

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM 025497

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 ☒ 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

F, 1980' FNL & 1980' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jennings Federal Comtg.

9. WELL NO.

10. FIELD AND POOL OR WILDCAT

Lusk Bone Spring East

11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA

15, T-19-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE
New Mexico

14. PERMIT NO.

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

3633' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☒
(Other) ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)

4-4-89 MIRU

4-5-89

4-6-89 Round trip PFT thru perfs 9874-9890' in circ mode while pumping 75 bbls 2% KCL wtr at 2 BPM, spot 1500 gls 15% NEFEHCL acid to tool. Round trip tool thru perfs in injection mode pumping acid at 2 BPM, TP 190#. Flush w/ 75 bbls 2% KCL wtr, well on vacuum during job.

4-7-89 Set 2-7/8" tbg at 9935'. RIH w/2-1/2" X 1-1/2" X 24' pump.

4-8-89 thru 4-24-89 testing well.

4-25-89 24 hrs pumped 53 BO, 10 BLW, 95 MCF.

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

SIGNED Marcus J. Rose

TITLE Accountant

DATE 4-26-89

(This space for Federal or State office use)

APPROVED: 103

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

MAY 8 1989

*See Instructions on Reverse Side

335
CARLSBAD, NEW MEXICO