

N.M.O.C.D. COPY

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:

SUBSEQUENT REPORT OF:

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

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(other) SET SURFACE CASING

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
Chaves
13. STATE
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.)

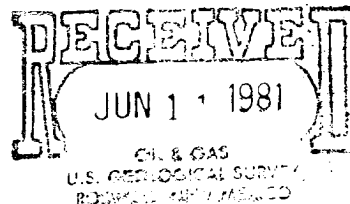
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded 12-1/4" surface hole at 1:30 p.m. on 5/27/81. Drilled to 1352'. Ran 33 jts. of 8-5/8", 24# surface casing. Set at 1340'. Cemented w/250 sx Class C, 3% Econolite and 200 sx Class C, 2% CaCl₂. Circulated 47 sx. Pressured up to 750#, held okay. WOC.

ACCEPTED FOR RECORD
ROGER A. CHAPMAN

JUN 11 1981

U.S. GEOLOGICAL SURVEY
ROSWell, NEW MEXICO



Subsurface Safety Valve: Make 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 _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

11/11/11
11/11/11
11/11/11