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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. <b>L-113 &amp; K-680</b>

## 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 <b>Sun Oil Company</b>	8. Name of Lease Name <b>New Mexico "T" St. Oil</b>
3. Address of Operator <b>P. O. Box 2792, Odessa, Texas 79760</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>B</b> <b>1980</b> FEET FROM THE <b>East</b> LINE AND <b>660</b> FEET FROM THE <b>North</b> LINE, SECTION <b>9</b> TOWNSHIP <b>15S</b> RANGE <b>32E</b> NMPM.	10. Field and Pool, or Wildcat <b>Tulka-Penn (Extension)</b>
15. Elevation (Show whether: DF, RT, CR, etc.) <b>4315' Gr.</b>	12. County <b>LEA</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER ☐

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.

Well spudded 7 p.m. 11/9/69. On 11-10-69 ran 11 jts. 13 3/8" OD casing, 61#, 8R - seated at 415'. Cemented with 350 sks Incon 2% CaCl (525 ft<sup>3</sup>). Circulated approximately 15 sks to surface. Rule 107, Option 2: Mixing temperature est. 82°F; est. min. formation temperature 62°; est. strength at time of test 1400-1600 psi. In place 8 hours prior to test. Tested 13 3/8" casing 800#/15 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  
**John M. Sweeney**

TITLE Ass't Dist. Superintendent

DATE 11-17-69

APPROVED BY Leslie A. Clements

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: