

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP.
(Other instructions
verse side)

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Form approved.
Budget Bureau No. 1004-0135
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 32860	
2. NAME OF OPERATOR Sun Exploration & Production Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface B, 660' FNL, 1980' FEL		8. FARM OR LEASE NAME Buffalo Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3729.5' GR		10. FIELD AND POOL, OR WILDCAT Buffalo Bone Spring	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11, T-19-S, R-33-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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 type="checkbox"/>	ABANDONMENT* <input checked="" 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.)*

7-08-88 Wireline Set CIBP @ 9200'.
7-11-88 Circ hole with 9.5 mud. Spot 12 sacks Class C @ 9200' - 9080'.
7-12-88 Cut casing @ 5440', unable to pull. Mix 25 sacks Class C @ 5487-5241'.
Mix 10 sacks Class C @ 3000' - 2902'.
7-13-88 Cut casing # 2500'. Mix 50 sacks C @ 2574' - 2420'.
7-14-88 GIH with tubing, tag plug @ 2400'. Mix 25 sacks Class C @ 1550'-1472'.
POH. Mix 50 sacks Class C @ 570' - 413'. Mix 25 sacks Class C @ 60' - surf.
Install DHM.

RECEIVED
Aug 12 11 21 AM '88
OIL
FIELD

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

SIGNED Maria L. Perez

TITLE Accounting Associate
915-688-0375

DATE 8-11-88

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE [Signature]

DATE 8-16-88

*See Instructions on Reverse Side