

NEW MEXICO OIL CONSERVATION COMMISSION

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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
3. Name of Operator SUN OIL COMPANY		8. Farm or Lease Name State Land "15"
4. Address of Operator P. O. Box 1861, Midland, Texas 79701		9. Well No. 6
4. Location of Well UNIT LETTER 0 330 FEET FROM THE S LINE AND 1650 FEET FROM THE E LINE, SECTION 16 TOWNSHIP 21-S RANGE 37-E N.M.P.M.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, CR, etc.)		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 <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 <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER Casing Riser & Valve Assembly <input checked="" 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.

1. Dug out cellar to 13-3/8" & 8-5/8" Bradenhead outlets.
2. Installed 2" Risers from Bradenheads to surface for 13-3/8" & 8-5/8" 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. Leslie Clements 10-24-74.

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 Joe D. Gray TITLE Asst. I. Div. DATE   
CONDITIONS OF APPROVAL, IF ANY: