

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN T  
(Other instruct.  
verse side)

EXPIRES AUGUST 31, 1985

*clg*

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.  
2

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

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  
I, 2310 FSL & 330' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2904.7' GR

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

SUBSEQUENT REPORT OF:

|   |  |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/>                     | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                 | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>              | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <input checked="" type="checkbox"/> 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.)\*

API No. 30-015-25105

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

RECEIVED  
JUL 13 11 17 AM '88  
CARLETON COUNTY OFFICE  
ARTESIA, NEW MEXICO

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

SIGNED *Maura L. Perry* 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