

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CELEPH OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Date
2. Name of Operator Sun Oil Company	8. Farm or Lease Name
3. Address of Operator P. O. Box 1861 Midland, Texas 79702	9. Well No. Akens, J. A. #11
4. Location of well UNIT LETTER R 1980 FEET FROM THE South LINE AND 2164 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 21S RANGE 36E N.M.P.M.	10. Field and Pool, or Wildcat Oil Center - Blinbery
11. Elevation (Show whether DF, RT, GR, etc.) 3551.3' GL	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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMEN ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	

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.

5-28-80 MIRU Hillin
5-29-80 Spud 11 PM
5-31-80 Ran 8-5/8" 24# csg @ 1290'. Cmted w/400 sx Howco Lite.
200 sx Class "C" 2% CaCl2 1/4# FCL. Circ. 100 sx.
6-16-80 Ran 5-1/2" 14 & 15.5# csg @ 6300'. Howco cmted. 1 stage w/600 sx "H" 50-50 Poz "A" w/2%
gel, 5# salt, 0.5% CFR-2. Cmted 2nd stage w/1250 sx Howco Lite w/15-1/2# salt, 3# Gilsonit
1/4# FCL. 100 sx Class "C" 3# salt. Circ 75 sx cmt to surface.

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

SIGNED Teresa Bradley TITLE Accounting Assistant DATE 7-14-80

Orig. Signed By

Jerry Sexton

Dist. L. Supv.

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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