

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator

Sun Exploration & Production Co.

Address of Operator

P.O. Box 1861, Midland, TX 79702

Location of Well

UNIT LETTER E 2570 FEET FROM THE North LINE A: 70 FEET FROM

THE West LINE, SECTION 9 TOWNSHIP 22-S RANGE 36-E N.M.P.M.

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

3585.0' GR

12. County

Lea

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

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING O.H.S. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 1109.

Spud 8-8-83

R & C 13 Jts 8 5/8 J-55 24# ST & C Csg. CS 582 BP 537, Howco Cmt w/375 Sxs Class "C" w/2% CC 1/4# Per Sxs Flocele FP 250-550

8-12-83 R & C 93 Jts 5 1/2 Csg. CS 3885, FC 3840, Unable to work Csg. below 3885 after 5 hrs. Circ & working pipe, Hal precede cmt w/20 bbls mud flush & 20% bbls flochek 21 w/2% KCL spacer, Cmt w/750 Sx Howco light w/15% Salt & 1/4# Flocele/sx tail in w/200 Sxs C 50-50 P02 w/2% Gel, 12% Salt & 1/4# Flocele Sx circ 175 Srs Cmt.

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. Acct. Asst.

DATE 8-29-83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____

TITLE _____

DATE SEP 2 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
SEP 1 1983
C.C.D.
HOBBS OFF