

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 ☐

2. NAME OF OPERATOR

Sun Exploration & Production Company

3. ADDRESS OF OPERATOR

P.O. Box 1861, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit Ltr. I

AT TOP PROD. INTERVAL: 2230' FSL & 660 FEL

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

NMO 25497

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jennings "A" Federal

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

E. Lusk (Wolfcamp)

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

Sec. 15, T-19-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

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.)

SPUD 11-6-83

P&C 11 ITS 13-3/8 CS 450 HOWCO CMT W/400 SXS CLASS "C" & 2" Csc/2 & 1/4#
SL FLOCELE CIRC 193 SXS WOC 24 HRS. TEST CCG 1000 PSI

11-17-83 - CS 4400 FC 4357 HOWCO CMT W/2400 SXS HOWCO LITE W/18% SALT & 1/4#
FLOCELE CIRC 193 SXS WOC 24 HRS. TEST CCG 1000 PSI

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. Acct. Asst.

DATE

2-23-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY, TITLE

PETER W. CHISTER

DATE

MAR 29 1984

RECEIVED

APR 5 1984

O.C.D.
HOBBS OFFICE