

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
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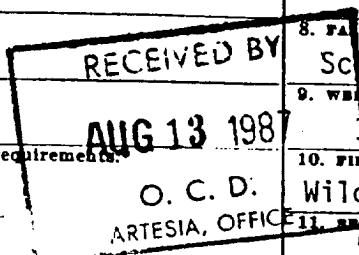
Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 13987
2. NAME OF OPERATOR Sun Exploration & Production Company ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1861, Midland, Texas 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 Unit Letter, F, 1980' FNL & 1980' FWL		8. FARM OR LEASE NAME Scoggins Draw Federal Com.
14. PERMIT NO. CER #179		9. WELL NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3416.6' GR		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:		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 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 PLANE <input type="checkbox"/>	(Other) Setting of 5 1/2" csg <input checked="" 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.)*

Tight Hole

7/9/87 Run & cmt 236 jts, 5 1/2, 17#, K-55 & L-80, LTC csg. CS 10000', FC 9923'. Howco preceded w/500 gls mud flush + 5 BBLS 2% KCL + 500 gls Flo-chek-21 + 5 bbls 2% KCL. Cmt'd w/1000 sks Class H 50:50 poz + 2% gel + 2% KCL + .3% CFR-2 + .5% Halad-22A, PD @ 9:45 p.m., FP 1800-2300#. Ran temperature survey, TOC @ 6000'.

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

SIGNED <u>Maria L. Perez</u>	TITLE <u>Associate Accountant</u>	DATE <u>8/10/87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side