

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 10-1-78

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
NM-B-1481

SLNDRY 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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Sun Expl. & Prod. Co.	8. Farm or Lease Name New Mexico "G" State
3. Address of Operator P.O. Box 1861, Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>U</u> <u>650</u> FEET FROM THE <u>South</u> LINE AND <u>550</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>21-S</u> RANGE <u>36-E</u> NMPM.	10. Field and Pool, or wildcard Oil Center-Glorieta
15. Elevation (Show whether DF, RT, GR, etc.) 3544.8' GR	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
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.

Correction

Form c-105 was sent in with plugback depth as 7015' it should be 5700' due to CIBP set.

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

SIGNED <u>Maria L. Perry</u>	TITLE <u>Accounting Associate</u>	DATE <u>5/6/88</u>
APPROVED BY <u>Paul H. Hartz</u> Geologist	TITLE _____	DATE <u>MAY 11 1988</u>

CONDITIONS OF APPROVAL, IF ANY: