

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 ☐  
well well other

2. NAME OF OPERATOR

Sun Exploration & 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. B

AT TOP PROD. INTERVAL: 990' FNL & 1980' FEL

AT TOTAL DEPTH:

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)

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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

Lea

13. STATE

NM

14. API NO.

30-025-28373

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

(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.)\*

\*NOTE: NOTIFY MINERALS MANAGEMENT, HOBBS, NM. PRIOR TO P&A.  
RECEIVED VERBAL APPROVAL 04-02-84 FROM PETER CHESTER, MINERALS MANAGEMENT, SANTA FE, NM.

1. MIRU. INSTALL BOP. LOAD HOLE W/9.5 PPG MUD LADEN FLUID.
2. SPOT 200' CLASS "H" CMT PLUG FROM 10,750-10,550, PU TBG, WOC OVERNIGHT, TAG TOP OF PLUG, POH.
3. RU CSG JACKS LOCATE FREE POINT OF 5-1/2 CSG (TOC-9050) CUT OFF CSG AT APPROX. 8900±. POH & LD 5-1/2 CSG.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED De Ann Kemp TITLE Sr. Acctg. Asst. DATE April 11, 1984

(This space for Federal or State office use)

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

**APPROVED**

MAY 3 '84  
P. B. Ritchie  
ACTING DISTRICT ENGINEER

RECEIVED

MAY 4 1984

O.C.D.  
HOBBS OFFICE