

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.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR SUNDANCE OIL COMPANY</p> <p>3. ADDRESS OF OPERATOR Suite 510, 1776 Lincoln St., Denver, CO 80203</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL and 1980' FWL Unit N</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-15015-A</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Oakason Federal</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT Tom Tom San Andres</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 33, T. 7S., R. 31E.</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4285' KB, 4275' GR</p>
<p>12. COUNTY OR PARISH Chaves 13. STATE New Mexico</p>	

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

NOTICE OF INTENTION TO:

<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>
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SUBSEQUENT REPORT OF:

<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <u>SET SURFACE CASING</u> <input checked="" type="checkbox"/></p>	<p>REPAIRING WELL <input type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p>
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(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.)*

Spudded 12¼" hole at 3:30 p.m. 1/11/78. Drilled to 1495'. Ran 40 jts. of 8 5/8" surface casing. Set at 1494'. Cemented w/450 sx Halliburton lite w/5# Gilsonite, 1/4# flowseal, 2% CaCl followed w/200 sx Class C, 2% CaCl. Plug down at 8:45 p.m. Circulated 75 sx. WOC. Will test BOP equipment before drilling out.

RECEIVED
JAN 18 1978
U. S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED <u>Richard O. Dimit</u>	TITLE <u>Chief Engineer</u>	DATE <u>January 16, 1978</u>
(This space for Federal or State office use)		
APPROVED BY <u>Joe J. Lara</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>JAN 18 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		

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