

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

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

Form C-103
Revised 10-1.

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 Exploration and Production Company	8. Farm or Lease Name State "A" A/C 2
3. Address of Operator P.O. Box 1861, Midland, Texas 79702	9. Well No. 46
4. Location of Well UNIT LETTER <u>N</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>5</u> TOWNSHIP <u>22-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or Wildcat South Eunice 7 Ryrs. Queen
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☒	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

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. MIRU. Kill well if necessary. POH w/rods & pmp, laying down. NU BOP. POH w/tbg, laying down.
2. RIH w/6-1/4 bit on 2-7/8 WS to 3755'. POH.
3. RU GO. RIH w/7" CIBP on WL & set @ 3730'. Dump bail 1 sx cmt. POH w/WL.
4. RIH w/7" FB pkr & SN on WS. Press test CIBP to 500 psi. Press test csg for leak. Isolate leak & EIR. Sqz leak under cmt ret. as per Midland instruction. POH. (Do not need to drill out sqz at this time.)
5. Leave well TA.

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

SIGNED DeAnn Kemp TITLE Associate Accountant DATE 9-22-86

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT SUPERVISOR TITLE DATE SEP 24 1986

CONDITIONS OF APPROVAL, IF ANY: