

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 & 330' FWL
AT TOP PROD. INTERVAL: Unit Letter D
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 <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) <u>Acidized w/PFT</u> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

5. LEASE
LC-065394-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalero Ridge "C" 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. 18, T-18-S, R-34-E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.
30-025-29305

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4090' 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.)*

9/16/86 Rec: Acdz w/ PFT, MIRU XPERT WS/POH w/pump & rods / NU BOP/ RIse TAC
POH w/10 stds finding large amounts pariffin reran tbg/RIH w/2-7/8
pariffin knife on rods to 4000'

9/17/86 POH w/2-7/8 tbg w/pmpg setup/ RIH w/PFT on 2-7/8 tbg to 8772. Round
trip tool thru perfs 8772-8890 while pmpg 2% KCL in circ made/raise
tool to 8772 BJ spot 3000 20% NEFE to tool round trip thru perfs
8772-8890 while in injection made max csg press 800# 2 BPM POH
w/PFT & 2-7/8 tbg / RIH w/5-1/2 RDG on 2-7/8 tbg set PKR 8612.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Maria L. Perez TITLE Associate Accountant DATE 10/8/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
OCT 16 1986
SABAD, NEW MEXICO