

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 and Production 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: 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

NM-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

Lea

13. STATE

NM

14. API NO.

30-e25-29508

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.)*

Spud 12-10-85

12-10-85 R & C 9 Jts. 13 3/8" Csg. CS 354 Western Cmt. W/375 Sxs "C" +2% Cac12
Circ. 134 Sxs to Surf.

12-18-85 R & C 81 Jts. 8 5/8" Csg. CS 3300 FC 3258, Western Cmt. W/950 Sxs
Pacesetter Lit + 10% Salt + 1/4# 1 SK Celloseal, Tail in w/300 Sxs

"C" Neat Circ. 234 Sxs Cmt. Cut off Tested Csg & Blind Ranms to 2100 OK

ACCEPTED FOR RECORD

Handwritten signature

JAN 7 1986

CARISBAD, NEW MEXICO

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

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

SIGNED

Handwritten signature

TITLE

Associate Accountant

DATE 1-6-86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____