

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on
reverse side)

Budget Bureau No. 1004-0-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-16814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bedena Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Brushy Draw-Delaware

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

18, T-26-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 ☒ Salt Water Disposal Well
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 L, 660' FWL & 2055' FSL
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3044' GR

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AUG 01 '88

C. C. D.
ARTESIA, OFFICE

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.)

API No. 30-015-25273

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

CARD
AREA
JUL 19 11 07 AM '88

RECEIVED

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

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

TITLE Accounting Associate
A/C 915-688-0375

DATE

APPROVED BY CHIEF, NATURAL RESOURCES
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

7-27-88

*See Instructions on Reverse Side