## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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<b>40. 07 COPICE ACCLIVES</b>		
DISTRIBUTION		
SANTA FE		
PILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR	7	

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

Form C-103 Revised 10-1-7

PILE MEXICO 8750	1
U.S.a.s.	5a. Indicate Type of Lease
LAND OFFICE	State Fee XX
OPERATOR	5. State Oil & Gas Lease No.
**************************************	
SHADDA MOTICES AND DEBODES OF MELLS	mmmmm
SUNDRY NOTICES AND REPORTS ON WELLS	ESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
OIL CAB	7. Unit Agreement Name
WELL XX WELL OTHER-	
2. Name of Operator	8. Farm or Lease Name
Sun Exploration & Production Co.	S.R. Cooper
3. Address of Operator	9. Well No.
P.O. Box 1861, Midland, TX 79702	4
4. Location of Well	
	10. Field and Pool, or Wildcat
UNIT LETTER G 2310 FEET FROM THE NORTH LINE AND 2310	) Jalmat
THE East LINE, SECTION 23 TOWNSHIP 245 RANGE 36E	NMPM.
TUHNSHIP RANGE	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	Lea
Check Appropriate Box To Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X	
	ALTERING CASING
PULL OR ALTER CABING CHANGE PLANS CASING TEST AND CEN	MENT JQB
OTHER	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinen work) SEE RULE 1103.	t dates, including estimated date of starting any propose
MIDII Imahali DOD DOU / H. L. DEDA D	
MIRU. Install BOP. POH w/ tbg and REDA Pump.	
RIH w/ RBP on WL and set at 3134. *Casing collars at: 3042',	$3069\frac{1}{2}$ , $3101\frac{1}{2}$ , $3125\frac{1}{2}$ , $3154\frac{1}{2}$ .
3185'.	,
RIH w/ 2-3/8 tbg, RDG pkr & retrieving head. Tag RBP @ 3134	Set place test PRP to EOO ps:
PILE set pkr 3 30501 Suph Determine EF and content of	. Set pki & test kbr to 500 psi.
PU & set pkr 3 3050'. Swab. Determine FE and content. If sw	ab results are ravorable,
retrieve RBP and POH w/ tbg, pkr, & RBP. Set CIBP at 3134 o	n WL. RIH w/ tbg and pkr.
Tag CIBP. Set pkr and test CIBP to 500 psi. POH.	
Pumping instructions will be issued based on swab results.	
18. I hereby certify that the information above is true and complete to the best of my knowledge and by	
18. I hereby certify that the information above 18 true and complete to the best of my knowledge and be	elief.
	<del>-</del>
ASSOCIATE ACCOU	ntant DATE July 20, 1984
The state of the s	ULGIT
OBIGINAL CICAIRS OF A COMMISSION OF THE COMMISSI	- M 400 4
ORIGINAL SIGNED BY ARRAN BEXTON	JUL 27 1984
APPROVED OV DISTRICT 15: 32:33:45-7	DATE OUL PO
CONDITIONS OF ADDRAGE.	