STATE OF NEW MEXICO
ENERGY and MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

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

API
30-025-29332

Form C-103
Revised 10-1-78

API 30-025-29332

5a. Indicate Type of Lease
State [X]   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 [X]   GAS WELL [ ]   OTHER-

7. Unit Agreement Name

2. Name of Operator
Sun Exploration & Production Company

8. Farm or Lease Name
Maduro State Comm.

3. Address of Operator
P.O. Box 1861   Midland, Texas   79702

9. Well No.
1

4. Location of Well
UNIT LETTER L . 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE. SECTION 16 TOWNSHIP 19S RANGE 33E NMPM.

10. Field and Pool, or Wildcat
Und. (Morrow)

15. Elevation (Show whether DF, RT, GR, etc.)
3645' GR

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 [ ]   PLUG AND ABANDON [ ]   REMEDIAL WORK [ ]   ALTERING CASING [
TEMPORARILY ABANDON [ ]   COMMENCE DRILLING OPNS. [X]   PLUG AND ABANDONMENT [
PULL OR ALTER CASING [ ]   CHANGE PLANS [ ]   CASING TEST AND CEMENT JOB [ ]
OTHER _____   [ ]   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.

10/4/85   Spud 12:30 am

10/5/85   299/D/RB/117

10/6/85   416/NU BOP/RB/117/ Ran & cmt 10 jts 13-3/8 csg, CS 416, IF 370, Howco cmt
w/425 sks CL 'C' + 2% CACL² + ¼#/sx Flocele, FP 300-700#, circ 175 sks to
surf, J.C. 1:15 pm, WOC 6 hrs, cut off cond & 13-3/8 surf csg, weld on
Bradenhead & NU BOPS/

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 Assistant   DATE 10/8/85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
APPROVED BY _____   TITLE _____   DATE OCT 1 0 1985

CONDITIONS OF APPROVAL, IF ANY: