

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 ☒ well ☐ gas well ☐ other ☐
2. NAME OF OPERATOR  
Sun Exploration & Production Co.
3. ADDRESS OF OPERATOR  
P.O. Box 1861, Midland, Texas 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330' FNL & 2030' FEL of Sec  
AT TOP PROD. INTERVAL: 13-18S-33E  
AT TOTAL DEPTH: Unit Letter B
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- |                      |                          |                          |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF  | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT       | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE     | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL          | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*             | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) To show setting of casing

5. LEASE  
LC-063645
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Mescalero Ridge Federal
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
Mescalero Escarpe Bone Spring
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 13-18S-31E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4092' GR

(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.)\*

5/31/85 Spud  
6/1/85 MIRU Sierra #2/Ran & cmt 9 jts 13-3/8 csg CS 360, IF 316/Circ to cmt/Howco cmt w/375 sks Cl C + 2% CaCl<sub>2</sub>/FP 250-500#, J.C. 5 am/Circ 130 sks cmt to surf/.  
6/2/85 360/NU BOP, RB/.  
6/9/85 3300/TIH w/DCS/Anhy/Lm/O/FOH, LD 8" DCS, Ran & cmt 83 jts 8-5/8 csg, CS 3300, FC 3254 Howco cmt w/1000 sks Howco Lite + 10% Salt + 1/4#/sks Flocele, Tail in W/300 sks Cl C neat cmt, FP 1450# Circ 530 sks cmt to surf, JC 12:30 pm, WOC 8 hrs, set slips, cut off 8-5/8 csg, NU wellhead & BOPS, Test csg to 2100#/.

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

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

SIGNED Velma Reyes TITLE Sr. Accting Asst. DATE 6/12/85

(This space for Federal or State office use)

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