NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OI HOBBSE OFFICENO	C-102 and C-103 CHIPSSION Effective 1-1-65
FILE		
U.S.G.S.	Dec 1 11 kg AN	5a. Indicate Type of Lease
LAND OFFICE		State Fee, 🛫
OPERATOR		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO USE "APPLICATI	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERI ON FOR PERMIT	ENT RESERVOIR.
OIL GAS WELL	OTHER-	
2. Name of Operator		8. Farm or Lease Name
Sun Oil Con	1pany	W. B. Maveety
3. Address of Operator		9. Well No.
P. O. Box 3	2792, Odessa, Texas 79760	7
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER G 16	50 FEET FROM THE East LINE AND	2310 FEET I'ROM
	N 35 TOWNSHIP 19_5 RANGE	
	15. Elevation (Show whether DF, RT, GR, etc	c.) 12. County
	3603! Gr.	Lea
^{16.} Check A	Appropriate Box To Indicate Nature of Not	tice, Report or Other Data
NOTICE OF IN		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORI COMMENCE DRI CHANGE PLANS CASING TEST AI OTHER TT	LLING OPNS.
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.

11-19-66 killed well w/80 bbls. brine down tubing, and casing. Pulled tubing and packer. Ran squeeze retainer. Squeezed perfs. 3950-55 with 100 sks Incor 5% salt. Reversed out 26 sacks.

11-20-66 McCullough perf. 4¹/₂" casing @ 3862-64-80-82-83-85-86-91¹/₂-94, 3902-03-04-08-10-14 w/ 1 JSP interval by GR correlation log w/3 1/8" select fire gun. Ran Gamma Ray tracer log. Ran packer, holddown and tubing. Swab dry, no show. Cardinal Chemical treated perfs. 3862 to 3914 w/500 gal. MEC acid down 2" tubing. Washed perfs. 1 hour. Flushed w/14¹/₂ bbls. treater water. Swabbed.

11-22-66 Cardinal acidized perfs. 3862 to 3914 w/2000 gal. 15% Unisol acid and 23 RCN ball sealers down 2" tubing. Balled out w/18 balls on formation, dropped balls and finished job. Swabbed. 11-28-66 set pumping unit.

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

SIGNED	C. Maturell	TITLE Area Superintendent	DATE 11=29=66
APPROVED BY		TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY:

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