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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 <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. 00-5904
7. Unit Agreement Name
8. Farm or Lease Name New Mexico "A" State
9. Well No. 3
10. Field and Pool, or Wildcat Inbo (Perme-Penn)
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 I , 710 FEET FROM THE EAST LINE AND 1980 FEET FROM THE SOUTH LINE, SECTION 7 TOWNSHIP 11 S RANGE 34 E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

4198' Gr.

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	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.

On 9-16-69 ran 124 jts. 8 5/8" OD casing (82 jts. 24# 8R J-55, 2612' and 42 jts. 28# 8R H-40, 1388' all number one condition, seated at 4000'). Cemented with 200 sks Incer 4% gel (340 ft³). Rule 107, Option 2: Mixing temperature est. 81°F; est. minimum formation temperature 102°; est. strength at time of test 1400-1500 psi. In place 12 hours prior to test. Tested 8 5/8" casing 1200#/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 Dist. Superintendent DATE 9-18-69
APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: