

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. (E)
(Other instructions on re-
verse side)

Copy to SF
Form approved.
Budget Bureau No. 42-R1424.

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—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED	
2. NAME OF OPERATOR Sun Production Company ✓		JAN 26 1977	
3. ADDRESS OF OPERATOR P. O. Box 1861 - Midland, Texas 79701		D.C.C. 1980/5 + ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 17S feet from the 31E line and S 1980 feet from the E 1980 line of section 17		5. LEASE DESIGNATION AND SERIAL NO. LC-049998-A	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Federal	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3701 DF		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Foster Eddy	
		9. WELL NO. 2	
		10. FIELD AND POOL, OR WILDCAT Grayburg - Jackson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-17S-31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N. M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Pull and Chg. Insert Pump <input checked="" type="checkbox"/>	(Other) Report results of multiple completion of well <input type="checkbox"/>
(Other) Pull and Chg. Insert Pump <input checked="" type="checkbox"/>		(Other) Report results of multiple completion of well <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. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

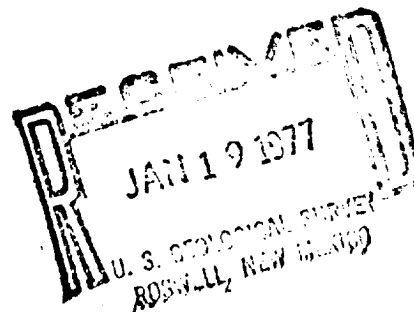
Well has been temporarily abandoned. Pulled and changed insert pump and returning
to producing status. Request allowable be reinstated.

Test 12-12-76 Pump 24 hrs. made 13 oil and 12 water - 3.4 mcf - GOR 262/1
38.1 Gravity Oil.

RECEIVED

JAN 21 1977

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO



18. I hereby certify that the foregoing is true and correct
SIGNED Carson Mungel TITLE Office Assistant DATE 1-18-77

(This space for Federal or State office use)

APPROVED BY 1-18-77 TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

JAN 21 1977
ACTING DISTRICT ENGINEER