

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO

NM 0424859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bunnel Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Indian Basin Upper Penn

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

Gas

18, T-21-S, R-23-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Sun Exploration & Production Co.

AUG 17 '88

3. ADDRESS OF OPERATOR

P. O. Box 1861, Midland, Texas 79702

O. C. D.

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

P, 1200' FSL & 330' FEL

14. PERMIT NO.

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

4075.5' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Change of Operator

(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, N.M. 87501

RECEIVED  
AUG 15 8 52 AM '88

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

SIGNED

*Mary L. Perez*

TITLE

Accounting Associate

915-688-0375

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