

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

LC-063645

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Sun Exploration & Production Company

3. ADDRESS OF OPERATOR
P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit Ltr G, 1700' FNL & 1700' FEL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4006.8 GR

8. FARM OR LEASE NAME
Mescalero Ridge Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Mescalero Escarpe Bone Spring

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T-18-S, R-33-E

12. COUNTY OR PARISH
Lea
13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

TA

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

TA

X

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Sun request approval to maintain this well temporarily abandoned for an indefinite period of time. Well produces in non-commercial quantities. Last production was on 6/23/86 3 B0, 1 BW and 3 mcf. Well was TA'd 6/24/86

APPROVED FOR 12 MONTH PERIOD

ENDING 1-26-78

File

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

SIGNED Maria L. Perry

TITLE Accountant

DATE 12/15/86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
JAN 29 1987
OCD
HOBBS OFFICE