

P. O. Box 1861
HOBBS, NEW MEXICO 88240
UNITED STATES

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Sun Exploration & Production Co.
3. ADDRESS OF OPERATOR
P. O. Box 1861, Midland, TX 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. D
AT TOP PROD. INTERVAL: 660' FNL & 660' FWL
AT TOTAL DEPTH: 660' FNL & 660' FWL
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM 032369
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Elliott B-12
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Paddock
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12, T-22, R-37
12. COUNTY OR PARISH Lea 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

1. MIRU Load tbq. and pressure to 500 psi.
2. Pump 1000 gals 15% NEFE HCL acid Dwn csg
3. Flush w/100 bbls 2% KCL wtr. Shut in 24 hrs. Pop a test.
4. Mix 2 drums (110 gals) Tretolite SP-181, 5 gals RP-2336 and 30 bbls 2% KCL wtr.
5. Pmp chemical mix down casing
6. Displace w/150 bbls 2% KCL wtr and 10 gals RP-2336
7. Shut in 24 hrs. Pop a test.
8. Monitor fluid level

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

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

SIGNED Dei-Han Kemp TITLE Associate Accountant DATE 9-4-85

(This space for Federal or State office use)

APPROVED BY Don Wood TITLE Assoc. Accountant DATE 10-17-85

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 18 1985
O.C. B. OFFICE
HOLERS OFFICE