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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 6 11 23 AM '65

Form C-103
Supersedes C-101
C-102 and C-103
Effective 1-1-65

4. 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Division <input checked="" type="checkbox"/>	8. Name of Lease Estate
3. Address of Operator Sunray DX Oil Company	9. Well No. O. E. Fulton
4. P. O. Box 1416 Roswell, New Mexico	10. Field and Loc., or Wildcat Gladiola Wolfcamp South
5. Unit Section 0 660 FEET FROM THE South LINE AND 1977 FEET FROM West LINE, SECTION 6 TOWNSHIP 13 RANGE 38 NMPM.	12. County Lea
15. Elevation (Show whether DF, RT, GR, etc.) 3869 DF	

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"/>
ALTER OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER Semi-Annual TA Report <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.

Unsuccessful recompletion attempt in Cisco, TA pending further evaluation.

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

SIGNED B. F. Brawley TITLE District Engineer DATE 7-30-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: