NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION	HORRS OFFICE O. C. C.	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		1 — —
LAND OFFICE		State Fee. X
OPERATOR		5. State Oil & Gas Lease No.

SUND DO NOT USE THIS FORM FOR F	DRY NOTICES AND REPORTS ON WELLS PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
USE "APPLIC	ATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL X GAS WELL WELL		7. Unit Agreement Name
2. Name of Operator	OTHER-	8. Farm or Lease Name
Sun Oil Compar	ıv	
3. Address of Operator	7	James McFarland "A" 9. Well No.
h. 0. Hox 2792). Odessa Tevas	3
r. C. Box 2792, Cdessa, Texas 4. Location of Well		10. Field and Pool, or Wildcat
J J	1979.5 FEET FROM THE South LINE AND 1955.8 FEET FROM	Undesignated
ONI: LETTER,	FEET FROM THE LINE AND FEET FROM	
East INF	TION 20 TOWNSHIP 7 S RANGE 33 E NMPM.	
LINE, SEC	TION RANGE NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	44251 Gr.	Roosevelt
16. Check	Appropriate Box To Indicate Nature of Notice, Report or Otl	ner Data
		REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDENMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	other & logging	
OTHER	L	
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.	operations (2.1.2.1.) solutions according to the character of the charact	estimated date of starting any proposed.
#200" to 4452". On with 150 sacks Incor 4007 to 4445". Twen	A Ray densilog 100° to 4450°, focused log 2200 - 44-10-66 ran 140 jts. 45° C., 9.5% casing, seated co. ent w/45 gel a 0.5% D-30. Fifteen kluck centry seven kluck scratchers 16° apart 4021° to 44360 minutes, o.k. Tom Hansen ran temperature survey.	at 4450. Gemented tralizers 1 jt. apart 6. WGC 24 hours.
18. I hereby certify that the information	on above is true and complete to the best of my knowledge and belief. Area Superintendent	. DATE 14-12-66
Jos X	Minis	

CONDITIONS OF APPROVAL, IF ANY: