

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 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: 920' FNL & 1980' FWL, Sec. 21-19S-33E
AT TOP PROD. INTERVAL: Unit Ltr. "C"
AT TOTAL DEPTH:
-
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 checked="" 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) | | |

- | | |
|---|-------------------------|
| 5. LEASE <i>N 11 53492</i> | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME | |
| 9. WELL NO.
1 | |
| 10. FIELD OR WILDCAT NAME
Wildcat | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T-19S, R-33E | |
| 12. COUNTY OR PARISH
Lea | 13. STATE
New Mexico |
| 14. API NO. | |
| 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.)*
- 3-2-85 Ran 118 jts 8-5/8 csg, CS 5205, Howco cmt 1st stg w/450 sxs Howco lite + 10% salt + 1/4# Flocele, Tail in w/250 sxs Class "C", circ 86 sxs, Howco cmt 2nd stg w/2300 sxs Howco lite + 10% salt + 1/4# Flocele, tail in w/50 sxs Class "C", circ 575 sxs cmt to surf.

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

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

SIGNED Elma Kyles TITLE Sr. Accounting Asst DATE 3-6-85

(This space for Federal or State office use)

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

MAR 11 1955

*See Instructions on Reverse Side