

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0133
Expires August 31, 1985

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SUBMIT IN TRIP
Other (Indicate
verse side)

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 "APPLICATION FOR PERMIT--" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Sun Exploration & Production Co.

3. ADDRESS OF OPERATOR
P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit Letter B, 330 FNL & 2030 FEL

5. LEASE DESIGNATION AND SERIAL NO.
LC-063645

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalero Ridge Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Spring Mescalero Escarpe Bone

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T-18-S, R-33-E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4092' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

5/14/87 MIRU DA&S ws/unable to pull rods & pump due to pariffin in tbg/

5/15/87 Pumped 5 bbls hot oil down tbg. steamed C/N

5/16/87 RIH w/PFT on 2-7/8 tbg to 8753. BJ pumped 80 bbls 2% KCL wtr while round tripping across perms in circ mode, BJ pump 3000 gal 20% NEFE while round tripping perms in injection mode pmpg 1.8 BPM CP 70 overflush down tbg & csg w/2% KCL ISIP vac.

5/17/87 FIH w/2-7/8 tbg & pmpg set up TS 8837 SN 8801 TAC 8645 (Guiber 12/35) ND BOP NU WH / RIH w/2½x1½x24 pump on 86 rod string space out hang on rig rel 1:30 pm 5/16/87 start pmpg 1:30 pm 1½x168x10

5/23/87 24 hrs P 244 B0 0 Blaw 376 MCF

ACCEPTED FOR RECORD

JUN 4 1987

SJS
CARLSBAD, NEW MEXICO

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

SIGNED Alma Franco TITLE Associate Accountant DATE 6/1/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side