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HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 24 11 34 AM '68

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

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 Sunray DX Oil Company	8. Farm or Lease Name A. Cooper
3. Address of Operator P. O. Box 1416 - Roswell, New Mexico 88201	9. Well No. 10
4. Location of Well UNIT LETTER D , 330 FEET FROM THE North LINE AND 960 FEET FROM THE West LINE, SECTION 7 TOWNSHIP 20-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Monument Blinbry
15. Elevation (Show whether DF, RT, GR, etc.) 3566 D.F.	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 **Acidize** ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 rig and pull rods and tubing.
2. Run tubing w/packer. Set packer at 5462'.
3. Acidize with 9000 gals. 15% acid using 1350# rock salt.
4. Swabbed well to clean up.
5. Pulled tubing and packer. Reran tubing to 5640'. Ran rods and pump.
6. Tested 36 BO and 22 BW in 24 hrs. using 1-1/2" bore pump.

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

SIGNED **John Hastings**

TITLE **District Engineer**

DATE **May 22, 1968**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: