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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.

E-6002

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	8. Farm or Lease Name B. Lee State
3. Address of Operator P. O. Box 1861, Midland, Texas 79701	9. Well No. 3
4. Location of Well UNIT LETTER E 918 FEET FROM THE West LINE AND 2319 FEET FROM THE North LINE, SECTION 7 TOWNSHIP 18-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Vacuum Abo
15. Elevation (Show whether DF, RT, GR, etc.) GR 3973	12. County Lea

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

PLUG AND ABANDON ☐
CHANGE PLANS ☐

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

OTHER Add additional perfs & stimulate ☒

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. MIRU and install BOP. Pull rods, pump, and tubing.
2. Acidize perfs 8399-8600 w/4500 gals. 15% SRA-1.
3. Perf additional porosity in same reservoir at 8054-8378 w/1-9/16" Wes Jet Magnum. Total of 28 holes.
4. Acidize perfs 8054-8378 w/6400 gals 15% SRA-1 and swab.
5. Place on production test.

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

SIGNED Charles Gray TITLE Proration Analyst DATE 7-22-75

Orig. Signed by
John Runyan
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: