

N. M. OIL CONS. COMMISSION

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

P.O. BOX 1000

HOBBS, NEW MEXICO 88240

RECEIVED

LEASE

NMO 25497

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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)

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:

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.)\*

SPUD 11-6-83

LOG 11 ITS 12-3/2 CS 450, HOWCO CMT W/400 SXS CLASS "C" & 2" CSC/2 & 1/4#  
CL FLOCELE CIRC 193 SXS WOC 12 HRS. TEST CSC 1000 PSI

11-17-83 - CS 4400 FC 1357 HOWCO CMT W/2400 SXS HOWCO LITE W/18% SALT & 1/4#  
FLOCELE CIRC 193 SXS WOC 24 HRS. TEST CSC 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

**PETER W. CHESTER**

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 29 1984

**RECEIVED**

**APR 5 1984**

**O.C.D.  
HOBBS OFFICE**