'orm 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM-15019
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	
1. oil gas well W well other	Cone Federal 9. WELL NO.
2. NAME OF OPERATOR	27 10. FIELD OR WILDCAT NAME
SUNDANCE OIL COMPANY	Tomahawk, San Andres
3. ADDRESS OF OPERATOR Suite 910, 1776 Lincoln St., Denver, CO 80203	11. SEC., T., R., M., OR BLK. AND SURVEY O
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA NW SW Section 19, T.7S., R.32E
^{below.)} AT SURFACE: 1980' FSL, 610' FWL, Unit L	12. COUNTY OR PARISH 13. STATE
AT SURFACE: 1980' FSL, 610' FWL, 0110 L AT TOP PROD. INTERVAL:	Roosevelt New Mexico
AT TOTAL DEDTU-	14. API NO.
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	- -
REPORT, OR OTHER DATA	4402' KB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF 🔲 🔤 トレピン	2 1981
FRACTURE TREAT	
SHOOT OR ACIDIZE U U.S. GEOLOG	GICANO SURVEY results of multiple completion or zo
PULL OR ALTER CASING HOBBS, N	EW MEXIGOge on Form 9-330.)
CHANGE ZONES	
(other) SET SURFACE CASING	
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine 	nifectionally unlied, give subsurface locations a
Spudded 12 1/4" surface hole at 4:00 p.m. on	1/16/81. Drilled to 1759'. Ra
AQ 21 OF AT CONTRACT CASING SET AT	1759 Lemented With 250 SX Cid
C 39 Econolite tollowed by ZUU SX LIASS U W	101 20 0000
Pressured up to 1000#, okay. PD at 2:00 a.m	. on 1/18/81. WOC.
Subsurface Safety Valve: Manu. and Type	Set @
and the set if that the foregoing is true and correct	
and the second	ion DATE January 29, 1981
SIGNED Richard O. Dimit	
(This space for Federal or State of	office use)
APPROVED BY	DATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

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*See Instructions on Reverse Side

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