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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 ☒ Fee ☐

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Sur. Oil Company</b>	8. Farm or Lease Name <b>New Mexico "P" State Com.</b>
3. Address of Operator <b>P. O. Box 2792, Odessa, Texas 79760</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>K</b> , <b>760</b> FEET FROM THE <b>North</b> LINE AND <b>1981</b> FEET FROM THE <b>West</b> LINE, SECTION <b>4</b> TOWNSHIP <b>11 S</b> RANGE <b>34 E</b> NMPM.	10. Field and Pool, or Wildcat <b>Inbe-Penn</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>4218' Gr.</b>	12. County <b>Lea</b>

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒ OTHER ☐

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.

On 1-27-69, ran 99 jts, 8 5/8" OD casing (37 jts. 8R, 24#, J-55, 2524.25'); (42 jts. 8R, 28#, H-40, 1505.75'), seated at 4040'. Float collar @ 4003'. Dowell cemented w/300 sks Incor Class C, 4% gel (501 ft.<sup>3</sup>) Rule 107, Option 2: Mixing temperature est. 300; est. min. formation temperature 104°; est. strength at time of test 850 psi. In place 16 hours prior to test. Tested 8 5/8" casing, 1500#, 30 minutes, o.k.

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

SIGNED John M. Sweeney

TITLE Assistant District Superintendent 2-3-69

APPROVED BY [Signature]

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: