NO. OF COPIES RECEIVED		Form C-103	
DISTRIBUTION		Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65	
FILE		· ·	
U.S.G.S.		5a. Indicate Type of Lease	
LAND OFFICE		State 🗶 🛛 🛛 Fee.	
OPERATOR		5. State Oil & Gas Lease No.	
		K-3935	
(DO NOT USE THIS FORM FOR USE "APPLI			
1. OIL GAS WELL	OTHER-	7. Unit Agreement Name	
2. Name of Operator	8, Farm or Lease Name		
Sun Oil. Company	New Mexico "AZ" State		
3. Address of Operator	9. Well No.		
P. 0. liox 1416	9		
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER	Chaveroo		
	1980 FEET FROM THE NOTTH LINE AND 1980 FEET FR		
THE West: LINE, SE	ection 34 Township 7-8 Range 33-E NMF	₂м. (()))))))))))))))))))))))))))))))))))	
	15. Elevation (Show whether DF, RT, GR, etc.)		
	12. County		
İTTTTTTTTTTTTTTTTT	4411 DF	Roosevelt ////////////////////////////////////	
Chec	ck Appropriate Box To Indicate Nature of Notice, Report or (Other Data	
NOTICE OF	FINTENTION TO: SUBSEQUE	NT REPORT OF:	
_			
PERFORM REMEDIAL V ORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB		
	OTHER		
OTHER			
17. Describe Proposed or Completed	d Operations (Clearly state all pertinent details, and give pertinent dates, includi	ing estimated date of starting any proposed	
<i>work)</i> SEE RULI: 1103.			
1. Move in and rig	up workover rig. Pull rods and tubing.		
	ect liner" over perfs 4209' - 4230'.		
	(Perfs 4256' - 4345') with 30,000 gal. lease cru	ude and 40,000# 20-40	
	in 3 stages using rubber ball sealers between st		
	njection rate with limiting surface pressure of 4		
5. Pull "select line	er".	F-0.	
	rods. Put well on pump.		
7. Recover load oil.			
8. Test and evaluate			

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18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNED Y. D. Lebo	TITLE	District Engineer	DATE January 30, 1969			
APPROVED BY AR AMEN	TITLE	KOR DUTTO .	DATE	3 1989		
CONDITIONS OF AP PROVAL, IF ANY:						