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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-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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	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 0 , 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 13-S RANGE 32-E 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 <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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" 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. Drilled 7-7/8" hole to 10,000'.
2. Ran 10,000' of 5-1/2" csg. on 4-4-69, 17#, N-80L, K-558, & K-55B.
3. Cemented w/250 axs 50-50 Incor Poz. TOC @ 8320' by temperature survey.
4. Tested csg. and BOP to 1500# for 30 min. OK. WOC 18 hrs.
5. Perf 9754-65, 9781-84, 9788-96, 2 - 1/2" shots/ft. (4-7-69)
6. Acidized w/3000 gal. of 15% HCL acid, LSTNE.
7. Now swabbing to evaluate.

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

SIGNED *F. D. Lebo* F. D. Lebo TITLE District Engineer DATE April 9, 1969

APPROVED BY *Leslie A. Clements* TITLE _____ DATE APR 11 1969
CONDITIONS OF APPROVAL, IF ANY: