KLOSE BY

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

NM OIL CONS. COMMISSION Drawer DD Artesia, NM 88210

5. LEASE

Form Approved. Budget Bureau No. 42-R1424

O. C. D. ARTESIA, OFFICE

UNITED STATES DEPARTMENT OF THE INTERIOR

| | NM-45235 | | ·, - | |
|----------|--|---------------------|---|-------------|
| | 6. IF INDIAN, ALLOTTEE OR T | RIBE | NAME | |
| - | | | 5 77 3 | |
| | 7. UNIT AGREEMENT NAME | | 100 | |
| _ | | 4 | | |
| | 8. FARM OR LEASE NAME | : | , c | |
| _ | Pure Gold C Federa | ĺ | | |
| | 9. WELL NO. | - | 1 :- :- | |
| | 1 - 1 - 1 | : | | |
| 1 | 0. FIELD OR WILDCAT NAME | | | |
| Sa | and Dunes Morrow, We | st | | |
| 1 | 1. SEC., T., R., M., OR BLK. A AREA | ND S | URVEY | OR |
| <u>S</u> | ec. 17, T-23S, R-31E | NM | PM - | |
| ı | 2. COUNTY OR PARISH 13. | STAT | Έ | |
| | | NM_ | | |
| 1 | 4. API NO. | | 프롤잭 | |
| | 30-015-23992 | | 3 3 | |
| 1 | 5. ELEVATIONS (SHOW DF, | KDB, | AND V | VD) |
| <u> </u> | 3327' GL | | | _ |
| | | | 1.00 km. V 2.00 km. 9.41 cm. | |
| | (NOTE: Report results of multiple of | ompl | etion or a | one |
| | change on Form 9-330.) | | 94. | : |
| | · · · · · · · · · · · · · · · · · · · | | 5 | ; |
| | • | - | | |
| n | the Atoka (13,818-8 | 54 ' |)• | į |
| | <u> </u> | | <u> </u> | |
| rec | Il pertinent details, and give ctionally drilled, give subsurfact this work.)* | pertir e loc | nent da | tes, and |
| | (S. 6) | | ક્રે ૯ ડે. 1 ક્રમાઈ, be. હ | |
| | | | or elsa enorial | |
| | | | griens griens | |
| • | | າຍ ພັນລະ ອາໄນລະຄ | | |
| | | | | |

| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | | | |
|--|--|--|--|--|--|
| | 5 X 3 | | | | |
| 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.) | 7. UNIT AGREEMENT NAME | | | | |
| reservoir. Use Form 9–331–C for such proposals.) | 8. FARM OR LEASE NAME | | | | |
| 1. oil gas | Pure Gold C Federal | | | | |
| well well other | 9. WELL NO. | | | | |
| 2. NAME OF OPERATOR | | | | | |
| Santa Fe Energy Company | 10. FIELD OR WILDCAT NAME | | | | |
| 3. ADDRESS OF OPERATOR | Sand Dunes Morrow, West | | | | |
| 500 W. Illinois, Suite 500, Midland, TX 79701 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FSI & 1980 FW of | Sec. 17, T-23S, R-31E NMPM | | | | |
| below.) 660' FSL & 1980 FW of AT SURFACE: Sec. 17, 23-S, 31E | 12. COUNTY OR PARISH 13. STATE | | | | |
| AT TOP PROD. INTERVAL: Same | Eddy NM | | | | |
| AT TOTAL DEPTH: Same | 14. API NO. | | | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 30-015-23992 | | | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | | | |
| DECUEST FOR APPROVAL TO SUPCESSION DEPORT OF | 3327' GL | | | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | | | | | |
| TEST WATER SHUT-OFF | 그 중요.^ 공 - 사용 : | | | | |
| 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 X | | | | | |
| (other) P&A the Morrow (14,266-361') & recomplete | in the Atoka (13,818-854'). | | | | |
| | 3 7 3 | | | | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner | e all pertinent details, and give pertinent dates irectionally drilled, give subsurface locations and it to this work.)* | | | | |
| Date: As soon as permit approval received. | B SETE | | | | |
| | A COUNTY OF THE PARTY OF THE PA | | | | |
| F&A Morrow zone 14,266-361' | AND THE PROPERTY OF THE PROPER | | | | |
| 1. Set CIBP @ 14,040' w/35' C1 H cement | | | | | |
| Recomplete in Atoka | | | | | |
| 1. Perf 13,818-835' & 13,846-885' w/4 JSPF | · Sold Sold Sold Sold Sold Sold Sold Sold | | | | |
| 2. Flow test for cleanup. | | | | | |
| 3. SI well for 3 day buildup. | | | | | |
| 4. Stimulate if necessary. | | | | | |
| 5. Run test & analysis. | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | |
| 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 Hard TITLE Sr. Prod. Clerk DATE 1-29-86 | | | | | |
| (This space for Federal or State office use) | | | | | |

_ TITLE _