

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 ☒ gas ☐ other ☐
well well

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: Unit Letter B
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

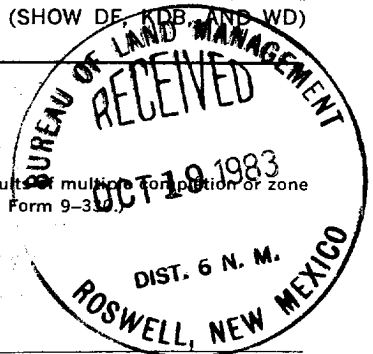
13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DE, ADB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-331-C.)



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.)*

Spud 9/17/83

R & C 11 Jts 13-3/8 CS 450, Howco Cmt w/ 400 Sxs "C" w/ 2% Cacl, 1/4# Flocele, FP 300-600, Plug OK Circ 100 Sxs

9/25/83

R & C 99 Jts 8-5/8 Csg. Cs 4107, FC 4063, DV 731, Hal Cmtd 1st Stage w/ 1665 Sxs Howco Lite w/ 18% Salt, & 1/4# Flocele, Tail w/ 500 Sxs "C" w/ 2% Cacl, FP 1500-2000, Circ 3 hrs thru DV tool, Circ 91 Sxs Cmt. Cmtd 2nd stage w/ 200 Sxs Howco Lite Tail w/ 200 Sxs "C" w/ 2% Cacl, FP 400-1300 Circ 175 Sxs cmt.

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

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

SIGNED DeAnn Kemp TITLE Sr. Acct. Asst. DATE 10/17/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

OCT 27 1983