

MOCC COPY

UNITEL TATES  
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 20967

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' FNL, 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4265.2' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Beard Federal

9. WELL NO.

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.

12. COUNTY OR PARISH 13. STATE

Chaves

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"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" 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.)\*

Well plugged and abandoned per N.I.A., 6/11/76.

1. The location has been cleaned and leveled.
2. The drill pad was ripped per recommendation 3109.
3. The ripped surfaces were 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 E. Isham

TITLE Chief Geologist

DATE May 4, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

RECEIVED  
MAY 1 1977  
HOBBS, N. E.  
UL CORP. COMM.

RECEIVED  
MAY 11 1977  
O.C.C.  
ANTHESIA, OFFICE