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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 6 11 26 AM '65

Form C-102
Supersedes C-101
C-102 and C-103
Effective 1-1-65

Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Sunray DX Oil Company		8. Farm or Lease Name H. D. Greer
3. Address of Operator P. O. Box 1416 Roswell, New Mexico		9. Well No. 1
4. Location of Well UNIT CENTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM West LINE, SECTION 21 TOWNSHIP 22 RANGE 36 NMPM.		10. Field and Pool, or Wildcat South Eunice
15. Elevation (Show whether DF, RT, GR, etc.) 3536 DF		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <input type="checkbox"/> Semi-Annual TA Report	

Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well TA pending possible workover or secondary recovery.

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

SIGNED B. F. Brawley B. F. Brawley TITLE District Engineer DATE 7-30-65

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: