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40523 OFFICE O.C. 9.
NEW MEXICO OIL CONSERVATION COMMISSION
May 12 11 52 AM 1969

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. K-1852
7. Unit Agreement Name
8. Farm or Lease Name New Mexico "Q" State
9. Well No. 1
10. Field and Pool, or Wildcat Inbe(Permo-Penn) Undesignated
12. County Lea

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"/>
2. Name of Operator Sun Oil Company
3. Address of Operator P. O. Box 2792, Odessa, Texas 79760
4. Location of Well UNIT LETTER D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 11 S RANGE 34 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4221' Gr.

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
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 5-8-69 ran 62 jts. 8 5/8" OD, 24#, 8R, J-55 casing (2581.92') and 34 jts. 8 5/8" OD, 28#, H-40 csg.(1421.88'), seated at 4000'. Cemented w/300 sks Incor 4% gel(501 ft.) Rule 107, Option2: Mixing temperature est. 80°; est. minimum formation temperature 104°; est. strength at time of test 850 psi. In place 13 1/2 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 Ass't District Superintendent DATE 5-12-69
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: