

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 062178

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Disposal	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR SUN OIL COMPANY	8. FARM OR LEASE NAME. New Mexico "F" Federal
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79701	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit "H", 1980' FSL, 660' FEL	10. FIELD AND POOL, OR WILDCAT Milnesand Penn
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-8-S, R-34-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4238 GR	12. COUNTY OR PARISH 13. STATE Roosevelt 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 checked="" 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 type="checkbox"/>	

(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.)*

- 1) RU casing pullers.
- 2) Pull tubing up 10' out of Baker Model "D" pkr. @ 9120'.
- 3) Spot 30' sx. cmt on top of pkr. POOH.
- 4) Shoot 5-1/2" OD casing off 50' above cmt at 7880'.
- 5) Run tubing to 50' inside 5-1/2" casing stub and fill hole with mud (brine or produced wtr. with 25 sx. of gel per 100 barrels of wtr.)
- 6) Spot 35 sx. cmt. 50' in and out of the 5-1/2" casing stub.
- 7) Pull tubing to 7568'. Spot 35 sx. cmt at the top of the Abo zone.
- 8) Pull tubing to 5277', spot 35 sx. cmt at the top of the Glorietta zone.
- 9) Pull tubing to 4836', spot 35 sx. cmt. 50' in and out of the 9-5/8" casing shoe.
- 10) Stretch 9-5/8" casing. Shoot off 50' above cmt. at 1310'. Pull casing
- 11) Run tubing to 50' inside 9-5/8" casing stub and spot 70 sx. cmt. in and out of 9-5/8" stub.
- 12) Pull tubing to 384'. Spot 140 sx. 50' in and out of 13-5/8" casing shoe.
- 13) Spot 10 sx. cmt. at surface. Set steel marker with welded name and location. Fill all pits. Remove all junk and level location.

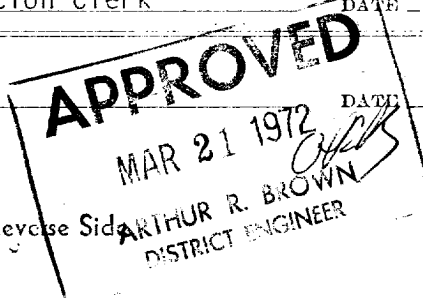
18. I hereby certify that the foregoing is true and correct

SIGNED Chas. Gray Charles Gray TITLE Proration ClerkDATE 3-20-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side