UNITED STATES **DEPARTMENT OF THE INTERIOR**

5. LEASE/	•	
NM 047		
		· · · · · · · · · · · · · · · · · · ·

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME		
reservoir, Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME		
1. oil gas k other	New Mexico Federal 'N'		
Well Office	9. WELL NO.		
2. NAME OF OPERATOR	2E		
Sun Exploration and Production Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota		
P.O. Box 5940 T.A. Denver, Colorado 80217	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE		
AT TOTAL DEPTH:	San Juan New Mexico 14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	AT ALL NO.		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
DECUENT FOR APPROVED TO	5859 GR		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	2232 011		
FRACTURE TREAT	2 (40198) Report results of multiple completion or zone prochange by Form 9-330)		
(other) Install Cathodic Protection Anode Bed X	· · · · · · · · · · · · · · · · · · ·		
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent	e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and t to this work.)*		
1. Move in water well type drilling rig onto	existing well location at least		
fifty feet from existing gas well.			
Drill and undeream hole of approximately t depth of 250 feet.			
3. Lower seven inch diameter pipe into hole a	nd fill with anode material. Fil		
in hole on outside of pipe.			
4. Rig down move out.	d the small had		
5. Install rectifier. Connect to gas well an	d the anode bed.		
Subsurface Safety Valve: Manu. and Type	Set @ Ft.		
•			
18. I hereby certify that the foregoing is true and correct			
SIGNED TITLE Sr. Acct. Ass	ist DATE 11/21/83		
(This space for Federal or State office use)			

*See Instructions on Reverse Side

DEC 12 1983

FARMINGIUM RESOURCE AREA

NMOCC

