

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 24 1 06 PM '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

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-	7. Unit Agreement Name
2. Name of Operator Sun Oil Company	8. Farm or Lease Name New Mexico "H" State
3. Address of Operator P. O. Box 2792, Odessa, Texas 79760	9. Well No. 13
4. Location of Well UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 8S RANGE 30E NMPM.	10. Field and Pool, or Wildcat Cato - San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4142' Gr.	12. County Chaves

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"/>	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 type="checkbox"/>	
		OTHER Testing & potential test <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.

5-15-67 thru 5-20-67 - Testing
5-21-67 - Potential Test - 24 hrs., pump, 9 bbls oil, 27 bbls wtr, 1 1/4" pump, 9 x 44 SPN,
GOR TSTM, Grav. 26.7° API.

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 **5-22-67**
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

HOBBS OFFICE 0. C. C.

MAY 24 1 00 PM '83