

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-1
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Sun Exploration & Production Company	8. FARM OR LEASE NAME Mescalero Ridge Federal
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface A, 430' FNL & 900 FEL	10. FIELD AND POOL OR WILDCAT Mescalero Ridge Bone Spring
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4050.4' GR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13, T-18-S, R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

2-19-88 POH W/2-7/8 TBG & PMPG SETUP STEAM FOR PARAFFIN

2-20-88 RIH W/PFT ON 2-7/8 TBG TO 8730 NU STRIPPERHEAD / TEST TOOLS LOWER TO 8744 ROUND TRIP PFT THRU BONE SPRING PERFS 8744-66 WHILE PUMPING 3150 GAL 2% NEKCL IN CIRC MODE DID NOT GAIN CIRC CONT TO ROUND TRIP TOOL THRU PERFS WHILE PMPG 5000 GAL 20% NEFE W/NO CIRC CP O THRUOUT FLUSH W/2% NEFE AIR 1.8 BPM VC 1:30pm POH W/PFT RIH W/2-7/8 TBG & PUMP SETUP TS 9036 SN 8998 TAC 8547 PREP POP

2-21-88 RIH 2½x1½x24 PUMP ON 86 RD STRING SPACE OUT HANG RIG REL @ 1:00pm 2-20-88 LOAD TBG W/35 BBLs HOT OIL STARTED WELL PMPG @ 1:00pm WILL REPORT TEST 1 DAY LATE

2-22-88/2-24-88 WELL PUMPING

2-25-88 24 P 50 B0, 0 BW, 112 MCF 1½x130x7 FLOS - FINAL REPORT

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

SIGNED Alva Inanco

TITLE Accounting Associate

DATE 3-5-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS

RECEIVED
JAN 22 1988
FBI - NEW YORK