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NEW MEXICO OIL CONSERVATION COMMISSION

RECEIVED G. C. C.
MAR 20 11 09 AM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-3259
7. Unit Agreement Name
8. Farm or Lease Name New Mexico "H" State
9. Well No. 3
10. Field and Pool, or Wildcat Cato-San Andres
12. County Chaves

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 79760
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 8 S RANGE 30 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4089' Gr.

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 JOBS ☐
OTHER ☐

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 12 noon 3-19-67 MST. Ran 11 jts. 8 5/8" OD casing, seated at 441'. Cemented w/300 sks (450 ft.³) Incor 2% CaCl₂, 1/4# Floccle/sk; mixing temperature, est. 80°F; est. min. formation temp. 64°; est. strength at time of test 1000-1200 psi. In place 15 hours prior to test. Circ. appx. 30 sks cement. Tested 8 5/8" OD casing, 800# - 30 min. o.k.

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 3-22-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: