

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input 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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW		7. Unit Agreement Name	
2. Name of Operator Sun Exploration & Production Co.		8. Farm or Lease Name State "A" A/C 2	
3. Address of Operator P. O. Box 1861, Midland, TX 79702		9. Well No. 69	
4. Location of Well UNIT LETTER <u>I</u> <u>2615</u> FEET FROM THE <u>South</u> LINE A <u>1295</u> FEET FROM THE <u>East</u> LINE, SECTION <u>8</u> TOWNSHIP <u>22-S</u> RANGE <u>36-E</u> NMPM.		10. Field and Pool, or Tract Eunice Seven Rivers Queen South	
15. Elevation (Show whether DF, RT, GR, etc.) 3550.3' GR		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 <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 O.H.S. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

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.

10/8/83

Estb. inj rate into perfs 3750-3862. 2-3/4 BPM at 1500 psi (100 bbls) ISIP 300,
1 min Vac.

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

SIGNED [Signature] TITLE Sr. Acct. Asst. DATE 10/28/83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE NOV 4 1983

CONDITIONS OF APPROVAL, IF ANY: