NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
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 [X]   Fee [ ]

5. State Oil & Gas Lease No.
K-1955

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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator
SUN OIL COMPANY - DX Division

8. Farm or Lease Name
New Mexico "JJ" State

3. Address of Operator
P. O. Box 1416, Roswell, New Mexico 88201

9. Well No.
1

4. Location of Well
UNIT LETTER ___ O ___, ___ 660 ___ FEET FROM THE ___ South ___ LINE AND ___ 1980 ___ FEET FROM

THE ___ East ___ LINE, SECTION ___ 23 ___ TOWNSHIP ___ 13S ___ RANGE ___ 32E ___ NMPM.

10. Field and Pool, or Wildcat
Undesignated Penn

15. Elevation (Show whether DF, RT, GR, etc.)
4324 DF

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [X]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]
PLUG AND ABANDON [ ]
CHANGE PLANS [ ]
OTHER _____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]
OTHER _____

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]
[ ]

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.

Perforate additional section and acidize.

1. Perforate 9798'-9819', 9822-9830', 9834-9845' with one jet hole per foot.
2. Acidize with 8000 gal 15% NE acid in 4 stages separated with 100# Unibeads per stage.
3. Put well back on pump.

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

SIGNED _____ E. D. Lebo   TITLE ___ District Engineer ___   DATE ___ 11/6/69 ___

APPROVED BY _____   TITLE _____   DATE ___ NOV 7 1969 ___

CONDITIONS OF APPROVAL, IF ANY: