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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Form 9-331 Form Approved. Dec. 1973 - Budget Bureau No. 42-R1424 **UNITED STATES** 5. LEASE 50 * 5 DEPARTMENT OF THE INTERIOR NM-15678 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 54.30 16 15 SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill on the reservoir. Use Form 9–331–C for such proposals.) 7. UNIT AGREEMENT NAME 33 12 B A B 8. FARM OR LEASE NAME Ingram Federál さか gas FEB 28 1980 \square other well well Lister To Vice 9. WELL NO. ्ट्रहरू जन्म इस् 2. NAME OF OPERATOR U.S. GEOLUGICAL SURVEY 10. FIELD OR WILDCAT NAME SUNDANCE OIL COMPANY ARTESIA, NEW MEXICO 3. ADDRESS OF OPERATOR Tom-Tom, San Andres Suite 510, 1776 Lincoln St., Denver, CO 80203 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 NW NW Section 5, T.8S., R.31E. AT SURFACE: 330' FNL, 990' FWL, Unit D 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Chaves 😘 😓 New Mexico AT TOTAL DEPTH: Same 14. API NO. 1000 부음선범 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. :REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4232' GL, 4244' KB ã. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: aneth control TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE 3 REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING r sita sago lle restaero con admun sett) asport barrasia change on Form 9-330.) MULTIPLE COMPLETE in stab una in stab una in bodtern in set thes CHANGE ZONES ABANDON* SET SURFACE CASING (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.)* Spudded 12½" surface hole at 12:30 p.m. 2/23/80. Drilled to 1364'. Ran 36 jts. 8 5/8", 24# surface casing. Set at 1364'. Cemented with 200 sx 3% Lowdense + 200 sx Class C w/2% CaCl₂. Circulated 40 sx. Plug down at 9:45 p.m. Pressured នេះ ប្រាស់ នៃស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ ស្រាស់ to 1000#. WOC. desiration of the state of the ्रास्त्रात् सम्बद्ध Subsurface Safety Valve: Manu. and Type _ Set @ 10.01 2 14.01 2 14.01 2 15.01 2 15.01 2 1. 206. 1. UO 9 18. I hereby pertify that the foregoing is true and correct TITLE V-P, Production February SIGNED _ DATE . (This space for Federal or State office use) ola il ola il ola il on ati on ati (Orig. Syder GRORGE H. STLWON

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