

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
SUBMIT IN TRIPLIC.
Draw other instructions on
this side NM 88210
Artesia, NM

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a recent 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
660' FWL & 660' FNL of Section, Unit Ltr. "D"

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3624 GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 022584

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Chaves "A" Federal

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Undesignated ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T-7-S, R-26-E

12. COUNTY OR PARISH
Chaves

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <i>Spud & Log - Change operator name</i>	

(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.)*

SPUD 4-24-82

4-25-82, R&C 7 Jts 13-3/8 CS CMTD w/ 320-C Circ 52 sx cmt.

4-28-82, R&C 42 Jts 8-5/8CS 1602 CMTD w/ 600 Howco Light Followed by 250-C Circ 200sx CMT

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

SIGNED *DeAnn Lamb*

TITLE Acctg Assist II

DATE May 10, 1982

(This space for Federal or State office use)

APPROVED BY *GR* 1982
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side