

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructor
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM-60789

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 <input type="checkbox"/>	Nov 15 11 38 AM '88	2. NAME OF OPERATOR Sun Exploration & Production Co.	3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, TX 79702	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Ltr. K. 1980' FSL & 1980' FWL	5. LEASE DESIGNATION AND SERIAL NO NM-60789	6. INDIAN, ALLOTTEE OR TRIBE NAME	7. WELL NAME	8. FARM OR LEASE NAME Lea Chapparal Fed. Com.	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Quail Ridge Morrow	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33, T-19-S, R-34-3	12. COUNTY OR PARISH Lea	13. STATE NM
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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"/>		<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"/>		<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.) *

Spud 7-19-88

R&C 13 jts. 13-3/8 csg. (61 & 54.5 K) CS 515 Howco mix & pump 135 sxs C w/2% CaCl₂ & 1/4# Flocele mixer went down, Circ cmt to pit circ 2-1/2 hrs waiting on additional cmt. Howco cmt w/525 sx. Cu/2% CaCl₂ 1/4# Flocele Test BOP & Casing 100# OK.

R&C 124 jts. 9-5/8 csg. (40#) CS 5300 FC 5255 Stage Collar 3304 circ 1/4 hr. Howco cmt 1st stage w/625 sxs Lite w/10% salt 1/4# Flocele followed by 125 sxs C FP 950-1400 Floats held open stage collar w/1000# circ 4 hr. did not circ cmt. Howco cmt 2nd stage w/1800 sxs Lite w/10% salt & 1/4# Flocele followed by 200 sxs C FP 1000-4500 ran temp sur. TOC 25.

R&C 319 jts. 5-1/2 (17 & 20#) CS 13680 Howco cmt w/1000 sxs H, 50/50 poz w/2% gel + 2% KCL + .3% CFR-2 + .5% Halad 22A, Tailed in w/400 sxs Class H 50/50 poz w/2% gel + 2% KCL + .3% CFR-2. + .5% Halad 22A + .6% Gas stop FP 2500-3000# Ran Temp Sur. TOC 8100'

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

SIGNED Debra Kemp

TITLE Accountant

DATE 11-11-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

DEC 6 1988

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO