5. LEASE

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UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM-047 6. if indian, allottee or tribe name
GEOLOGICAL SURVEY 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 Form 9-331-C for such proposals.) 1. oil gas well other 2. NAME OF OPERATOR SUN OIL COMPANY 3. ADDRESS OF OPERATOR 2525 NW EXPRESSWAY, OKLA. CITY, OK 73112 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit Letter P AT SURFACE: 850' FSL & 1135' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME New Mexico Federal "N" 9. WELL NO. 6-E 10. FIELD OR WILDCAT NAME Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-T30N-R12W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	N/A 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6054 K.D.B.
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZCNES ABANDON* (other) SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: S	(NOTE: Report results of multiple completion or zone change on Form 9-330)
 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.)* We propose to dual complete this well as follows: Perforate and stimulate Dakota interval 6758 - 6924. Isolate Dakota with a packer at approximately 6700'. Perforate and stimulate Point Lookout interval 4608 -4668. Run 2 3/8 tubing and produce Dakota interval below packer through tubing and produce Point Lookout through 4½ casing -2 3/8 tubing annulus. 	
Stimulation for both zones will consist of ge fracture treatments down casing.	elled 2% KCL water and sand
Subsurface Safety Valve: Manu. and Type None	Set @Ft
18. Thereby certify that the foregoing is true and correct	Danie I 6/12/00
SIGNED CANNOT CHEEP Prod. Staff Assoc Date 6/12/80	
(This space for Federal or State office use)	

CONDITIONS OF APPROVAL, IF ANY

TITLE.

DATE

APPROVED

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*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR