

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIP (Other instructions on reverse side)  
RECEIVED

Form approved  
Budget Bureau No. 1004-001  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-030556-B

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Sun Exploration & Production Co.	8. FARM OR LEASE NAME New Mexico 15 Federal Unit
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter L, 1830' FSL & 990' FWL	10. FIELD AND POOL OR WILDCAT Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15, 23-S, 36-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3395.4' GR	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Amend C-102 Location Plat	XX

(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.)\*

API No. 30-025-30434

To amend Ground Level Elevation on form C-102 Well Location and Acreage Dedication Plat.

See attached Form C-102 dated August 3, 1988

Note Lease Name wording as amended by the BLM in Carlsbad.

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

SIGNED Maria L. Perez

TITLE Accounting Associate

DATE 8-15-88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

SJS

**N. MEXICO OIL/CONSERVATION COMMISSION**  
**WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102  
 Supersedes C-128  
 Effective 1-1-65

All distances must be from the outer boundaries of the Section.

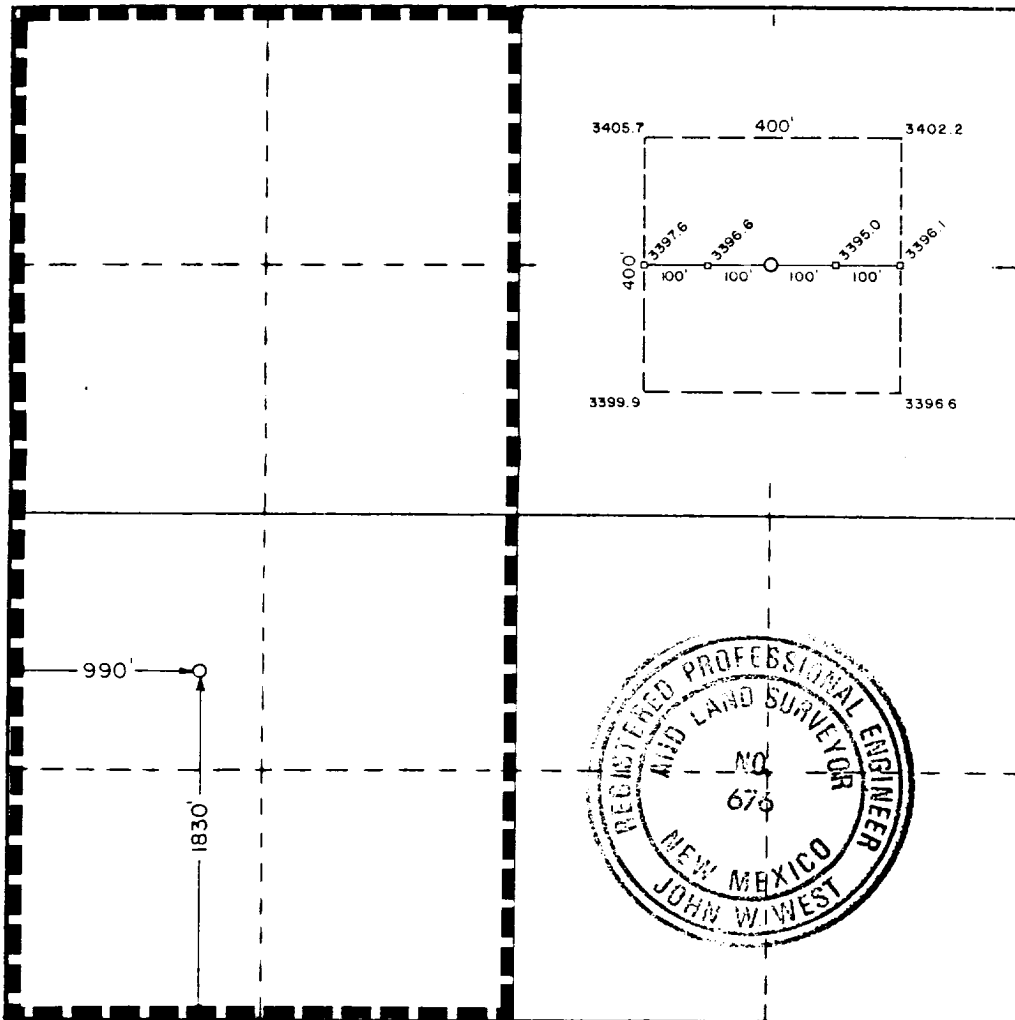
Operator <b>Sun Exploration &amp; Production Co.</b>			Lease <b>New Mexico 15 Federal Unit</b>		Well No. <b>1</b>
Unit Letter <b>L</b>	Section <b>15</b>	Township <b>23 South</b>	Range <b>36 East</b>	County <b>Lea</b>	
Actual Footage Location of Well: <b>1830</b> feet from the <b>south</b> line and <b>990</b> feet from the <b>west</b> line					
Ground Level Elev. <b>3395.4</b>	Producing Formation <b>Ellenburger</b>		Pool <b>Wildcat</b>	Dedicated Acreage: <b>320</b> Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes    ☐ No    If answer is "yes," type of consolidation Communitized

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Maria L. Perez*  
 Name  
**Maria L. Perez**

Position  
**Accounting Associate**

Company  
**Sun Expl. & Prod. Co.**

Date  
**8-15-88**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
**August 3, 1988**

Registered Professional Engineer and/or Land Surveyor

*Ronald J. Eidson*  
 Certificate No. **JOHN W. WEST, 676**  
**RONALD J. EIDSON, 3239**