

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-   | 7. Unit Agreement Name                             |
| 2. Name of Operator<br>Sun Exploration & Production Co.   | 8. Farm or Lease Name<br>New Mexico "BA" State     |
| 3. Address of Operator<br>P. O. Box 1861, Midland, Texas 79702  | 9. Well No.<br>3                                   |
| 4. Location of Well<br>UNIT LETTER <u>G</u> <u>2310</u> FEET FROM THE <u>east</u> LINE AND <u>1650</u> FEET FROM<br>THE <u>north</u> LINE, SECTION <u>16</u> TOWNSHIP <u>8S</u> RANGE <u>31E</u> N.M.P.M. | 10. Field and Pool, or Wildcat<br>Siete San Andres |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br>4244.0   | 12. County<br>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 checked="" 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"/>         |   |

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.

Spud 3-29-85  
R&C 32 jts 8-5/8 csg, CS 1305, FC 1263/Howco cmt w/450 sxs Howco Lite,  
tail in w/200 sxs Class "C" 2% CaCl, FP 300-600, circ 122 sxs

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

SIGNED Velma Reyes TITLE Sr. Acctng. Asst. DATE 4-2-85

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR - 8 1985

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

**APR - 4 1985**

**O.C.D.  
HOBBS OFFICE**