

**UNITEL TATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

**NMOCC COPY**

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Subsequent report of abandonment		5. LEASE DESIGNATION AND SERIAL NO.  <div style="text-align: center; font-weight: bold;">NM 15015</div>			
2. NAME OF OPERATOR  <div style="text-align: center; font-weight: bold;">SUNDANCE OIL COMPANY</div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME  <div style="text-align: center;"> </div>			
3. ADDRESS OF OPERATOR  <div style="text-align: center;">Suite 510, 1776 Lincoln St., Denver, CO 80203</div>		7. UNIT AGREEMENT NAME  <div style="text-align: center;"> </div>			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <div style="text-align: center;">660' FNL and 660' FWL</div>		8. FARM OR LEASE NAME  <div style="text-align: center;">Cakarson Federal</div>			
14. PERMIT NO.  <div style="text-align: center;"> </div>		9. WELL NO.  <div style="text-align: center;">1</div>			
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  <div style="text-align: center;">4298' GR</div>		10. FIELD AND POOL, OR WILDCAT  <div style="text-align: center;">Tom Tom, San Andres</div>			
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">           NOTICE OF INTENTION TO:   <div style="display: flex; justify-content: space-between;"> <div>             TEST WATER SHUT-OFF <input type="checkbox"/>              FRACTURE TREAT <input type="checkbox"/>              SHOOT OR ACIDIZE <input type="checkbox"/>              REPAIR WELL <input type="checkbox"/>              (Other) <input type="checkbox"/> </div> <div>             PULL OR ALTER CASING <input type="checkbox"/>              MULTIPLE COMPLETE <input type="checkbox"/>              ABANDON* <input type="checkbox"/>              CHANGE PLANS <input type="checkbox"/> </div> </div> </td> <td style="width: 50%; vertical-align: top;">           SUBSEQUENT REPORT OF:   <div style="display: flex; justify-content: space-between;"> <div>             WATER SHUT-OFF <input type="checkbox"/>              FRACTURE TREATMENT <input type="checkbox"/>              SHOOTING OR ACIDIZING <input type="checkbox"/>              (Other) <input type="checkbox"/> </div> <div>             REPAIRING WELL <input type="checkbox"/>              ALTERING CASING <input type="checkbox"/>              ABANDONMENT* <input checked="" type="checkbox"/> </div> </div> </td> </tr> </table>		NOTICE OF INTENTION TO:  <div style="display: flex; justify-content: space-between;"> <div>             TEST WATER SHUT-OFF <input type="checkbox"/>              FRACTURE TREAT <input type="checkbox"/>              SHOOT OR ACIDIZE <input type="checkbox"/>              REPAIR WELL <input type="checkbox"/>              (Other) <input type="checkbox"/> </div> <div>             PULL OR ALTER CASING <input type="checkbox"/>              MULTIPLE COMPLETE <input type="checkbox"/>              ABANDON* <input type="checkbox"/>              CHANGE PLANS <input type="checkbox"/> </div> </div>	SUBSEQUENT REPORT OF:  <div style="display: flex; justify-content: space-between;"> <div>             WATER SHUT-OFF <input type="checkbox"/>              FRACTURE TREATMENT <input type="checkbox"/>              SHOOTING OR ACIDIZING <input type="checkbox"/>              (Other) <input type="checkbox"/> </div> <div>             REPAIRING WELL <input type="checkbox"/>              ALTERING CASING <input type="checkbox"/>              ABANDONMENT* <input checked="" type="checkbox"/> </div> </div>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  <div style="text-align: center;">Sec. 3, T. 8S., R. 31E.</div>	
NOTICE OF INTENTION TO:  <div style="display: flex; justify-content: space-between;"> <div>             TEST WATER SHUT-OFF <input type="checkbox"/>              FRACTURE TREAT <input type="checkbox"/>              SHOOT OR ACIDIZE <input type="checkbox"/>              REPAIR WELL <input type="checkbox"/>              (Other) <input type="checkbox"/> </div> <div>             PULL OR ALTER CASING <input type="checkbox"/>              MULTIPLE COMPLETE <input type="checkbox"/>              ABANDON* <input type="checkbox"/>              CHANGE PLANS <input type="checkbox"/> </div> </div>	SUBSEQUENT REPORT OF:  <div style="display: flex; justify-content: space-between;"> <div>             WATER SHUT-OFF <input type="checkbox"/>              FRACTURE TREATMENT <input type="checkbox"/>              SHOOTING OR ACIDIZING <input type="checkbox"/>              (Other) <input type="checkbox"/> </div> <div>             REPAIRING WELL <input type="checkbox"/>              ALTERING CASING <input type="checkbox"/>              ABANDONMENT* <input checked="" type="checkbox"/> </div> </div>				
12. COUNTY OR PARISH  <div style="text-align: center;">Chaves</div>		13. STATE  <div style="text-align: center;">New Mexico</div>			

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.)\*

The well was plugged and abandoned per N.I.A., 6/11/76.

1. The location was cleaned and leveled.
2. The drill pad was ripped per recommendations 3109.
3. The ripped surfaces have been protected from vehicular travel.

RECEIVED

MAY 09 1977

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Olin L. Isham*  
Olin L. Isham

TITLE

Chief Geologist

DATE

May 4, 1977

(This space for Federal or State office use)

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED

MAY 11 1977

*R. L. Egan*  
R. L. Egan  
ACTING DISTRICT ENGINEER

RECEIVED

MAY 2 1977  
U.S. COMM. ON INT'L COMM.  
HONOLULU, H. I.

O.C.C.  
WASHINGTON, OFFICE

MAY 11 1977

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