

CISF

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FEB 17 1986
O. C. D.
ARTESIA, OFFICE

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Santa Fe Energy Company ✓
3. ADDRESS OF OPERATOR
500 W. Illinois, Suite 500, Midland, TX 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660' FSL & 1980 FW of
AT SURFACE: Sec. 17, 23-S, 31E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM-45235
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Pure Gold C Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Sand Dunes Morrow, West
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-23S, R-31E NMPM
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30-015-23992
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3327' GL

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* ☐

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

(other) P&A the Morrow (14,266-361') & recomplete in the Atoka (13,818-854').

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.)*

Date: As soon as permit approval received.

P&A Morrow zone 14,266-361'

1. Set CIBP @ 14,040' w/35' Cl H cement

Recomplete in Atoka

1. Perf 13,818-835' & 13,846-885' w/4 JSPF.
2. Flow test for cleanup.
3. SI well for 3 day buildup.
4. Stimulate if necessary.
5. Run test & analysis.
6. Place on production if commercial.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Billie Hood TITLE Sr. Prod. Clerk DATE 1-29-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 2-14-86
CONDITIONS OF APPROVAL, IF ANY: