

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other Dry

2. NAME OF OPERATOR
Sun Exploration and Production Company

3. ADDRESS OF OPERATOR
P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. L,
AT TOP PROD. INTERVAL: 2310' FSL & 660' FWL
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

NM-0245247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McElvain Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undes. West La Rica Morrow Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T-18-S, R-34-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3938.5 GR

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

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.)*

12-6-81

Plug 1	13650-13500	125 Sxs	Class H
Plug 2	13440-13340	35 Sxs	Class H
Plug 3	13251-13151	35 Sxs	Class H
Plug 4	12940-12840	35 Sxs	Class H
Plug 5	12350-12250	35 Sxs	Class H
Plug 6	11890-11790	35 Sxs	Class H
Plug 7	10260-10160	35 Sxs	Class H
Plug 8	9690-9590	35 Sxs	Class H
Plug 9	7690-7590	35 Sxs	Class H
Plug 10	5250-5150	35 Sxs	Class H
Plug 11	425-325	35 Sxs	Class H
Plug 12	Surface	25 Sxs	Class H

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

D. H. Kemp

TITLE

Associate Accountant

7-16-86

(This space for Federal or State office use)

APPROVED BY

Chris S. ...

TITLE

DATE

7-17-86

CONDITIONS OF APPROVAL, IF ANY: