

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 10-1-73

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- TA'd		7. Unit Agreement Name
2. Name of Operator Sun Exploration & Production Company		8. Farm or Lease Name South Leonard Unit TR 3
3. Address of Operator P. O. Box 1861, Midland, Texas 79702		9. Well No. 6
4. Location of Well UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 23 TOWNSHIP 26-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat South Leonard Queen
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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>		COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	

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.

A casing Pressure Test was conducted on February 15, 1984.
Approximately 5 barrels of fluid were required to load
tubing-casing annulus. 600+ - PSIG pressure was
applied and held for 20 minutes.

This test was witnessed by Mr. Ron Castleberry of the
NMOCC in Hobbs.

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

SIGNED Dei Ann Kemp TITLE Senior Accounting Asst. DATE 3-9-84

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR TITLE _____ DATE MAR 14 1984
CONDITIONS OF APPROVAL, IF ANY: