## TO STATE DEPARTMENT OF THE D GEGLOGICAL SURVE

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GENTED STATE.	5. Li A 1.
DEPARTMENT OF THE EXPERIOR	047.17
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir, Use form $9-33 \pm 0$ for such proposals.	8. FARM OR LEASE NAME
1. oi $\varepsilon$ $\varepsilon$ $\varepsilon$ $\varepsilon$ coner	New Mexico Federal "N"
2. NAME OF OPERATOR	9. WELL NO. 5-F
Sun Exploration and Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 73112	Basin Dakota
Sun Gas Div., 2525 NW Expressway.Okla.City,OK	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.)	Sec. 7-T30N-R12W
AT SURFACE: 1000' FSL & 1115' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	<u>San Juan</u> <u>New Mexico</u>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB; AND WD)
DECUEST FOR ARRESOLATIVE CHROSTALITY REPORT OF	5923' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT FF:	
FRACTURE TREAT	and the same of th
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING	(NGTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	3.2.2.3.
CHANGE ZONES	
ABANDON*	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	rectionally-drilled, give subsurface locations and
In response to Mineral Management Service letter the following action to correct any deficiencies formation:	
1. Establish injection rate down 8-5/8"x4-1/2" o	casing annulus with fresh water.
2. Mix and displace 175 sx 50:50 Pozmix cement H down 8-5/8"x4-1/2" casing annulus.	- 2% bentonite + 10#/sk gilsonite
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
H. E. Thomas TITLE District Brlg.	Mor pate
(This space for Federal or State offi	
APPROVED BYTITLE	DATE APPROVED
CONDITIONS OF APPROVA IF ANY.	AUG 2 4 1987