

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIP.**  
(Other instructions  
verse side)

TE\*  
re

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.)

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

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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  
 AREA

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

SIGNED <u>Maria L. Perez</u>	TITLE <u>Accounting Associate</u>	DATE <u>8-11-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>8.16.88</u>

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side