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LAND OFFICE	
OPERATOR	

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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
L- 196 and K-2519	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator SUN OIL COMPANY		8. Farm or Lease Name N.M. "N" St. Oil Com. *
3. Address of Operator P. O. Box 2880, Dallas, Texas 75221		9. Well No. 2*
4. Location of Well UNIT LETTER K 760 FEET FROM THE North LINE AND 1981 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 11S RANGE 34E NMPM.		10. Field and Pool, or Wildcat Inbe-Penn.
15. Elevation (Show whether DF, RT, GR, etc.) 4218 Gr.		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 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"/>		CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
* OTHER <input checked="" type="checkbox"/> To change lease name & well number from N.M. "P" St. Oil Com. Well #1 to N. M. "N" St. Oil Com. Well #2		OTHER <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.

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

SIGNED C. E. Rogers TITLE Assistant Regional Superintendent DATE 2-26-69
APPROVED BY [Signature] TITLE OR DISTRICT DATE 2-26-69
CONDITIONS OF APPROVAL, IF ANY: