

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW OIL CONVS. COM.
SUBMIT IN THIS
Form (Other instructions
reverse side)
Artesia, NM 88410

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

SUNDRY NOTICES AND REPORTS ON WELL RECEIVED

(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"/>	AUG 17 '88	5. LEASE DESIGNATION AND SERIAL NO NM 066062 LC 067832-A
2. NAME OF OPERATOR Sun Exploration & Production Co.	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702	ARTESIA, OFFICE	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 G, 1980' FNL & 1650' FEL		8. FARM OR LEASE NAME West Indian Basin Unit Gas
		9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT Indian Basin Upper Penn Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20, T-21-S, R-23-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4003' DF	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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Operator Change

(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.)*

Former Operator: Robert N. Enfield
P. O. Box 2431
Santa Fe, New Mexico 87501

RECEIVED
Aug 15 8 51 AM '88
OIL
AND
GAS

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

SIGNED

Maria L. Perez

TITLE

Accounting Associate

DATE

8-11-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS