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 10-1-78

5a. Indicate Type of Lease: State [ ] Fee [X]

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 [X] GAS WELL [ ] OTHER-

7. Unit Agreement Name

2. Name of Operator
Sun Exploration & Production Co.

8. Farm or Lease Name
S. E. Cone

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

9. Well No.
5

4. Location of Well
UNIT LETTER J, 1880 FEET FROM THE South LINE AND 2230 FEET FROM THE East LINE, SECTION 26 TOWNSHIP 21-S RANGE 37-E NMPM.

10. Field and Pool, or Wildcat
Wantz (Granite Wash)

15. Elevation (Show whether DF, RT, GR, etc.)
3358'

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 [ ]	

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.

Spud 8-6-83
9-5/8 CS 1305
8-8-83 Howco cmt w/500 sxs class "C" w/2% cc 4% gel ¼ Flocele & 200 sxs class "C" w/2% CC FP 600-2300 circ 75 sxs cmt.

8-28-83 R&C 191 jts 5½ CS 7750 FC 7706 DU tool 4619/precede cmt w/20 bbls mud flush, 20 bbls floche K 21 w/spaces, cmt 1st stage w/1100 sxs 50-50 POZ class "C" cmt w/2% gel & 12% salt, FP 1300-200 - open DU Tool circ 4 hours, circ 63 sxs cmt off DU tool/Howco cmt second stage w/1600 sxs Howco Lite w/18% salt, ¼# Flocele, tail in 150 sxs 50-50 POZ class "C" cmt w/2% gel, 12% salt, FP 1400-2300-circ 210 sxs.

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

SIGNED Dee Ann Kemp TITLE Sr. Accounting Assistant DATE 8-31-83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE SEP 6 1983

CONDITIONS OF APPROVAL, IF ANY: