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NEW MEXICO OIL CONSERVATION COMMISSION

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FEB 9 3 35 PM '66

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 type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name James McFarland
9. Well No. 1
10. Field and Pool, or Wildcat Undesignated
12. County Roosevelt

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"/>
2. Name of Operator Sun Oil Company
3. Address of Operator P. O. Box 2792, Odessa, Texas
4. Location of Well UNIT LETTER N 660' FEET FROM THE South LINE AND 1980' FEET FROM THE West LINE, SECTION 20 TOWNSHIP 7 S RANGE 33 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4427' Gr.

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 checked="" 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 at 11:15 a.m. - 2-2-66. On 2-2-66 ran 9 jts. (375') 8 5/8" OD, 20#, #1 cond. casing, seated at 387'. Used 100 sks Incor w/12% gal and 100 sks Incor neat w/2% CaCl. Gist centralizers at 386 and 346. Circulated 50 sks. WOC 18 hrs. 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 2-8-66
APPROVED BY Joe K. Hames TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: