State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505			WELL API NO. 3002529935 sIndicate Type of Lease		
			DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		
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.)					
			7-Lease Name or Unit Agreement Name Speight		
1Type of Well:	101) FOR SOCII PROPOSALS.)	,	+		
WELL GAS OTHER SWILL					
Name of Operator Sunlight Exploration, Inc.			sWeil No. 2		
3Address of Operator 1415 23rd St. Canyon, Texas 79015			₀Pool name or Wildo	at	
Well Location Unit Letter H : 330	Feet From The East	Line and1650	Feet From The	North	Line
Section 15	Township 13S F	Range 38E	NMPM	Lea co	ounty
	10Elevation (Show whether DF, I		-		
11 Check Ap	propriate Box to Indicate Na	ture of Notice, Re	port, or Other I	Data	
NOTICE OF IN	SEQUENT RE	EPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS.	PLUG AND ANBANDO	ONMENT
PULL OR ALTER CASING		CASING TEST AND CEM	ENT JOB		
OTHER:		OTHER:			
12Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, and give	pertinent dates, including ex	stimated date of starting	any proposed	
Notify OCD 24 hrs before start plug 1.RIH set CICR @ 8600 Sqz. 150s 2.Circulate well w/ mud		o9576.)			
3.Spot 100' plug @ 5013 (9 5/8 st 4. Spot 100' plug @ 2200'	, ,		301 12 13 14 30 10 10 12 13 14	4157677 7676	
5. Spot 100' plug 410' (13 3/8 shown 9. Spot 60' plug @ surface			/ 10	na B	
10. Cut off wellhead install dry hole	marker		96	6 N	
			10 11 E		
THE OIL CON	ISERVATION DIVISION	MUST	(6)	A 3	
BE NOTIFIE	D 24 HOURS PRIOR TO	THE		187.17.96	
BEGINNING (OF PLUGGING OPERAT	IONS.	The state of the s		
I hombu and if the black in farmation about 1					· · · · · · · · · · · · · · · · · · ·
I hereby certify that the information above is to	rue and complete to the best of my knowled	ge and belief.		1	~ ~
SIGNATURE / Ze / W		LE Trees T		DATE 10-1	(-0)
TYPE OR PRINT NAME Ben M	entgomeny for	<u> </u>	mith.	TELEPHONE NO. 806-	<u>- 6557-71</u> 83
(This space for State Use)) \ OC FIFE	.D REPRESENTATIVE	II/STAFF MANA	GERMON	
CONDITIONS OF APPROVAL IS A 10	UMP TH	LE		DATE 0 3 2	<u>'UU'</u>
CONDITIONS OF APPROVAL, IF AIN:					