

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 ☐ gas ☐ other TA'd

2. NAME OF OPERATOR
Sun Exploration & Production Co.

3. ADDRESS OF OPERATOR
P. O. Box 1861, Midland, TX 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr "C"
AT TOP PROD. INTERVAL: 660' FNL & 2310' FWL
AT TOTAL DEPTH: 3221' TD

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 csg. 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.)*

10/20 MIRU

10/21 Dug out cellar to surface flange, install bull plug & ball valve. RIH w/ 7" RBP & 7" Tenson pkr on 43 jts 2-3/8 tbq, set RBP @ 1288, Pull 2 jts tbq dump 2 sxs SD on RBP test RBP to 500 psi ok. Raise set pkr @ 139'. Load annuls & weld patch on bell nipple. Press test annulus to 500 psi ok. Pmp dwn tbq & press csg to 550 psi for 30 min w/ no leak off.

10/22 Press csg to 550 psi ok. POH w/ tbq & pkr. RIH w/ on-off tool on 2-3/8" tbq. Wash sand off RBP, release and POH & LD RBP & WS. Well TA.

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

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

SIGNED Maria J. Perez TITLE Sr. Acctng. Asst. DATE 11/8/83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 8 1984

[Signature]

NEW MEXICO *See Instructions on Reverse Side

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.
9

10. FIELD OR WILDCAT NAME
Langlie Mattix 7 Rvs. Q. Grbg.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-26-S, R-37-E

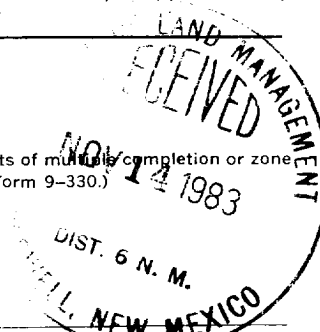
12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3002.2' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



REC-17

MAY 9 1984

O.C.D.
HOBBS OFF