

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 ☒ other ☐
well ☐ well ☒
2. NAME OF OPERATOR
SUN OIL COMPANY
3. ADDRESS OF OPERATOR
2525 N.W. Expressway, Okla. City, OK 73112
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1110' FNL & 850' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Drill

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5. LEASE
NM 047
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
New Mexico Federal -N-
9. WELL NO.
2E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-T30N-R12W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5859' GR

(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.)*

9-6-80 - GIH w/Ret. head unable to pump. Change out pumps. GIH tagged RBP @ 6665'. Circ. off sand and RBS latched onto RBP and POOH. P/U Baker Mod "R" Packer and SN on 210' Jts of 2-3/8", 4.7#. N/D BOP/N/J tree. set packer at 65'. Flanged up tree.

9-7-80 - Well kicked off.

9-8-80 - Flowing well on 1" choke.

9-9-80 - Shut well in to empty tanks.

9-10-80 - Flowed well on 1" choke.

9-11-80 - No report. Well S.I.

9-12-80 - Cont. to test.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Glennie Owens TITLE Prod. Staff Assoc DATE 9-12-80

(This space for Federal or State office use)

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

SEP 23 1980

BY BL FARMINGTON DISTRICT

*See Instructions on Reverse Side

NMOCC

