

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR
SUNDANCE OIL COMPANY

3. ADDRESS OF OPERATOR
#910, 1776 Lincoln St., Denver, CO 80203

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL, 1980' FWL, Unit C
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) SET PRODUCTION CASING

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM-15678

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ingram Federal

9. WELL NO.

17

10. FIELD OR WILDCAT NAME

Tom-Tom, San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

NE NW Section 8, T.8S., R.31E.

12. COUNTY OR PARISH 13. STATE
Chaves New Mexico

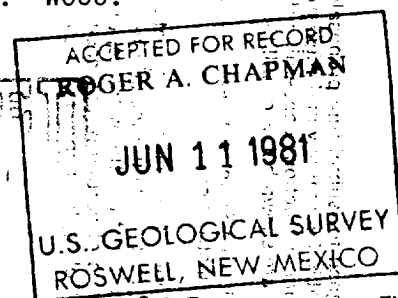
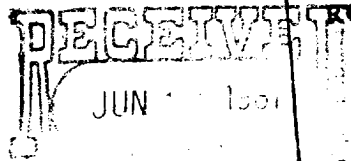
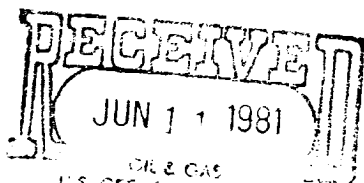
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4216' GL, 4228' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 7-7/8" hole from 1340' to 3952' (TD). Logged well. Ran 129 jts. (3958.40') of 4-1/2", 10.5# production casing. Set at 3952'. Halliburton cemented w/300 sx 50/50 Poz Mix, 8# salt, 2% gel, 1/4# flocele. Pressured up to 1400#, okay. Rig released at 5 p.m. on 6/4/81. WOCU.



Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Diana M. Sandberg TITLE Prod. Supervisor DATE June 8, 1981
Diana M. Sandberg

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

RE

JUN 17 1971

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