not greater than 10% over a Celease Date:   | to the beginning of operations                    |
| 3U minute period   | <u>to the merimanir of maeralions</u>             |
| , , , , , , , , , , , , , , , , , , ,  | 8   |
| I hereby certify that the information above is true and complete to the best of my knowle  | •   |
| I hereby certify that the information above is true and complete to the best of my knowle  | dge and belief.                                   |
| I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE   | dge and belief.  DATE_11/16/11                    |
| I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE   | dge and belief. DATE_11/16/11                     |
| I hereby certify that the information above is true and complete to the best of my knowled SIGNATURE   | dge and belief. DATE_11/16/11                     |