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NEW MEXICO OIL CONSERVATION COMMISSION

5a. Indicate Type of Lease
State ☒   Fee ☐

5. State Oil & Gas Lease No.
E 881

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- **Dual Oil & Gas**

7. Unit Agreement Name

2. Name of Operator
Sunray DX Oil Company

8. Farm or Lease Name
N.M. State "F"

3. Address of Operator
P.O. Box 128, Hobbs, New Mexico

9. Well No.
1

4. Location of Well
UNIT LETTER **F** , **1983** FEET FROM THE **North** LINE AND **1980** FEET FROM

THE **West** LINE, SECTION **1** TOWNSHIP **10S** RANGE **33E** NMPM.

10. Field and Pool, or Wildcat
Lane Penn

15. Elevation (Show whether DF, RT, GR, etc.)
4250.9 GR

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☒

CASING TEST AND CEMENT JOB ☐

OTHER _____ ☐

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.

1. Load hole w/mud & place 30 sx cmt plug over perfs 10,588-10,826.

2. Place 25 sx cmt plug over perfs 9796-9807.

3. Cut off 5½" csg @ 4145' & pull.

4. Place cmt plugs as follows:
   a. 25 sx top of 5½" csg stub @ 4145'.
   b. 25 sx @ 6800'
   c. 25 sx @ 5300'.
   d. 25 sx @ bottom of 9 5/8" csg @ 3969'.
   e. 10 sx @ surface.

5. Cut off csg at G.L. Install dry hole marker, fill pits, level location, and clear of junk.

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

signature   W.F. Bradley   TITLE District Engineer   DATE 4-8-65

BY _signature_ Leslie H. Clements   TITLE _____   DATE _____

ONS OF APPROVAL, IF ANY: