

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR  
Sun Exploration and Production Co.

3. ADDRESS OF OPERATOR  
P.O. Box 1861, Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE:

AT TOP PROD. INTERVAL: Unit Ltr. J, 1650' FSL &

AT TOTAL DEPTH: 2310' FEL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) Chemical Sqz.

SUBSEQUENT REPORT OF:

5. LEASE

NM 0554604

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott A-15

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Paddock

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

Sec. 15, T-22-S, R-37-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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. Miru. Load tbq.

2. Reflush w/30 bbls 2 % KCL wtr down csg.

3. Mix 2 drums tretolite sp-260E, 5 Gals RP-2336 & 20 BBls 2 % KCL wtr.

4. Pump chemical mix down csg.

5. Overflush 150 bbls 2 % KCL water.

6. Shut well in 24 hrs.

7. POP

8. NOTE: Residuals will be checked monthly by Tretolite

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE

Associate Acct.

DATE

6-17-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

7-2-85

CONDITIONS OF APPROVAL, IF ANY: