

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

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

<p>SUNDY 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p>5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/></p> <p>5. State Oil & Gas Lease No.</p>
<p>6. Name of Operator SUN OIL COMPANY</p> <p>7. Address of Operator P. O. Box 1861, Midland, Texas 79701</p> <p>8. Location of Well UNIT LETTER T 466 FEET FROM THE West LINE AND 1981 FEET FROM THE South LINE, SECTION 3 TOWNSHIP 21-S RANGE 36-E NMPM.</p>		<p>7. Unit Agreement Name</p> <p>8. Farm or Lease Name J. A. Akens</p> <p>9. Well No. 1</p> <p>10. Field and Pool, or Wildcat Eumont Queen Gas</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3563.8 GR.</p>		<p>12. County Lea</p>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER Casing Line & Valve Assembly <input checked="" type="checkbox"/>	

16. 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.

1. Dug out cellar to 13" & 9-5/8" Braden outlets.
2. Installed 2" Risers from Bradenheads to surface for 13" & 9-5/8" csg. & open valves.
3. Installed valves on Risers @ surface and closed surface valves.
4. Identified each Riser as to casing size.
5. Well inspected by Mr. Nathan Clegg 10-10-74.

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

SIGNED Charles Gray TITLE Proration Analyst DATE 10-25-74

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: