

NEW MEXICO OIL CONSERVATION COMMISSION

|                        |  |  |
|------------------------|--|--|
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| LAND OFFICE            |  |  |
| OPERATOR               |  |  |

|                                |   |
|--------------------------------|---|
| 5a. Indicate Type of Lease     |   |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>  | 7. Unit Agreement Name                           |
| 2. Name of Operator<br><b>Sun Oil Company</b>  | 8. Farm or Lease Name<br><b>W. A. Yeager</b>     |
| 3. Address of Operator<br><b>P. O. Box 2792, Odessa, Texas 79760</b>   | 9. Well No.<br><b>1</b>                          |
| 4. Location of Well<br>UNIT LETTER <b>I</b> , <b>660</b> FEET FROM THE <b>East</b> LINE AND <b>1980</b> FEET FROM<br>THE <b>South</b> LINE, SECTION <b>15</b> TOWNSHIP <b>16 S</b> RANGE <b>38 E</b> NMPM. | 10. Field and Pool, or Wildcat<br><b>Wildcat</b> |
| 15. Elevation (Show whether DF, RT, GR, etc.)<br><b>3711' Gr.</b>  | 12. County<br><b>Lea</b>                         |

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"/>          |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER <input type="checkbox"/>            | CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER <b>DST's</b> <input checked="" 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.

1-26-69, DST #1 - 5325-5660' - 5/8" x 1/4" chokes. Tool open 2 hours. Weak blow & died. Rec. 108' drilling fluid - no show oil or gas.

2-3-69, DST #2 - 7615-7638' - 5/8" x 1/4" chokes. Tool open 1 hour and 10 minutes. No blow. Recovered 5' drilling fluid. No show oil or gas.

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

|   |                                     |                     |
|---|-------------------------------------|---------------------|
| SIGNED <u>John M. Sweeney</u><br><b>John M. Sweeney</b> | TITLE <u>Assistant Dist. Super.</u> | DATE <u>2-6-69</u>  |
| APPROVED BY <u>[Signature]</u>                          | TITLE _____                         | DATE <u>2-10-69</u> |
| CONDITIONS OF APPROVAL, IF ANY:                         |                                     |                     |