

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

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 Exploration & Production Co.	8. Farm or Lease Name U.D. Sawyer
3. Address of Operator PO Box 1861, Midland, Texas 79702	9. Well No. 6
4. Location of Well UNIT LETTER 0 990 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 9-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Crossroads Siluro Devonian
15. Elevation (Show whether DF, RT, GR, etc.)	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 checked="" 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

7-11. Howco spot 1 bbl 20% NEFE HCL 12,084-12,042, Raise & set PKR @ 11,908, tail pipe @ 12,002', Press annulus 500 psi, Howco acdz perfs 12,054-12,084 w/ 2000 gals 20% NEFEHCL.  
7-13. RIH w/ Reda pump on 2-7/8 tbq.  
7-24. 24 hrs, P, 71 BO, 844 BW, 1MCF.

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 Associate Accountant DATE July 30, 1984  
ORIGINAL SIGNED BY JERRY SEXTON  
APPROVED BY DISTRICT 1 SUPERVISOR TITLE \_\_\_\_\_ DATE AUG - 3 1984  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_