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NEW MEXICO OIL CONSERVATION COMMISSION

FEB 8 11 40 AM '67

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Sun Oil Company		8. Farm or Lease Name G. M. Cosby
3. Address of Operator P. O. Box 2792, Odessa, Texas 79760		9. Well No. 3
4. Location of Well UNIT LETTER A 330 FEET FROM THE East LINE AND 990' FEET FROM THE North LINE, SECTION 12 TOWNSHIP 8 S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat Milnesand-San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4256' Gr.		12. County Roosevelt

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 **Frac** ☒

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.

2-4-67 - pulled tubing, packer, seating nipple and retrievable tool. Dowell pumped 120 barrels pad volume @ 24 BPM and 3400 psi. Rates and pressure indicate all holes open. Fraced perfs. 4582½ to 4600½ at intervals down 4½" casing w/30,000 gal. gelled San Andres water and 45,000# 20-40 sand. Flushed w/85 bbls. gelled brine. Ran tubing, seated at 4572'. Swa bbing.

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

SIGNED J. E. Edison TITLE Area Superintendent DATE 2-7-67

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: