

Form 9-331 Dec. 1973

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Convert

4

MAY 9 1983 UNITED STATES

DEPARTMENT OF THE INTERIOR GAS **GEOLOGICAL SURVEY**

SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

(Do not use this form for proposals to drill or to deer

rese	rvoir. Use Form 9–331–C for such proposals.)
1.	oil
2.	NAME OF OPERATOR
3.	Sun Exploration and Production Co. ADDRESS OF OPERATOR
	P.O. Bob 1861
4.	LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit Ltr. 'N' 660 FSL, and 1980' FWL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 3100'
16.	CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
REQ	QUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

N.-M. OIL CONS. COMMISSION **BOX 1980**

Form Approved.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

<u>Jennings B Federal</u>

Northeast Lusk Yates 11. SEC., T., R., M., OR BLK. AND SURVEY OR

5 **5** 8

Set. 15, T-19-S, R- E-E

15. ELEVATIONS (SHOW DF, KDB; AND WD)

12. COUNTY OR PARISH 13. STATE

5. LEASE

9. WELL NO.

AREA

Lea 14. API NO.

NMO25497

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

10. FIELD OR WILDCAT NAME

Budget Bureau No. 42-R1424

3 3 5

. . .

New Mexico

- 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 *Obtain injection rate and press w/pump truck before MIRU.
 - MIRU PU. 1. Install BOP. Tag btm and POH w/2-3/8" tbg and RDG pkr.
 - 2. If fill was tagged, CO hole to PBTD - 3074 and circ hole w/prod. wtr.
 - RIH w/ $5\frac{1}{2}$ " (13-15.5#) Watson Cherokee pkr (nickel coated), on 2-3/8", 4.7#, 3. J-55 cmt lined tbg (Flurolined), (Run sinker bar after 10-15 jts) to 2950.
 - Circ annulus w/9# brine containing 10 gals KW-79 per 100 bbls. Set pkr at 2950'+.
- Hook up surface equipment, wellhead, inj. line and pump. Begin water 5. injection. Subsurface Safety Valve: Manu. and Type ___

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

SIGNED __ TITLE Accounting Asst. ATE

(Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use) APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE

MAY 26 1983 APPROVAL BY STATE

TITLE

DATE

MAY 27 1983
HOBBS OFFICE

•

.