

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Co.	8. Farm or Lease Name Mattern
3. Address of Operator P. O. Box 1861 - Midland, Texas 79702	9. Well No. 1
4. Location of Well UNIT LETTER <u>L</u> <u>1650</u> FEET FROM THE <u>South</u> <u>North</u> LINE AT <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>22-S</u> RANGE <u>37-E</u> NMPM.	10. Field and Pool, or Wildcat Eumont Yates/ Arrowhead Grayburg
11. 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPERATIONS ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☐
OTHER cellar inspections ☐

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.

Dug out cellar to expose csg. heads
Exposed cmt at surface csg.
Prod. csg valve at surface
Inspected 4-18-83 by D. R. Canatach O. C. D.

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

SIGNED Elmer Teedy DeAnn Kemp TITLE Foreman DATE 4-22-83

APPROVED BY David R. Canatach TITLE Field Rep DATE 4-27-83

CONDITIONS OF APPROVAL, IF ANY: