

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other Constructio
Reverse side)

DATE
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

45F

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 Co. ✓	8. FARM OR LEASE NAME Mobil "22" Federal
3. ADDRESS OF OPERATOR P. O. Box 1861 Midland, TX 79702	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. Set also space 17 below.) At surface 1775' FSL 790' FWL Sec. 22, T-26-S, R-29-E	10. FIELD AND POOL, OR WILDCAT Brushy Draw
14. PERMIT NO.	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-26-S, R-29-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2876.0'	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED

SEP 29 '88

O. C. D.
ARTESIA, OFFICE

16. 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"/>		<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) Casing Data	<input checked="" type="checkbox"/>		<input checked="" 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.)

Spud 6/23/88

6/26/88:

R&C 9 jts 13-3/8 csg. (61# KSTC) CS368 FC337 Dow Cmt w/ 375 SX C w/ 2% CaCl₂ & 1/4# SX Celloflake
Circ. 85 SXS Cmt WUC 6 hr.

R&C 70 jts 8-5/8 csg. (24 & 32# KSTC) CS 2900 FC 2859 Dow Cmt, w/ 800 SXS Dowlite W/ 6% gel 10% salt & 1/4# Celloflake followed by 200 SXS C Neat Cir 55 SXS Cmt Fluat Held

R&C 154 jts 5-1/2 csg (14 & 15.5 K-55 STC & BTC csg)
CS 6192 FC 6104 Dowell Cmt 1st stage W/ 50 SX Lite w/ 6% gel & 10% salt, tailed in w/ 235 SXS RFC Cmt did not bump plug open DV w/ 720# Circ 4 hrs.
Rec 50 SXS off DV tool

Dowell Cmt 2nd stage W/ 430 SXS Dowell Lite w/ 6% GEL + 10% salt + 1/4# SX Celloflake tailed in w/ 100 SXS Class C Neat FP 1000-2500# Bled off pressure stage tool held OK set slips & cut off 5-1/2" csg.

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

SIGNED DeAnn Kemp TITLE Accountant DATE 9/21/88

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 27 1988

*See Instructions on Reverse Side

SJS

CARLESSAD, P. E. N. MEXICO