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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 6 11 27 AM '65

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. E 7351

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Sunray BK Oil Company	8. Farm or Lease Name New Mexico State I
3. Address of Operator P. O. Box 1416, Roswell, New Mexico	9. Well No. 1
4. Location of Well UNIT DEPTH N 660 FEET FROM THE South LINE AND 1980 FEET FROM West LINE, SECTION 36 TOWNSHIP 9 RANGE 33 NMPM.	10. Field and Pool, or Wildcat Lane Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4286 DF	12. County Lea

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"/>
DRILL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER Semi-Annual TA Report <input checked="" type="checkbox"/>	

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.

Dually completed in the Lane Penn Field.

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

SIGNED B.F. Brawley **B.F. Brawley** TITLE District Engineer DATE 8-4-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: