

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
(Other instruction  
verse side)

ATE\*  
re-

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032591 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Tubb-Drinkard

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 21, T-21S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

1. OIL WELL ☒ GAS WELL ☒ OTHER (Dual)

2. NAME OF OPERATOR

Sun Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1861, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

Ut. Letter -H-, 660' FEL & 1980' FNL

14. PERMIT NO.

-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

DF 3449

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

(Other) Add additional Perfs in Drkd. ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

1. Pull Present Equipment.
2. Clean out hole to TD.
3. Perforate Drinkard Zone @ 6417, 23, 35, 38, 43, 47, 52, 55, 60, 62, 66, 70, 72, 75, 80, 86, 90, & 92.
4. Treat New Perfs w/3,000 gals. 15% NE & frac if necessary.
5. Run Packer to Isolate Drinkard from Tubb Zone.
6. Swab in well.
7. Test and take Packer Leakage test.

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

SIGNED

Charles Gray

TITLE

Protraction Analyst

DATE

12-11-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Jim Linn