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NEW MEXICO OIL CONSERVATION COMMISSION

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

JAN 28 11 26 AM '66

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input 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. 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. Farm or Lease Name James McFarland "A"
3. Address of Operator P. O. Box 2792, Odessa, Texas	9. Well No. 1
4. Location of Well UNIT LETTER 0, 660' FEET FROM THE South LINE AND 1980' FEET FROM THE East LINE, SECTION 20 TOWNSHIP 7S RANGE 33E NMPM.	10. Field and Pool, or Wildcat Chaveroo
15. Elevation (Show whether DF, RT, GR, etc.) 1127' Gr.	12. County Losevelt

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 type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" 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.

Well spudded on 1-20-66 at 3:30 p.m. on 1-21-66 ran 9 jts. (360.62') 8 5/8" ID 31.20', #1 condition casing seated at 377.00'. Used 100 sks cement, 12% gel and 100 sks cement. 2 CaCl. Larkin guide shoe at 376.00, insert selffill collar at 335.00. Gist centralizers at 376 and 335. WOC 12 hours. Tested 8 5/8" casing, 700#, 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 T. E. Maxwell TITLE Area Superintendent DATE 1-27-66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: