Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM-15019 18 22 19 19 19 19
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas well X well other	Cone Federal 9. WELL NO.
2. NAME OF OPERATOR SUNDANCE OIL COMPANY	20 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR Suite 510, 1776 Lincoln St., Denver, CO 80203	Tomahawk, San Andres 11. sec., T., R., M., OR BLK. AND SURVEY OR
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	AREA NW NW Section 31, T.7S., R.32E.
AT SURFACE: 660' FNL, 374' FWL, Unit D	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Roosevelt New Mexico
AT TOTAL DEPTH: Same	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	<u>4410' GL, 4420' KB</u>
TEST WATER SHUT-OFF	
FRACTURE TREAT	· · · · · · · · · · · · · · · · · · ·
SHOOT OR ACIDIZE	요. 영제 있는 것 같은 것 같은 것
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
ABANDON* (other) SET SURFACE CASING	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details and give pertinent dates
including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
Spudded 12¼" surface hole at 11:30 a.m. 11/22	7/79. Drilled to 1764'. Ran
39 jts., 23#, 8 5/8" surface casing. Set at	1764'. Cemented with 300 sx
3% Econolite followed by 200 sx Class C w/2%	CaCl ₂ . Plug down at 1:15 p.m.
11/29/79. Circulated 40 sx. Pressured up to	
	RECEIVED
	ur C 1 0 1979
	U.S. GEOLOGICAE SURVEY
	HOBBS, NEW MEXICO
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
Hichard U. Dimit	on dateDecember 6, 1979
(This space for Federal or State offi	그는 국병원간은 성고, 영향을 수
APPROVED BY TITLE TO CONDITIONS OF APPROVAL, IF ANY:	
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