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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 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 Sunray DX Oil Company		8. Farm or Lease Name C. Fowler
3. Address of Operator P.O. Box 128, Hobbs, New Mexico		9. Well No. 1
4. Location of Well UNIT LETTER D , 440 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 31 TOWNSHIP 18S RANGE 38E N.M.P.M.		10. Field and Pool, or Wildcat Hobbs
15. Elevation (Show whether DF, RT, GR, etc.) 3651 DF		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 <input checked="" 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 type="checkbox"/>
OTHER <input 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. Move in & pull tbg, rods, & pump.
2. Frac down 4 1/2" frac tbg. w/20,000 gal ref. oil, 40,000# sand & 5,000# salt in 3 stages.
3. Pull tbg & clean out if necessary. Run tbg, rods & pump & put well on production.

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

SIGNED John Hastings **John Hastings** TITLE Production Engineer DATE 2-2-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: