

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 10-1-7

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Sun Exploration & Production Co. 3. Address of Operator P. O. Box 1861, Midland, Texas 79702 4. Location of Well UNIT LETTER <u>L</u> <u>1780</u> FEET FROM THE <u>South</u> LINE AND <u>760</u> FEET FROM THE <u>West</u> LINE, SECTION <u>25</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.	7. Unit Agreement Name 8. Farm or Lease Name Eva Owens -A- 9. Well No. 2 10. Field and Pool, or Whdcat Drinkard 11. Elevation (Show whether DF, RT, GR, etc.) 12. County Lea
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10. 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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Treat well with Xylene

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.

7-16 POH w/rods. Pull rod on pmp

7-18 HOWCO spot 500 gal Xylene across perfs 6670-6572/HOWCO treat Drinkard perfs 6572-6670 w/5500 gal Xylene flush w/38 bbls heated 2% KCl water.

7-20 RIH w/2-7/8" tbg w/pumping set-up. TS @6670 SN@ 6636.

8-4 24 hr P 31 B0,4 BW, 132 MCF/GOR 4258

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

SIGNED Eddie W. Seay TITLE Associate Accountant DATE 8-8-84

Eddie W. Seay

APPROVED BY Oil & Gas Inspector

TITLE

DATE AUG 21 1984

CONDITIONS OF APPROVAL, IF ANY: