

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Attesia, NM 88210

9/5F
Approved by:
Budget Bureau No. 1004-
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Sun Exploration & Production Company	8. FARM OR LEASE NAME Bedena Federal
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface D, 330' FNL & 330' FWL	10. FIELD AND POOL OR WILDCAT Brushy Draw-Delaware
14. PERMIT NO.	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA 18, T-26-S, R-30-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3035.5 GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

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. 30-015-25579

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

RECEIVED
JUL 19 11 09 AM '88
CARLSBAD
ARIZONA

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

SIGNED Maria L. Perez TITLE Accounting Associate DATE 7-18-88
(This space for Federal or State office use) A/C915-688-0375

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

JUL 27 1988

Peter W. Chester
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side