

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-15015-A
2. NAME OF OPERATOR SUNDANCE OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 510, 1776 Lincoln St., Denver, CO 80203		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL, 660' FWL Unit L		8. FARM OR LEASE NAME Oakason Federal
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4278.5 GL		10. FIELD AND POOL, OR WILDCAT Tom Tom San Andres
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Section 33, T.7S., R.31E.
		12. COUNTY OR PARISH Chaves
		13. STATE 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 COMPLETE	<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"/>		<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 type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> SET SURFACE CASING		<input checked="" 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.)*

Drilled 11" surface hole to 1398'. Ran 34 jts., 23#, 8 5/8" surface casing. Set at 1398'. Cemented w/250 sx Halliburton lite mixed w/1/4# floseal, 5# Gilsonite, 2% CaCl followed by 200 sx Class C mixed w/2% CaCl. Circulated 25 sx. Plug down at 11 p.m. 10/6/78. WOC 12 hrs. Tested BOP to 1000#, held okay.

RECEIVED

OCT 11 1978

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Richard O. Dimit
Richard O. Dimit

TITLE Vice President, Production

DATE October 9, 1978

(This space for Federal or State office use)

APPROVED BY

Lee S. Lora

TITLE ACTING DISTRICT ENGINEER

DATE OCT 13 1978

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 16 1978
D.C.C.
ARTESIA, OFFICE

RECEIVED

OCT 17 1978

COMMUNICATIONS SECTION
OCT 17 1978