NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	N		Supersedes Old C-102 and C-103
NEW MEXICO OIL CONSERVAT		ICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE			
u.s.g.s.			5a. Indicate Type of Lease
LAND OFFICE			State 🚺 Fee
OPERATOR			5. State Oil & Gas Lease No. K-5265-1
(DO NOT USE THIS FORM FO	NDRY NOTICES AND R R PROPOSALS TO DRILL OR TO DELICATION FOR PERMIT - 11 FORM	(EPORTS ON WELLS DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. OF C-101) FOR SUCH PROPOSALS.)	
OIL A GAS WELL WELL	OTHER-		7. Unit Agreement Name
Name of Operator Sun 011 Company			8. Farm or Lease Name New Mexico "M" State
. Address of Operator P. O. Box 1861, M1	dland, Texas 7970	1	9. Well No.
. Location of Well D	660	North 660	10. Field and Pool, or Wildcat Vada Penn
THE West LINE, S		NSHIP 10-S RANGE 34-E	PROM WAPM.
	15, Elevation 4227	(Show whether DF, RT, GR, etc.)	12. County Lea
	ck Appropriate Box 1 Fintention to:	o Indicate Nature of Notice, Report o	r Other Data JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AN	ND ABANDON X REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING	CHANGE	PLANS CASING TEST AND CEMENT JOB	
		OTHER	
OTHER			
3) Run tu C1rcul 4) Pull t 5) Run fr 6) spot 2 7) Spot 3 8) Run fr 9) Spot 4 10) If 8-5 11) Spot 6 12) Spot 1 clean	ate hole with 9.5; ubing. ee point. Shoot a 0 sx. cement plug 0 sx. cement plug ee point. Shoot a 3 sx. cement plug /8" recovered beld 5 sx. cement plug 5 sx. cement plug location.	DR" plug. Latch into Model D mud. Spot 10 sx. cement plum and pull 5-1/2" casing. Estimate 50' in and out of 5-1/2" casing 50' in and out of 8-5/8" casing estimate 50' in and out of 8-5/8" casing top of salt (2650'), spot 60 50' in and out of 13-3/8" casing at surface, weld on cap, instant.	g on top of Model "D" Packer. ate recovery of 4500'. ng stub. ng seat. ate 2000' recovery. ng stub. 5 sx. cement plug 2700 to 2600 ing seat.
	·	lete to the best of my knowledge and belief. Proration Analyst	11-4-75
IGNED Traile	a /say	TITLE	DATE
0 a 7 9a s			6 4 15

APPROVED BY ___

CONDITIONS OF APPROVAL, IF ANY:

DATE _