

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

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

5. LAND DESIGNATION AND SERIAL NO.

NM13987

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 Co.

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 Letter F, 1980' FNL & 1980' FWL

14. PERMIT NO.
Dated 4/29/87

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3416.6 GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Scoggins Draw Federal Com.

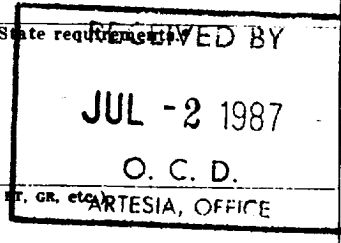
9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-18-S, R-27-E

12. COUNTY OR PARISH
Eddy

13. STATE
NM



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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	Set casing data		

(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.)*

5/27/87 Spudded 17 1/2" hole set 13-3/8" csg at 500'. Cmt'd w/525 sks "C" 2% CaCl, 1/4# flocele, TOC surf. Circ 60 sks.

6/2/87 11" hole, set 8-5/8" csg at 2900'. Cmt'd with 950 sks Howco lite 1/4# flocele, followed by 250 sks "C" neat. Circ 280 sks cmt to surf. WOC 24 hours.

ACCEPTED FOR RECORD

SJS
JUN 26 1987

CARLSBAD, NEW MEXICO

RECEIVED
JUN 18 2 19 PM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED DeAnn Kemp TITLE Associate Accountant DATE 6/17/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side