

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-	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. 70
4. Location of Well UNIT LETTER <u>P</u> <u>1295</u> FEET FROM THE <u>South</u> LINE AND <u>1295</u> FEET FROM THE <u>East</u> LINE, SECTION <u>8</u> TOWNSHIP <u>22-S</u> RANGE <u>36-E</u> N.M.P.M.	10. Field and Pool or Volume Eunice Seven Rivers Queen South
15. Elevation (Show whether DF, RT, GR, etc.) 3560.6' GR	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

7. 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.

8/29/83 R & C 93 Jts 5-1/2 Csg, CS 3900, FC 3855, Howco Preceed Cmt w/ 20 Bbls Mud Flush, 20 Bbls Flochek 21 w/ spacers, Howco Cmt w/ 750 Sxs Howco Lite 15% Salt, 1/4# Flocele, Tail in w/ 200 Sxs "C" 50-50 POZ 2% Gel 12% Salt, 1/4# Flocele, TP 1300-1800, Circ 75 Sxs.

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 10/14/83

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 19 1983

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 18 1983
O.C.D.
HOBBS OFFICE