

UNITED STATES OF AMERICA
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.)
AT SURFACE: 330' FNL & 2000' FEL
AT TOP PROD. INTERVAL: Unit Ltr. B
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

AM-04591

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mescalero Ridge "D" 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. 14, T-18-S R-33-E

12. COUNTY OR PARISH 13. STATE
Lea NM

14. API NO.

30-025-29508

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.)*

1/16/86 Ran & cmt 215 jts 5-1/2" csg CS 9150, FC 9105 stage collar 7026, precede cmt. w/500 gals mud flush Western cmt 1st stage w/475 sks Class "C" 50/50 Poz A + 2% gel + .3% CF-14 open stage collar, circ 4 hrs. Circ 96 sxs cmt off stage collar. Western cmt 2nd stage w/450 sks Pacesetter Lite + 10% salt followed by 415 sks Class C + 4% Gel + 10% salt close stage collar. Ran temp sur. TOC 1250

ACCEPTED FOR RECORD

SwD
JAN 30 1986

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 Account DATE 1/27/86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

RECEIVED

FEB - 3 1986

C.C.D.
HOBBS OFFICE