Form 9-330
(Rev. 5-63)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE (See other instructions on reverse side)

Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.: NM-12277

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other Dry Hole

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: Pennzoil "A" Federal

2. NAME OF OPERATOR: Sun Exploration & Production Co.

9. WELL NO.: 1

3. ADDRESS OF OPERATOR: P.O. Box 1861, Midland, Texas 79702

10. FIELD AND POOL, OR WILDCAT: (EK EAST Undesignated Bone Spring

4. LOCATION OF WELL (*Report location clearly and in accordance with any State requirements*)*
At surface: 1980' FSL & 660' FEL of Sec. 29-18S-34E
At top prod. interval reported below: Unit Letter I
At total depth:

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 29-18S-34E

14. PERMIT NO.	DATE ISSUED	12. COUNTY OR PARISH	13. STATE
NA	5/17/85	Lea	NM

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (*Ready to prod.*)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
7/31/85	8/26/85	8/27/85	3970 GR	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
10,200	10,200		→	X	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Dry Hole

25. WAS DIRECTIONAL SURVEY MADE: 1

26. TYPE ELECTRIC AND OTHER LOGS RUN: CN/LD/Caliper, GR/CCL

27. WAS WELL CORED: No

28. CASING RECORD (*Report all strings set in well*)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13-3/8	48#	351	17-½	375 sks CL C	
8-5/8	24 & 32#	3700	12-¼	1450 sks Howco Lite & CL C	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (*Interval, size and number*)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
No acid jobs	

33.* No test - Dry Hole — PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (*Flowing, gas lift, pumping—size and type of pump*)	WELL STATUS (*Producing or shut-in*)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD →	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE →	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

SEP 1 1985

34. DISPOSITION OF GAS (*Sold, used for fuel, vented, etc.*)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS
C103, Inclination Report

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Linda Keyes TITLE Sr. Accounting Asst. DATE 9/9/85

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: *"Sacks Cement":* Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
1st Bone Spring	9060	9570	SS,CLR,SM,GY,LT GY, TRANSL-TRNSP, VF-FGR, PRED CON, SIL CMT, SM TR SL CALC IP M/SRT, SUB-ANG-SUB-RDD,SI ARG IP,SL FRIABLE IP, SM TR DL YL FLOU, NO CUT, WET OR DRY,NO VIS STAIN DST 2 - PACKER FAILURE DST 3 - 9045-9108 BONE SPRING/LYNES, NO WC, BHC 1", SC 1/4", 30 MIN IF, 60 MIN FF, 120 MIN FSI, IF OPEN W/SLIGHT BLOW INCRSD TO 14-½ OZ IN 30 MIN, ISI BLOW DIED IN 30 MIN, FF OPEN W/SLIGHT BLOW INCRSD TO 13 OX IN 60 MIN, FSI BLOW DIED IN 30 MIN, NO GAS, REL PKRS, PULL 2 STDS, DROP BAR, REV OUT 2 BM 38 BW NO OIL NO GAS, SAMPLE CHAMBER HAD OPENED WHILE WORKING PKRS LOOSE, CHAMBER WAS FLUSHED W/MUD, SAMPLER PRESS 10#, CL2ON WTR, 8000 PPM, BHT 162 F, IHP 4512#,IF 275 TO 552, ISI 3084#, FF 560 TO 1043, FSI 3002# FHP 4512#, TOH/LD DST TOOLS REC ORDERS TO P&A. TIH W/DCS,LD DCS, TIH W/DP OE TO 9650, SPOT 45 SXS CLASS "H" CMT PLUG FROM 9650 TO 9500, SPOT A 45 SKS CLASS "H" CMT PLUG FROM

38. GEOLOGIC MARKERS

NAME	TOP MEAS. DEPTH	TOP TRUE VERT. DEPTH
Rustler	1780	Same
Salado	1900	"
Tansil	3253	
Yates	3363	
7-River	3828	
Queen	4564	
Grayburg	5485	
San Andres	5903	
Delaware Mt GP	6750	
Bone Spring	7850	
1st Bone Spring	9060	
2nd Bone Spring	9573	

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