

U.S. GEOLOGICAL SURVEY  
P.O. BOX 1861  
MIDLAND, TEXAS 79702-1861  
85240

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 ☒ gas ☐ other ☐  
well well
2. NAME OF OPERATOR  
Sun Exploration & Production Co.
3. ADDRESS OF OPERATOR  
P.O. Box 1861, Midland, Texas 79702-1861
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: Unit Ltr. A  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 430' FNL & 900' FEL
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) casing data  |                          |                          |

5. LEASE  
LC-063645
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Mescalero Ridge Federal
9. WELL NO.  
3
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  
Lea
13. STATE  
NM
14. API NO.  
30-025-29471
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)\*

1-7-86 Ran cmt 217 jts 5-1/2" csq 15.5# & 17# CS 9200' Western cmt

1st stage w/500 Class C 50-50 poz A + 2% Gel + 0.3% CF-14 Float held drop bomb open stage collar cir. 4 hrs. circ 63 sxs off stage collar. 2nd stage w/400 sxs Pacesetter Lite + 10% salt followed by 450 sxs Class C 4% gel + 10% salt tail in w/50 sxs Class C neat Ran Temp. Sur. TOC 800'

RECEIVED FOR RECORD

*SW*  
JAN 23 1986

CARLSBAD, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *De Ann Kemp* TITLE Associate Accountant DATE 1-24-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB - 3 1986

U.S. AIR FORCE