

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Cover instructions
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Salt Water Disposal Well		5. LEASE DESIGNATION AND SERIAL NO. NM-16814	
2. NAME OF OPERATOR Sun Exploration & Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1861, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter L, 660' FNL & 2055' EEL		8. FARM OR LEASE NAME Bedena Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3044' GR		10. FIELD AND POOL, OR WILDCAT Brushy Draw-Delaware	
O. C. D. ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-26-S, R-30-E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Clean out, re-perf, acidize</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) *

REC: CLN OUT REPERF & ACDZ.

7/26/88 MIRU WELL TECH WS, REC 20

7/27/88 CLN OUT FILL 3355-70 REC SAND & SCALE

7/28/88 RUN GR-CCL 3374-3000, SET CIBP 3370. PERF RAMSEY 3321-45 2 JSPF (48 HOLES)

7/29/88 ACIDIZE RAMSEY PERFS 3321-45 W/1000 GALS 7-1/2% NEFE HCL

7/30/88 5-1/2" BAKER NP LOK SET, SET PKR @ 3251' TEST ANNULUS & PKR TO 660 PSI
ON CHART FOR 30 MIN OK. EIR DOWN TBG @ 1 BPM @ 800 PSI,

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

SIGNED <u>Alva Franco</u>	TITLE <u>Accounting Associate</u>	DATE <u>8/12/88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

SJS