

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instruct. on reverse side)

Budget Item 4101-10-011-1
Expires August 31, 1985

0121

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.
ARTESIAN OFFICE

5. LEASE DESIGNATION AND SERIAL

NM21767

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Worth Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

Brushy Draw-Delaware

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

B, 990' FNL & 2280' FEL

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

2897.5' 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*

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

RECEIVED
JUL 13 11 24 AM '88
CARLSBAD, NEW MEXICO

ACCEPTED ON RECORD

JUL 14 1988

CARLSBAD, NEW MEXICO

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

SIGNED Maria L. Piro
(This space for Federal or State office use)

TITLE Accounting Associate

DATE 7-11-88

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side