

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIPLICATE (Instruction on reverse side)  
RECEIVED

Form approved.  
Budget: Bureau No. 1004-0115  
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-063645
2. NAME OF OPERATOR Sun Exploration & Production Co.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1861, Midland, Texas 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter B, 330' FNL & 2030' FEL	8. FARM OR LEASE NAME Mescalero Ridge Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4092' GR	10. FIELD AND POOL, OR WILDCAT Mescalero Escarpe Bone Spring
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-18-S, R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Acidz w/PFT

8/2/88 MIRU XPERT WS/ POH W/RODS & PUMP/NU BOP/ POH W/2-7/8 TBG & PMPG SET W/ STEAM TOP 500' TBG

8/3/88 RIH W/BJ PFT ON 2-7/8 TBG ROUND TRIP THRU BONE SPRING PERFS 8714-8773 IN CIRC MODE PMPG 70 BBLS 2% KCL/ ROUND TRIP THRU PERFS 8714-8773 IN INJECTION MODE WHILE PMPG 3000 GAL 20% NEFE CP 60# AIR 1.7 BPM ISIP VAC FLUSH CSG W/ 140 BBLS 2% KCL FLUSH TBG W/50 BBLS 2% KCL

8/4/88 RIH 2-7/8 TBG & PMPG SETUP TS 8837 SN 8800 TAC 8641 NP BOP NU WH/RIH W/ 2-1/2x1-1/2x20 pump on 86 ROD STRING SPACE OUT HANG ON

8/5/88 PWOW

8/6/88 194 B0

8/7/88 223 B0

8/8/88 24 P 208 B0 1 BLW 330 MCF 8x168x1-1/2 71 BLAW NFL

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

SIGNED

TITLE

Associate Accountant

DATE

8/15/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS

1F6/3328 - (1)