

UNIT STATES **W. M. OIL & GAS COMMISSION**
DEPARTMENT OF THE INTERIOR **HOBBBS, NEW MEXICO 88240**
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 7488

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Sun Exploration & Production Co. - Midland 829445		8. FARM OR LEASE NAME Courtland Myers
3. ADDRESS OF OPERATOR P.O. Box 1861 Midland, Texas 79702		9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 760' FSL & 960' FEL, Unit Ltr "P"		10. FIELD AND POOL, OR WILDCAT (Pro Gas) Jalmat Tansill Yt. 7 Rvrs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-24-S, R-37-E
14. PERMIT NO. Approved April 1, 1982	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3309.5'	12. COUNTY OR PARISH Lea
		13. STATE New Mexico

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Spud 2 pm 7-5-82

7-6-82: R&C 11 Jts 8-5/8 cs 377 CMTP/300-C w/ 2 PCT CACL & 1/4# FCL Circ 30sx.

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

SIGNED [Signature]
(This space for Federal or State Office Use)

TITLE Accounting Assistant II

DATE July 9, 1982

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 1 1982

U.S. GEOLOGICAL SURVEY Instructions on Reverse Side
ROSWELL, NEW MEXICO

RECEIVED
JUL 16 1982

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO