

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN FOLD
(Other Instruct. on reverse side)

Budget Item 15-1001-1
Expires August 31, 1985

4/5

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.)

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
N, 2310' FWL & 330' FSL

RECEIVED

JUL 14 '88

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND PERMIT

NM44532

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Exxon Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

Brush Draw-Delaware

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. PERMIT NO.

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

2914' 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)

Operator Change

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

(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 27 AM '88
CARLSBAD, NEW MEXICO

ACCEPTED FOR RECORD

CARLSBAD, NEW MEXICO

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

SIGNED

Anna L. Perry

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