

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 Expl. & Prod. 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: 330FNL+ 1980 FWL
AT TOP PROD. INTERVAL:
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 checked="" 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) Squeeze perfs and re-perf and acidize		

5. LEASE
NM 04591

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mescalero Ridge "B" 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 13-18-S, 33-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3996 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.)*

Subject well has produced +300 BWPd since completion in Sept. 1985. High water production is very uncharacteristic of Bone Spring Reservoirs. Communication by channeling or vertical fractures to below the O/W contact was deemed the cause. However, remedial work was considered unadvisable until production reached a marginal status. On 6-10-86 a pump-in tracer survey was conducted during a well service to replace a worn pump. The survey confirms a channel adjacent to the well bore extending down to 12' below the O/W contact. It is recommended to sqz the current perfs to eliminate the channel then re-perf the top 16' of pay. Stimulation will consist of 1500 gal 20% NEFE HCL & utilize the B. J. - Titan 'PFT' tool to achieve lower treating pressures.

(SEE PROCEDURE ATTACHED)

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

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

SIGNED Maria L. Perez TITLE Sr. Acctng. Asst DATE 7-14-86
A/C 915-688-0375

(This space for Federal or State office use)

APPROVED BY Scott Adams TITLE Asst. Dir. DATE 7-22-86
CONDITIONS OF APPROVAL, IF ANY: