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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 <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name W. A. Yeager No. 1
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Lea

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 ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Sun Oil Company

3. Address of Operator
P. O. Box 2792, Odessa, Texas 7760

4. Location of Well
UNIT LETTER **I** **660** FEET FROM THE **East** LINE AND **1980** FEET FROM
THE **South** LINE, SECTION **15** TOWNSHIP **16 S** RANGE **38 E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3711' Gr.

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

On 1-22-69 ran 158 jts. 8 5/8" OD casing. (72 jts. 32#, 11-40, 2298.06'; 86 jts. 24#, J-55, 2699.42'). Casing seated at 5010'; float collar at 4978'. Cemented with 300 sks Trinity Lite Wate and 200 sks Incor Class C. Rule 107, Option I: WOC 22 hours. Tested 8 5/8" casing 300#, 30 minutes, o.k.

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

SIGNED John M. Sweeney TITLE Assistant Dist. Superintendent DATE 1/27/69

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: