

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructi
verse side)

CATE
on 1-8

Revised 10-1-83
Expires April 1, 1985
LEASE DESIGNATION AND SERIAL

NM22634

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mobil 22 Federal

9. WELL NO.

5

10. FIELD AND POOL OR WILDCAT

Brushy Draw-Delaware

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

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, 990 FSL & 2310' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

2891.9' 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 perti-
nent to this work.) *

API No. 30-015-25321

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

JUL 13 11 23 AM '88
CARLE
AREA

RECEIVED

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

SIGNED

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