NO. OF COPIES RECEIVED	-	Form C-103 Supersedes Old
DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE		Effective 1-1-65
U.S.G.S.	GF 1 3 27	5a. Indicate Type of Lease
LAND OFFICE		State Fee X 5. State Oil & Gas Lease No.
OPERATOR		5. State Off & Gas Lease No.
SUNDR	RY NOTICES AND REPORTS ON WELLS POPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. 100 FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS."	
USE "APPLICAT	ION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.	7. Unit Agreement Name
OIL GAS WELL	OTHER-	The same region and re
2. Name of Operator		8. Farm or Lease Name
Sun Oil Company 3. Address of Operator		J. A. Akens 9. Well No.
P. O. Box 2792, Odessa, Texas 79760		9 10. Field and Pool, or Wildcat
1		
UNIT LETTER	990 FEET FROM THE East LINE AND 1648.5 FEET F	Gil Center (Blinebry)
THE South LINE, SECTION	ON 3 TOWYSHIP 21 S RANGE 36 E	MAN (MINING)
	15. Elevation (Show whether DF, RT, GR, etc.) 3541 Gr.	12, County
16. Check	Appropriate Box To Indicate Nature of Notice, Report or	Other Deta
		ENT REPORT OF:
TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS. CHANGE PLANS CASING TEST AND DEMENT JOB	PLUG AND ABANDONMENT
	OTHER	
OTHER WORKOVER		
17. Describe Proposed or Completed Opwork) SEE RULE 1503.	perations (Clearly state all pertinent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
	ull tubing, install frac connections, pump gel	
7000 gals. gelled brine	s. w/25,000 gal. gelled trine w/ $1\frac{1}{2}$ # 20-40 same two well in.	o/gal. Plush with
1000 gara. gerred prime	• Shab well in•	
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
18. I hereby certify that the information	66-6	t DATE 9/28/67
18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief. TITLE Area Superinternaen	t DATE 9/28/67
18. I hereby certify that the information SIGNED J. E. Edison	Eclim title Area Superintenden	
18. I hereby certify that the information SIGNED APPROVED BY CONDITIONS OF APPROVAL, IF ANY	66-6	t DATE 9/28/67