

M. L. CHASE, SUPERVISOR
P. O. BOX 1861
MIDLAND, TEXAS 79702

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 Company

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
330 FNL & 900' FWL
AT SURFACE:
AT TOP PROD. INTERVAL: Unit Ltr. D
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Casing Data

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

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.

2

10. FIELD OR WILDCAT NAME

Mescalero Escarpe Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 13 T-18-S, R-33-E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4001.7' 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.)*

Spud 1/17/86

Ran & cmt 10 jts 13-3/8" 48# csg. CS 371 Howco cmt.
w/375 sks "C" + 2% CaCl₂ circ. 75 sks to surf.

1-22-86

Ran & Cmt. 82 Jts 8 5/8" Csg. CS 3300, FC 3255, Howco Cmt. W/1150 Sx Lite + 10% Salt, + 1/4#/Sk Flocele, Tail in w/300 Sx Class "C" Neat, Circ. 6 Sx to surf, Set slips, Cut-off 8 5/8" Csg.

Stk
JAN 30 1986

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

18. I hereby certify that the foregoing is true and correct. CARLSBAD, NEW MEXICO

SIGNED *Des H...* TITLE Associate Acct. DATE 1/27/86

(This space for Federal or State office use)

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

RECEIVED

FEB - 8 1986

F.B.I.
HONOLULU OFFICE