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 10-1-78

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 ☐ GAS WELL ☒ OTHER-

7. Unit Agreement Name

2. Name of Operator
Sun Oil Company

8. Farm or Lease Name
A. B. Reeves

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

9. Well No.
2

4. Location of Well
UNIT LETTER D, 440 FEET FROM THE North LINE AND 440 FEET FROM THE West LINE, SECTION 29 TOWNSHIP 20S RANGE 37E NMPM.

10. Field and Pool, or Wildcat
Eumont - Yates S.R.Q.(Pro Gas)

15. Elevation (Show whether DF, RT, GR, etc.)
3517'

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. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☐	
OTHER ☐		OTHER Clean out and frac ☒	

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.

2-19-80 MIRU
2-20-80 Killed well, POH LD tbg.
2-21-80 Ran 2 7/8" tbg. w/pkr, set pkr @ 3339'. Prep to frac.
2-22-80 Foam frac perfs 3410-3554'w/54,600 gal. foam, 58,500# 20-40 sd.
2-23-80 14 hrs. Flowed 7 BLW, 0 Oil 24/64 chk tp 185. Open to gas gathering system 9:30 AM, FARO 850 MCFD 2" chk, FTP 85 psi.
2-24-80 Testing well.
2-26-80 Potential test, F 5 BLW, 1123 MCFD, 0 Oil TP 90#

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

SIGNED Doris Williams TITLE Accounting Assistant DATE 2-29-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: