STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER-

7. Unit Agreement Name

2. Name of Operator
Sun Exploration & Production Company

8. Farm or Lease Name
J.A. Akens

3. Address of Operator
P.O. Box 1861 Midland, Texas 79702

9. Well No.
13

4. Location of Well
UNIT LETTER O . 2310 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 21S RANGE 36E NMPM.

10. Field and Pool, or Wildcat
Hardy Drinkard

15. Elevation (Show whether DF, RT, GR, etc.)

12. County
Lea

16. 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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☒	
OTHER ☐		OTHER ☐	

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.

9/3/86 R&C 65 Jts. 8-5/8 csg, CS 2690, FC 2640, HOWCO cmntd w/850 sks Class 'C' HOWCO Lite + 10% salt + 1/4#/SK FLOCELE, tail in w/300 sks Class 'C' + 2% $CaCl^2$, FP 850-1400, float held,

9/19/86 R&C 182 Jts. 5-1/2 csg, CS 6950, FC 6876, HOWCO pump 500 gals mud flush + 5 bbls 2% KCL + 500 gals FLOCHEK 21 + 5 bbls 2% KCL + BTM plug, cmt w/475 sks HOWCO lite w/10% salt + 5# GILSONITE + 1/4# FLOCELE, flowed by 575 sks Class H 50/50 POZ w/2% gel - 6# salt/, FP 2000-2500, float held, circ 0 sks cmt, set slips, cut off

Dec Reviewed C-103 Rec'd 10-14-86

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

SIGNED Deb Ann Kemp TITLE Associate Accountant DATE 9/19/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 25 1986

CONDITIONS OF APPROVAL, IF ANY: