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NEW MEXICO OIL CONSERVATION COMMISSION

Aug 12 1 43 PM '69

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

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 Sun Oil Company	8. Field or Lease Name New Mexico "Q" State
3. Address of Operator P. O. Box 2792, Odessa, Texas 79760	9. Well No. 2
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 11S RANGE 34E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4218' Gr.	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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☒ **Logging, perforating & Potential Test**

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.

8-4 - MI X-pert Well Service - Lane Wells ran Gamma Ray Correlation Log 9987-9476 & perf 5½" csg @ 9958-60-62-64-66-68-70 w/1 RA charge @ each interval by Acoustilog Measurement using 3½" Select Dikone cased gun, 11 gram charge, 3/8" hole. Log perfs OK. Ran 316 Jts. 2-3/8" thg, seat 9981 - Pkr 9910 - HD 9907, SN 9906

8-5 - Dowell Acidized perfs w/500 gal. BDA, BDP 4000#. Went on vacuum.

8-7 - 24 Hr. Potential Test - ½" choke, TP 150, CP Pkr, FL 399 BO, 93 BSW, GOR 810, Grav. 47.5 API. Final Report.

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 Asst. District Supt. DATE 8-11-69
APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: