

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 & 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: Unit Ltr. J, 1650' FSL & 2310' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: |                                     | SUBSEQUENT REPORT OF:    |
|--------------------------|-------------------------------------|--------------------------|
| TEST WATER SHUT-OFF      | <input type="checkbox"/>            | <input type="checkbox"/> |
| FRACTURE TREAT           | <input type="checkbox"/>            | <input type="checkbox"/> |
| SHOOT OR ACIDIZE         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL              | <input type="checkbox"/>            | <input type="checkbox"/> |
| PULL OR ALTER CASING     | <input type="checkbox"/>            | <input type="checkbox"/> |
| MULTIPLE COMPLETE        | <input type="checkbox"/>            | <input type="checkbox"/> |
| CHANGE ZONES             | <input type="checkbox"/>            | <input type="checkbox"/> |
| ABANDON*                 | <input type="checkbox"/>            | <input type="checkbox"/> |
| (other)                  |                                     |                          |

5. LEASE  
NM 0554604
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Elliot 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: 13. STATE  
Lea 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 Tbg.
2. Preflush w/30 bbls 2% KCL Water down casing
3. Mix 2 drums Tretolite SP 260-E, 5 Gals RP 2336 & 20 bbls 2% KCL Water
4. Pump Chemical Mix down casing
5. Overflush 150 bbls 2% KCL Water
6. Shut well in 24 Hours
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 [Signature] TITLE Associate Acct DATE 12-28-84

APPROVED BY [Signature] (This space for Federal or State office use)  
CONDITIONS OF APPROVAL, IF ANY: [Signature] TITLE \_\_\_\_\_ DATE 1-9-85