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Form 9-331 Dec. 1973

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Form Approved. Budget Bureau No. 42-R1424

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5. LEASE DEPARTMENT OF THE INTERIOR LOCICAL SU NM-15019 GEOLOGICAL SURVEYHOUBS, NEW MEX 8. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Cone Federal gas well \sqcup other 9. WELL NO. well ABANDON LOCATION 31 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME SUNDANCE OIL COMPANY Tomahawk, San Andres 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR #910, 1776 Lincoln St., <u>Denver</u>, <u>CO</u> AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 NE NW Section 19, T.7S., R.32E. below.) 660' FNL, 1781' FWL, Unit C 12. COUNTY OR PARISH 13. STATE AT SURFACE: AT TOP PROD. INTERVAL: New Mexico Roosevelt AT TOTAL DEPTH: Same 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4408' GL, 4420' KB SUBSECUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (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 12 1/4" surface hole at 12:45 p.m. on 2/17/81. Drilled to 142'. Drilled into Railroad Mountain Dike. Unable to drill deeper. Pulled out of hole to plug well. Hole filled in with surface sand. Did not cement hole. Rig released at 2:30 p.m. on 2/19/81. Abandoned well site. Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct TITLE V-P, Production APPROVED (This sp ce for Federal or State office use) Sgd.) PETER W. CHESTER Orig. APPROVAL, IF ANY: CONDITIONS OF

> JAMES A. GILLHAM DISTRICT SUPERVISOR See Instructions on Reverse Side

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