

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.

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 Sun Oil Company | 8. Farm or Lease Name State BD |
| 3. Address of Operator P.O. Box 1861, Midland, Texas 79702 | 9. Well No. #1 |
| 4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE A 660 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 12-S RANGE 33-E NMPM. | 10. Field and Pool, or Wildcat Bagley Siluro Devonian |
| 15. Elevation (Show whether DF, RT, GR, etc.) 4243' D.F. | 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 checked="" 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 O.O.S. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> | CASING TEST AND CEMENT JOB <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.

Move in.
Rig up.
Swab well to bring on production.
If well responds to swab will file subsequent report.

REMARKS: Ref. Case #4887
Order #R-4460

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

SIGNED Dee Ann Kemp TITLE Accounting Asst. II DATE 11-5-81

Orig. Signed by

Jerry Sexton

Dist. 1, Supp.

APPROVED BY _____ TITLE _____ DATE NOV 12 1981

CONDITIONS OF APPROVAL, IF ANY: