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NEW MEXICO OIL AND GAS COMMISSION

JAN 10 1 02 PM '67

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>	
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name J. A. Akens	
9. Well No. 7	
10. Field and Pool, or Wildcat Oil Center (Blinebry)	
12. County Lea	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Sun Oil Company
3. Address of Operator P. O. Box 2792, Odessa, Texas 79760	4. Location of Well UNIT LETTER <u>K</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1880</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>3</u> TOWNSHIP <u>21 S</u> RANGE <u>36 E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3561 Gr.	

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <u>Workover</u> <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

Kill well with brine and pull tubing, install frac connections, establish rate of 21 BPM into formation w/72 bbl. pad. Begin frac w/20,000 gal. gelled brine w/1 1/2# sand/gal. Flush with 100 bls. gel brine. Swab well in.

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

SIGNED <u>J. E. Edison</u>	TITLE <u>Area Superintendent</u>	DATE <u>1-9-67</u>
APPROVED BY <u></u>	TITLE <u></u>	DATE <u></u>

CONDITIONS OF APPROVAL, IF ANY: