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NEW MEXICO OIL CONSERVATION COMMISSION  
PROBES OFFICE D. C. C.

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

DEC 9 11 47 AM '66

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
W. B. Maveety	
9. Well No.	
7	
10. Field and Pool, or Wildcat	
12. County	
Lea	

### 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"/>
2. Name of Operator
Sun Oil Company
3. Address of Operator
P. O. Box 2792, Odessa, Texas 79760
4. Location of Well
UNIT LETTER <u>G</u> , <u>1650</u> FEET FROM THE <u>East</u> LINE AND <u>2310</u> FEET FROM
THE <u>North</u> LINE, SECTION <u>35</u> TOWNSHIP <u>19S</u> RANGE <u>36 E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3603' Gr.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Completion test</u> <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.

On 24 hour test ending 12-3-66, produced 47.56 bbls. oil, 9.00 bbls. water. Gravity 31.6 API, Corr. and Gas-Oil Ratio 298/1.

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

SIGNED JE Edinger TITLE Area Superintendent DATE 12-6-66

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

CONDITIONS OF APPROVAL, IF ANY: