Form 9-331 (May 1963)

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

UNITED STATES SUBMIT IN TRIPLICATES Other Instructions (Other In

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

1 GEOLOGICAL SURVEY		NM 15445-B
(Do not use this form for proposals	ES AND REPORTS ON WELLS to drill or to deepen or plug back to a different reservoir DN FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS X OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR PETROLEUM DEVELOPMENT CO	RPORATION	8. FARM OR LEASE NAME SUNDANCE FEDERAL
3. ADDRESS OF OPERATOR 9720 B Candelaria NE, Al	buquerque, New Mexico	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		Undesignated Miss. 11. SEC., T., E., M., OR BLK. AND
660' FEL, 1980' FSL,		Sec. 28, T12S, R30E
14. PERMIT NO. 1	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE Chaves New Mex.
16. Check Appro	opriate Box To Indicate Nature of Notice, Repo	Onaroo non nox.
NOTICE OF INTENTION	N TO:	SUBSEQUENT REPORT OF:

Production Casing REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Set cement plugs as follows: 55 sx. 9550 to 9700; 55 sx. 8200 to 8350; 40 sx. 6900 to 7000; 40 sx. 5400 to 5500. Ran 103 jts. 4½" 9.5# J55 casing, set @ 4082'; cemented with 450 sx. Class "C" cement; plugged down 6:15PM, 8/28/78. Ran temp. survey, TOC 2100'. PBTD 4042'.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

RECEIVED

SEP 1 1978

U.S. GEOLDS WEN MEXICO

ARTESIA, NEW MEXICO

REPAIRING WELL

ALTERING CARING

\wedge		
18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Secretary	DATE 8/31/78
(This space for Federal or State office use) APPROVED BY APPROVAL, IF ANY:	ACTING DISTRICT ENGINEER	SEP 6 - 1978

O. C. C.

8Eb - 4 1818

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