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 10-1-78

5a. Indicate Type of Lease: State [X] 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 [ ] GAS WELL [ ] 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.: 71
4. Location of Well: UNIT LETTER M, 1295 FEET FROM THE South LINE AND 25 FEET FROM THE West LINE, SECTION 9 TOWNSHIP 22-S RANGE 36-E NMPM.
10. Field and Pool, or Wildcat: Eunice Seven Rivers Queen South
15. Elevation (Show whether DF, RT, GR, etc.)
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 9/18/83

R & C 13 Jts 8-5/8 Csg. cs 588, Howco Cmt w/ 375 Sxs Class "C" 2% Cacl, 1/4# Flocele Circ 75 Sxs

9/24/83

R & C 96 Jts 5-1/2 Cs 3900, cmtd w/ 750 Sxs Howco lite, 15% salt, 1/4# Flocele, followed by 200 Sxs "C" 50-50 POZ A 2% Gel, 12% salt, & 1/4# Flocele, Circ 160 Sxs 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. Acctng. Asst. DATE 11/9/83

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE NOV 16 1983

CONDITIONS OF APPROVAL, IF ANY: