

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
reverse side)

DATE
OR

Revised Form 3100-5 (10-84)
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

C/SF

NM22634

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Mobil 22 Federal

WELL NO.

9

FIELD AND POOL OR WILDCAT

Brushy Draw-Delaware

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

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

COUNTY OR PARISH

Eddy

STATE

New Mexico

SUNDRY NOTICES AND REPORTS ON RECEIVED

(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
M, 330' FSL & 990 FWL

JUL 14 '88

O. C. D.
ARTESIA, OFFICE

14. PERMIT NO.

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

2886' GR

16. 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

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. 30-015-25588

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

JUL 13 11 22 AM '88
CARL
AREA
RECEIVED

ACCEPTED FOR RECORD

JA

CAN 11 10 11 11 11

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