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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

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 TO DRILL (FORM C-101) FOR SUCH PROPOSALS.

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator SUN OIL COMPANY	5. State Oil & Gas Lease No.
3. Address of Operator P. O. Box 1861, Midland, Texas 79701	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>Q</u> <u>1980</u> FEET FROM THE <u>S</u> LINE AND <u>660</u> FEET FROM THE <u>E</u> LINE, SECTION <u>3</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> N.M.P.M.	8. Farm or Lease Name J. A. Akens
15. Elevation (Show whether DF, RT, GR, etc.)	9. Well No. 6
10. Field and Pool, or Well Unit Eumont Queen Gas	12. County Lea

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 <input checked="" type="checkbox"/> Casing Line & Valve Assembly

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.

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.

18. 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: