

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

Form C-103
Revised 10-1-

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
983-2

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 Co.	8. Farm or Lease Name State "A" A/C 1
3. Address of Operator P. O. Box 1861, Midland, Texas 79702	9. Well No. 115
4. Location of Well UNIT LETTER <u>F</u> <u>1700</u> FEET FROM THE <u>north</u> LINE AND <u>1980</u> FEET FROM THE <u>west</u> LINE, SECTION <u>9</u> TOWNSHIP <u>23-S</u> RANGE <u>36-E</u> N.M.P.M.	10. Field and Pool, or Whdcat Jalmat Tansill Yates Seven Rivers
15. Elevation (Show whether DF, RT, GR, etc.) <u>3480' GR</u>	12. County <u>La</u>

10. 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 OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER <u>to correct Field name from</u> ☒ <u>Langlie Mattix 7 Rvrs Queen Gryburg</u>	

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.

To correct previously submitted C-103 dated 8-8-84
All perfs are Jalmat 3708'-3768' and 3358'-3396'.
Well put on pump 7-16-84 1 B0, 1350 BW, 25 MCF.
Well had been SI since 7-19-83

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

SIGNED Mario L. Pera TITLE Sr. Acctng. Asst. DATE 8-8-84

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]
CONDITIONS OF APPROVAL, IF ANY: