5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	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	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 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	New Mexico Federal 'N' 9. WELL NO.
2. NAME OF OPERATOR	5F
Sun Exploration and Production Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P.O. Box 5940 T.A. Denver, Colorado 80217	Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 7 T30N-R12W
AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH San Juan New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 5923' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT SHOOT OR ACIDIZE TEST WATER SHUT-OFF RECE	IVED
	NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE CHANGE ZONES ABANDON* BURGAU OF LAND FARMINGTON RES	MARAGEMERY () () () () () () () () () () () () ()
(other) Install Cathodic Protection Anode Bed X	
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dir measured and true vertical depths for all markers and zones pertinent Move in water well type drilling rig onto e at least fifty feet from existing gas well. 	ectionally drilled, give subsurface locations and to this work.)* xisting well location
2. Drill and undeream hole of approximately tw	elve inch diameter to a
maximum depth of 250 feet. 3. Lower seven inch diameter pipe into hole an	d fill with anode material.
Fill in hole on outside of pipe.	
 Rig down move out. Install rectifier. Connect to gas well and 	the anode bed
J. Install lestiller. Connect to gub well and	
	•
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
SIGNED WA MY SIGNED TITLE Sr. Acct. AS	sist _{DATE} 11/21/38
(This space for Federal or State offic	
APPROVED BY TITLE	DATE DATE
CONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR REGORD
*See Instructions on Reverse Si	DEC 1.2 1983



FARMHAGIUN KESUUNUE AREA