

## BUREAU OF LAND MANAGEMENT

## 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.)

EXPIRES AUGUST 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 31117

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sun Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Wildcat

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

Sec. 33, T.23S, R.32E

12. COUNTY OR PARISH

Lea

NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

WILSON OPERATING CO., INC.

3. ADDRESS OF OPERATOR

P. O. Drawer 1978 - Roswell, NM 88201

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

660' FSL and 660' FEL

14. PERMIT NO.

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

3,665' GR

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 ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐Spudding (Comm. of Opr.) ☒

(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.)

8/28/87

Moved on rathole digger

Drilled to 40' / 10-3/4" hole

Considering road construction, we plan to move on rotary rig within 20 to 30 days.

RECEIVED

SEP 1 11 02 AM '87

CARLSBAD RESOURCE AREA HEADQUARTERS



ACCEPTED FOR RECORD

SEP 15 1987

SJS

CARLSBAD, NEW MEXICO

RECEIVED  
MAY 12 11 11 PM '93  
DISTRICT

WILSON OPERATING CO., INC.

I hereby certify that the foregoing is true and correct

SIGNED

BY: *[Signature]*

TITLE

President

DATE

8/31/87

This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side