UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	Budget Bureau No. 42-I			No. 42-R1424			
	5.	LEASE					
		LC 054	<u>665</u>	(b)			
	6.	IF INDIAN, AL	LOTTE	E OR TRI	BE NAME		
-							
	7.	UNIT AGREEN	MENT	NAME			
t							
_	8.	FARM OR LEA		–			
		<u> Annie My</u>	ers	"B"			
	9.	WELL NO.					
		1					
_	10.	FIELD OR WIL	DCAT	NAME			
	Langlie-Mattix						
	11.	SEC., T., R., I	VI., OR	BLK. AN	D SURVEY OF		
•		AREA		04.6	D 26 E		
		Sec 1	3, 1	-24-5,	R-36-E		
	12. COUNTY OR PARISH 13. STATE						
		Lea		New I	Mexico		
_	14.	API NO.					
•							
		E. E. I. T. C	/6116				

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.) gas well other well 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.) Unit Itr. F, 2310' FNL, 1650'FWL AT SURFACE: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3317.4 GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) request permission to keep this well TA'd

- 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.) Well was TA'd 6-7-82.
 - This well is being held for secondary recovery, or as a possible water dis-2.) posal. Preliminary study is now underway.
 - We anticipate returning this well to production on January 1984.
 - This well is properly capped and has no csg leak. 4.)
 - Bradenhead pressure 0#, Casing pressure 0#, tbg pressure 0#.

Subsurface Safety Valve: Manu. and Type				
18. I hereby certify that the foregoing is true and correct				
TITLE Sr. Acctng. Asst. DATE	3-11-83			
This space for Federal or State office use)	-			
TITLE DATE	: <u> </u>			
	and correct TITLE Sr. Acctng. Asst. DATE This space for Federal or State office use)	and correct		