

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on re-verse side)

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 different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 11140	
2. NAME OF OPERATOR Sun Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1861, Midland, Tx. 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FWL and 660' FSL, Sec. 34, T-8-SmR-34-E, Unit N		8. FARM OR LEASE NAME Blockson- Federal	
14. PERMIT NO. Blanket		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4258.7'		10. FIELD AND POOL, OR WILDCAT Vada ( San Andres)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T-8- , R-34-E	
		12. COUNTY OR PARISH Roosevelt	13. STATE New Mexico

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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

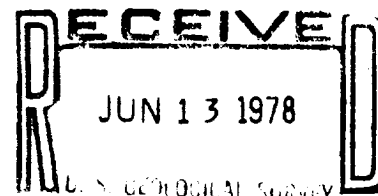
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Blockson #1

Workover Procedure

3-15-78

1. MIRU casing pullers.
2. Spot 60 sx Class "H" cmt. 4600'-4060'. WOC. Lower tbg and tag cmt. top.
3. Load hole w/9.5 # gal. mud laden fluid. POH.
4. Freepoint 5 1/2 csg. ( Est. 3500'). Shoot & Pull.
5. RIH w/2-7/8" tbg. Spot 30 sx Class "H" inside and out of 5 1/2" csg. stub.
6. Spot 35 sx. Class "H" 2370' - 2250'. POH.
7. Freepoint 8-5/8 csg. (EST 800'), shoot & pull.
8. RIH w/tbg. Spot 50 sx Class "H" inside and out of 8-5/8" csg. stub.
9. Spot 60 sx 470'-370'.
10. Spot 25' cmt. plug at surface.
11. Cut off wellhead, weld on steel plate and reset Marker. Clean up lease.



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

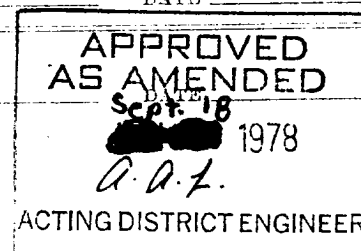
SIGNED [Signature] TITLE Budget Analyst

DATE 6-12-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side