

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions
verse side)

E*
50

Form approved.
Budget Bureau No. 42-R112-
5. LEASE DESIGNATION AND SERIAL NO.

LC. 032591 (4)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Sun Oil Company | | 8. FARM OR LEASE NAME Elliott A | |
| 3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79701 | | 9. WELL NO. 4 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface | | 10. FIELD AND POOL, OR WILDCAT Blinebry Oil | |
| 14. PERMIT NO. Blanket | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-21-S, R-37-E | |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3948 DF | | 12. COUNTY OR PARISH Lea | |
| | | 13. STATE NM | |

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 checked="" type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recorecompletion 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 from well.
2. Run cast iron bridge plug to cover perfs 5793-5856.
Set bridge plug at 5775 and cap with 2 sacks cement.
3. Locate casing leak and repair by squeeze cementing.
4. T.A. well.

It is desirable to retain this well bore in a T.A. capacity for potential use as a replacement well or as a Drinkard completion when a probable waterflood unit is formed.

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

SIGNED Charles Gray TITLE Proration Analyst DATE 7-9-75

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Jim Smith