

NEW MEXICO OIL CONSERVATION COMMISSION

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DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-3935	
7. Unit Agreement Name	
8. Name of Lease Holder New Mexico AZ State	
9. Well No. 7	
10. Field and Pool, or Well Unit Chaveroo San Andres	
12. County Roosevelt	

SUNDRY NOTICES AND REPORTS ON WELLS

DIG 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. Name of Operator SUN OIL COMPANY	2. Address of Operator P. O. BOX 1861, MIDLAND, TEXAS 79701
3. Location of Well UNIT LETTER <u>I</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>7-S</u> RANGE <u>33-E</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 4414 DF	

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

Status of
Shut-in, SA, and Unreported Wells

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.

1. WELL STATUS: Temporarily Abandoned
2. TEMPORARY ABANDONMENT DATE ETC: NA
3. REASON FOR TEMPORARY ABANDONMENT: Uneconomical to produce
4. FUTURE PLANS FOR WELL: Will return to production as secondary recovery
is initiated.
5. APPROXIMATE DATE FOR WORKOVER OR P&A OPERATIONS: June 1976

REMARKS: Expires 11/1/75

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

APPROVED BY: Gary McKay TITLE: Proration Analyst DATE: Oct. 30, 1974
APPROVED BY: _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY: