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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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-745	

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"/>		7. Unit Agreement Name
2. Name of Operator H. L. Brown, Jr.		8. Farm or Lease Name Sunray State
3. Address of Operator P. O. Box 2237, Midland, Texas 79702		9. Well No. 1
4. Location of Well UNIT LETTER <u>E</u> , <u>660</u> FEET FROM THE <u>west</u> LINE AND <u>1980</u> FEET FROM THE <u>north</u> LINE, SECTION <u>16</u> TOWNSHIP <u>8S</u> RANGE <u>31E</u> NMPM.		10. Field and Pool, or Wildcat Siete (San Andres)
15. Elevation (Show whether DF, RT, GR, etc.) 4220' GL		12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <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.

1-13-85 SI. Thaw out flow line to test tank. IFL at 2300'. Swabbing.
1-14-85 Prepare to swab. SI for Sunday.
1-15-85 Swabbing. 111 BLTR.
1-16-85 Swabbing. Pump 1000 gal 7 1/2% MCA + 10 gal Musol. Flush w/3000 gal KCl water + 10 gal Morflo/1000 gal + 2 gal/1000 Clay Stay II. SDON. 190.3 BLWTR.
1-17-85 Swabbing. 147 BLWTR.
1-18-85 Prepare to RR&P. 122.7 BLWTR.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Jean Mills TITLE Production Clerk DATE 1-18-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

JAN 22 1985

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JAN 21 1985

OFFICE