Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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 well ☐ gas well ☐ other Dry Hole

2. NAME OF OPERATOR
Sun Exploration & Production Co.

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Unit Ltr. "B"

5. LEASE
NM 12412

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sloan Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
East Lusk (Wolfcamp)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-19-S, R-32-E

12. COUNTY OR PARISH 13. STATE
Lea | New Mexico

14. API NO.

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

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

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other)		

(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.)*

10-28-82: R&C 267 jts 5½" 17#, 15.50#, LT&C CS11,000
          Howco cmt w/ 450 sxs class H, 50-50 poz 18% salt, 4% CFR-2
          Top of cmt at 9050.

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

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

SIGNED _____ TITLE Sr. Acctg. Assist DATE 5/29/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

JUN 4 1984

Carlsbad NEW MEXICO   *See Instructions on Reverse Side