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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 ☐ ☒ ☐
5. State Oil & Gas Lease No. **86**

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 James McFarland "A" #2
3. Address of Operator P. O. Box 2792, Odessa, Texas	9. Well No. 2
4. Location of Well UNIT LETTER P 660' FEET FROM THE South LINE AND 660' FEET FROM THE East LINE, SECTION 20 TOWNSHIP 7 S RANGE 33 E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 4421' Gr.	12. County Roosevelt

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.

Spudded 2-17-66 at 2:15 p.m. (MST) On 2-17-66 ran 9 jts (372.00') 8 5/8" OD, SR, 20# #1 Cond. Casing seated at 384.00'. Cemented with 100 sks Incor 12% gel and 100 sks Incor neat 2% CaCl. Gist positive centralizers at 383 and 334. Circulated approximately 25 sks cement. WOC 18 hours. Tested 8 5/8" OD casing, 600#, 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 2/23/66

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: