

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)
20210

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

NM45235

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Pure Gold "C-17" Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

West Sand Dunes Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17, T-23S, R-31E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Santa Fe Energy Operating Partners, L.P.

3. ADDRESS OF OPERATOR

500 W. Illinois, Suite 500, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1980' FNL & 2310' FEL of Sec. 17

14. PERMIT NO.

API #30-015-26021

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

3321' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud & set surface csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

9-27-89: RU rotary tools & mix spud mud. Spud well at 2:30 PM 9-27-89.

9-28-89: Drilled to 631'. RU csg crew. Ran 15 jts 13 3/8" H-40, 48#, ST&C csg and set at 631'. Cemented w/500 sx C1 C 4% gel & 2% CaCl₂ and tail w/300 sx C1 C 2% CaCl. Plug down at 12:45 PM. WOC 15 hrs (Option II). Test csg to 1000 psi - okay. Resume drilling operations.

CEMENT CIRCULATED.

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

SIGNED

Sam McCallough

TITLE Sr. Production Clerk

DATE 10-2-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Adm

*See Instructions on Reverse Side

RECEIVED
OCT 5 11 03 AM '89
CART
AREA