

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-76

5a. Indicate Type of Lease  
State ☒ Fee ☐  
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 Sun Exploration & Production Co.-Midland	8. Farm or Lease Name New Mexico X-19 State
3. Address of Operator P. O. Box 1861, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER P 330 FEET FROM THE south LINE AND 330 FEET FROM THE east LINE, SECTION 19 TOWNSHIP 17S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Undesignated (wildcat)
15. Elevation (Show whether DF, RT, GR, etc.) 3873.8	12. County Lea

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 ☐

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.

3-23-85 Spud 9:00 A.M.  
Ran & cmt 10 jts 13-3/8 csg, CS 420, FC 384, Howco cmt w/420 sxs Class "C" + 2% CaCl, FP 250-550, circ 20 sxs cmt, JC 3:30 A.M.  
3-29-85 R&C 84 jts 8-5/8 csg, CS 3500, FC 3460/Western cmt w/1000 sxs Pacesetter Lite, 10% salt, 1# per sk Hiseal, tail in w/200 sxs Class "C", 2% CaCl, FP 1250, Float OK, Circ 74 sxs, JC 8:15 P.M., set slips, cut off 8-5/8 csg. NU wellhead & BOP

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

SIGNED Velma Reyes TITLE Sr. Accounting Asst. DATE 4-17-85

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APR 22 1985