

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 of
AT TOP PROD. INTERVAL: Sec. 18-18S-34E
AT TOTAL DEPTH: Unit Letter D

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) Commence drilling operations	

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.)*

9-20-85 Spud 9:30 P.M. 9-20-85. MIRU Sierra #1

9-21-85 Drlg cmt/RB/100/Fin drlg to 365, POH, ran & cmt 9 jts 13-3/8 csg, CS 365, IF 328, Howco cmt w/375 sxs Class C + 2% CaCl₂, FP 200-400#, Circ 135 sxs cmt to surf, JC 1:00 P.M., WOC, cut off csg, weld on Bradenhead, NU BOPS, test csg, wellhead & BOP to 1250#

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 Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18 - 18S - 34E
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.)

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

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

SIGNED [Signature] TITLE Sr. Acctng. Asst. DATE 9-24-85

(This space for Federal or State office use)

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

OCT 1 1985

*See Instructions on Reverse Side

7/21/85 NEW MEXICO

RECEIVED

OCT - 3 1985

O.C.D.
HOBBS OFFICE