

NMOCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

NM-13419  
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 ☐ GAS WELL ☐ OTHER Subsequent Report of Abandonment

2. NAME OF OPERATOR  
SUNDANCE OIL COMPANY

3. ADDRESS OF OPERATOR  
Suite 510, 1776 Lincoln St., Denver, CO 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FSL and 660' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Paye Federal

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Tom Tom San Andres

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 4, T. 8S., R. 31E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4252' GR

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

FRACTURE TREATMENT

ABANDONMENT\*

SHOOTING OR ACIDIZING

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

(Other)

(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.)\*

This well was never drilled. The following work has been done:

1. The location has been cleared and leveled.
2. The pits have been closed.
3. The pad and road have been ripped.

RECEIVED

JUN 13 1977

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

Olin L. Isham

TITLE Chief Geologist

DATE June 9, 1977

(On space for Federal or State office use)  
GEORGE H. STEWART

ACTING DISTRICT ENGINEER

DATE

NOV 21 1977

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side