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NEW MEXICO OIL CONSERVATION COMMISSION

APR 13 11 39 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. 9
10. Field and Pool, or Wildcat Und. 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 L , 660 FEET FROM THE West LINE AND 1980 FEET FROM THE South LINE, SECTION 16 TOWNSHIP 8 S RANGE 30 E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 4114' Gr.

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input 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 9 a.m. MST, 4-8-67. Ran 15 jts. 8 5/8" OD, 20# casing seated @ 457'. Cemented w/300 sks (450 ft.³) Incor 2% CaCl₂, 1/4# Flocele/sk. Mixing temperature est 80°F; est. min. formation temperature 64°; est. strength at time of test 1000-1200 psi. In place 12 hours prior to test. Tested casing 800#, 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 J. E. Edison TITLE Area Superintendent DATE 4-10-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: