

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 ta'd

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: Unit Ltr. "O"
AT TOP PROD. INTERVAL: 990' FS1 and 1650' FEL
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 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) <u>repair casing leak and test</u>	

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 WO rig, Install BOP.
- 2) RIH w/ RBP on 2 3/8" WS. Set RBP at 100'.
- 3) Load hole w/field wtr.
- 4) Welder repair csg. leak at 18".
- 5) RIH w/ WS and retrieve RBP. POH
- 6) RIH w/ WS and bit. CO hole to 3278. POH w/ WS and bit.
- 7) RIH w. 2 3/8" tbg. and pmp setup. TS 3250
- 8) SN-3220. RIH w/ 1 1/2" pmp. on 66 RS.
- 9) POP at 12 x 54" SPM. Test into test tank.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Du Am TITLE Acct. Asst. II DATE 6-1-83

APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 30 1983

5. LEASE
LC-054668

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Farnsworth 4

9. WELL NO.
13

10. FIELD OR WILDCAT NAME
Langlie Mattix 7 Rvrs. Q. Gryb.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-26-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.)