

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM-77046
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	JUN 1 '90	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	D.	8. FARM OR LEASE NAME North Pure Gold 8 Federal
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 79701	ARTESIA, OFFICE	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FEL, Sec. 8, T-23S, R-31E		10. FIELD AND POOL, OR WILDCAT West Sand Dunes Morrow
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-23S, R-31E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3333.7' GR	12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Ran liner and released rig</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

5-26-90: RU casing crew. Depth 14,821' (TD). Ran 84 jts 4-1/2" 13.5# liner w/ hanger and set at 14,820'. Top of liner at 11,380'. Set hanger. Cemented w/ 510 sx "H" w/ 1.25% Flo-Lox1. Plud did not bump. Job complete at 6:30 p.m. CST. WOC.

5-27-90: WOC total of 11 hours. TIH and tag cement at 10,844'. Drilled out cement from 10,844'-11,380'. Test liner for leaks - okay.

5-28-90: LD drill pipe. Released all rental equipment. Clean location and release rig at 6:00 p.m. CST. WOCU.

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

SIGNED James J. McCullough TITLE Sr. Production Clerk DATE May 31, 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side