

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Duplicate Form 3160-5, 1984
Expires August 31, 1985

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

JUL 14 '88

O. C. D.

ARTESIA, OFFICE

LEASE DESIGNATION AND SERIAL

NM22634

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Mobil 22 Federal

WELL NO.

1

FIELD AND POOL OR WILDCAT

Brushy Draw-Delaware

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

22, T-26-S, R-29-E

COUNTY OR PARISH

Eddy

STATE

New Mexico

OIL WELL ☒ GAS WELL ☐ OTHER ☐

NAME OF OPERATOR

Sun Exploration & Production Company

ADDRESS OF OPERATOR

P. O. Box 1861, Midland, Texas 79702

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

P, 330' FSL & 330' FEL

PERMIT NO.

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

2889 4' GR

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.)

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.)

API No. 30-015-24955

Previous Operator: Challenger Energy, Inc.
517 Centre
P. O. Box 1262
Artesia, New Mexico 88211-1262

JUL 13 11 26 AM '88
CARLISLE
AREA
RECORDERS

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED

Maria L. Perez

TITLE

Accounting Associate

DATE

7-12-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side