

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-15019	
2. NAME OF OPERATOR SUNDANCE OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 510, 1776 Lincoln St., Denver, CO 80203		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL and 1980' FEL Unit G		8. FARM OR LEASE NAME Cone Federal	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4460' KB, 4450' GR		10. FIELD AND POOL, OR WILDCAT Tomahawk San Andres	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 31, T. 7S., R. 32E.	
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.) *		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

RECEIVED
JAN 3 1978

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) SET PRODUCTION CASING <input checked="" type="checkbox"/>	
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

Drilled to TD of 4325' at 4:30 p.m. 12/18/77. Ran S.W. Neutron and RXO logs. Ran 136 jts. of 4½", 11.6# production casing. Set at 4325'. PBTD 4290'. Cemented w/300 sx 50/50 Pozmix, Class C w/2% gel, 8# salt, ¼# flowseal. Plug down at 4:45 p.m. 12/19/77. MORT. WOCU.

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

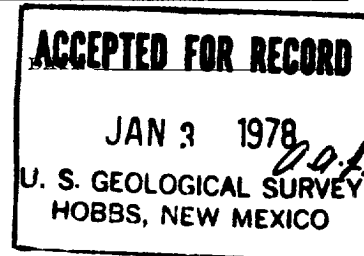
SIGNED Richard O. Dimit TITLE Chief Engineer DATE December 27, 1977

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



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CH. COMM. 1001 COMM.
HONOLULU, N. H.