| NO. OF COPIES RECEIV                    | ED              |  |                    |             |                 |                 |                  | Corn C-103<br>Supersedes              |                      |               |
|---|-----------------|--|--------------------|-------------|-----------------|-----------------|------------------|---------------------------------------|----------------------|---------------|
| DISTRIBUTION                            |                 | <u> </u>                                   |                    |             |                 |                 |                  |                                       |                      |               |
| SANTA FE                                |                 | н н  | IEW MEXICO O       | IL CONS     | ERVATION C      | OMMISSION       |                  | Effective 1                           | -1-65                |               |
| FILE                                    |                 |  |                    |             |                 |                 |                  |                                       |                      |               |
| U.S.G.S.                                |                 | d  |                    |             |                 |                 |                  | 5a. Indicate Ty<br>State X            | •                    | ••            |
| LAND OFFICE                             |                 | <u> </u>                                   |                    |             |                 |                 |                  |                                       |                      |               |
| OPERATOR                                |                 |  |                    |             |                 |                 |                  | 5. State Oil &<br>K-745               | Gas Lease No.        |               |
| DO NOT USE TH                           | SUI             | NDRY NOTICE                                | SAND REPO          | RTS ON      | WELLS           | ENT RESERVOIR   | •                |                                       |                      |               |
| 1.                                      | GAS             |  |                    |             |                 |                 |                  | 7. Unit Agreen                        | ent Name             |               |
| WELL XX                                 | WELL            | OTHER-                                     |                    |             |                 |                 |                  |                                       |                      |               |
| 2. Name of Operator                     |                 |  |                    |             |                 |                 |                  | 8. Form or Lease Name                 |                      |               |
| H. L. Brown, Jr.                        |                 |  |                    |             |                 |                 | Sunray           | State                                 |                      |               |
| 3. Address of Operator                  |                 |  |                    |             |                 |                 | 9. Well No.      |                                       |                      |               |
| P. O. Box 2237, Midland, Texas 79702    |                 |  |                    |             |                 |                 |                  |                                       |                      |               |
| 4. Location of Well                     |                 |  |                    |             |                 |                 |                  | 10. Field and i                       | •                    |               |
| UNIT LETTER                             | E               | 660 , ,                                    | FT FROM THE        | west        | LINE AND        | 1980            | FEET FROM        | Siete (                               | San Andro            | es)           |
|   |                 | <u> </u>                                   |                    |             |                 |                 |                  |                                       | <u>UUUUU</u>         | IIII.         |
| north                                   |                 | 16   | -                  | 8S          | 54NC5           | 31E             |                  | A///////                              |                      | IIII.         |
| THE                                     | LINE, 9         | ECTION                                     |                    |             |                 |                 | <b>N</b> M F M . | ////////                              |                      | IIIII.        |
| mmmm                                    | <u>nnn</u>      | 15   | . Elevation (Show  | w whether   | DF, RT, GR, e   | (c.)            |                  | 12. County                            |                      | m             |
|   |                 |  | 4220' GL           |             |                 |                 |                  | Chaves                                |                      | 11111         |
| N                                       |                 | ck Appropriation                           |                    | licate N    | ature of No     | -               |                  | er Data<br>REPORT O                   | F:                   |               |
| PERFORM REMEDIAL WO                     | ••              |  | PLUG AND ABAI      | ND ON       | REMEDIAL WO     | RK              | <b>x</b> x       | ALT                                   | ERING CASING         |               |
| TEMPORARILY ABANDON                     | Ē               |  |                    |             | COMMENCE DR     | ILLING OPNS.    |                  | PLU                                   | G AND ABANDONN       | <b>лент</b> 🔲 |
| PULL OR ALTER CASING                    |                 |  | CHANGE PLANS       |             | CASING TEST     | AND CEMENT JO   |                  |                                       |                      |               |
|   |                 |  |                    |             | OTHER           |                 |                  |                                       |                      | [             |
| OTHER                                   |                 |  |                    |             |                 |                 |                  |                                       |                      |               |
|   |                 |  |                    |             |                 |                 |                  |                                       |                      | ,             |
| 17. Describe Proposed<br>work) SEE RULE |                 | ed Operations (Cle                         | arly state all per | tinent deta | ils, and give p | ertinent dates, | including        | estimated date                        | of starting any      | proposea      |
| 1-9-85 Load                             |                 | v/250 gals >                               | xylene. Le         | eft wel     | l circ.         | xylene ov       | ernigh           | t.                                    |                      |               |
| 1-10-85 MIRU<br>rods<br>ND w            | . Had           | service. Bl<br>very heavy<br>1. Unable t   | paraffin.          | Hot d       | oil w/30        | bbls. Sw        | e. TO<br>ab 19   | H w/pony 1<br>BO + 43 BV              | ods and<br>I to batt | 3/4"<br>ery.  |
| l-ll-85 Swab<br>gals<br>bbls<br>SION    | 2% KCI<br>). SI | SITP 250# ir<br>1 + 250 gals<br>well. NU s | s Cedex Plu        | us II.      | Flush w         | /14.6 bbl       | s of 2           | % KCl (tot                            | al load              | 26.6          |
| 1-12-85 Perf<br>Acid<br>bloc            | ize w/4         | SPF at 3726<br>4000 gals 20<br>rine. Good  | <b>)% NEFE HC</b>  | l acid      | + 5% Pen        | tafax in        | 3 stag           | es w/grade                            | ed rock s            |               |
| 18. I hereby certify that               | t the inform    | nation above is true                       | and complete to    | the best of | of my knowledge | e and belief.   |                  | · · · · · · · · · · · · · · · · · · · |                      |               |
| ( donn)                                 | Mie             | ls)  | T                  | ITLE        | Producti        | on Clerk        |                  | DATE                                  | -14-85               |               |

| APPROVED BY                     | DISTRICT I SURFAMING |  |  |  |  |  |  |  |
|---------------------------------|----------------------|--|--|--|--|--|--|--|
| CONDITIONS OF APPROVAL, IF ANY: |                      |  |  |  |  |  |  |  |

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

JAN 1 8 1985

HALL & 1985

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