

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 028731 (A)
2. NAME OF OPERATOR Sun Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, TX 79702		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FEL - Unit Letter P		8. FARM OR LEASE NAME M. Dodd -A-
14. PERMIT NO. Blanket		9. WELL NO. 13
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 3593' DF, 3586' GR		10. FIELD AND POOL, OR WILDCAT Grbg. Jackson Queen G-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 15, T-17-S, R-29E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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 checked="" 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) \*

1. MIRU. Pull rods, pump & tubing.
2. Run 2 7/8" tbg. w/RBP, RDG PKR & SN. Set RBP @ 3210' & test to 4000#. Set PKR @ 2875'.
3. Frac perfs 2914'-3196' w/51,000 gals. Mini Max II & 69,000# 20/40 sand.
4. S.I. overnight.
5. Reset RBP @ 2880' & test to 3000#. Set PKR @ 2525'. Trap 500# on csg.
6. Frac perfs 2578'-2845' w/40,000 gals Mini Max II w/52,000# 20/40 sand.
7. S.I. overnight.
8. Reset RBP @ 3210' & set PKR @ 2525'. Swab. Latch RBP & POOH.
9. Run TBG w/MA, PN & SN. Run 3/4" rods w/1 3/4" pump.
10. POP & test.

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

SIGNED Louis Williams

TITLE Sr. Accounting Clerk

DATE 5/22/79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_