

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
well well
2. NAME OF OPERATOR
Sun Oil Company
3. ADDRESS OF OPERATOR
2525 N.W. Expressway, Okla. City, OK 73112
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1000' FNL & 1120' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM 047
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
New Mexico Federal -N-
9. WELL NO.
3E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18-T30N-R12W
12. COUNTY OR PARISH 13. STATE
San Juan New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5956' GR

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

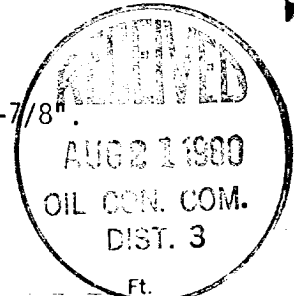
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Drill ☒

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

8/3/80 - Spudded in @ 4:00 a.m. 8/3/80. Drld to 84' w/Bit #1-12-1/4".
8/4/80 - Drld. to 365' w/Bit #1-12-1/4". Circ. POOH. Ran 9 Jts of 8-5/8", 24#, K.55. CS 365', FC 324'. Cmt w/250 sx Class A. Did not Bump Plug - Float did not hold. WOC. Cut off CSG. - Welded on CSG. head & Tested to 1,000#.
8/5/80 - Drld cmt & plug 290-365'.
8/6/80 - Drld to 1,314' w/Bit #2-7-7/8".
8/7/80 - Drld to 2,435' w/Bit #2-7-7/8".
8/8/80 - Drld to 2,996' w/Bit #2-7-7/8". Drld to 3,140' w/Bit #3-7-7/8".



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Jeannie Owens TITLE Prod. Staff Assoc. I DATE 8-11-80

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 20 1980

FARMINGTON DISTRICT

BY BW

*See Instructions on Reverse Side

NMOC

