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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 Sunray DX Oil Company	8. Farm or Lease Name Dessie Sawyer
3. Address of Operator P. O. Box 1416 - Roswell, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER K , 2310 FEET FROM THE South LINE AND 2310 FEET FROM THE West LINE, SECTION 27 TOWNSHIP 9-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Crossroads Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 4039 D.F.	12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☒

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

1. Drilled to TD of 11,870'.
2. Ran GR-Neutron Log and Deviation Survey.
3. Ran 5-1/2", 17# & 20#, J-55 & N-80 csg. to CP 11,869'. Cmt. w/325 sxs Trinity Inferno cmt. WOC. 24 hrs. Tested csg. & BOP to 1500# for 30 minutes. OK. TOC by Temp. Survey 10,490'.
4. Prep to perforate and complete.

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

SIGNED <u>John Hastings</u> John Hastings	TITLE <u>District Engineer</u>	DATE <u>4-10-68</u>
APPROVED BY <u>John W. Runyan</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		