

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1 LOCATE*
(Other instructions on reverse side)

4/51
Busher 11/11/11-11/11-11
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

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 Company
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

JUL 14 '88

O. C. D.
ARTESIA, OFFICE

M, 330' FSL & 330' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2893.5' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Gulf Federal
9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT Brushy Draw-Delaware
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 23, T-26-S, R-29-E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico

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.)

Previous Operator: Worth Petroleum Company
P. O. Box 17406
Forth Worth, Texas 76102

ACCEPTED FOR RECORD

JUL 14 1988
CHRISBAD, NEW MEXICO

RECEIVED
JUL 13 11 26 AM '88
CARBONATE
ARE

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

SIGNED Anna L. L... TITLE Accounting Associate DATE 7-11-88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side