

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUM

NUM Roswell District  
Modified Form No.  
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

**NM-77046**

6. IF INDIAN, ALLOTTEE OR TRIBE 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 "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

**SANTA FE ENERGY OPERATING PARTNERS, L.P.**

3a. Area Code & Phone No.

**505-887-0824**

8. FARM OR LEASE NAME

**PURE GOLD 9 FED**

3. ADDRESS OF OPERATOR

**P.O. Box 2327 CARLSBAD, N.M. 88521-2327**

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

**330/S & 1980/W**

10. FIELD AND POOL, OR WILDCAT

**SAND DUNES**

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

**SEC 9, T23S, R31E**

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

12. COUNTY OR PARISH 13. STATE

**EDDY**

**N.M.**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) **X PRODUCED WATER DISPOSAL**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)

1. PRODUCES FROM DELAWARE FORMATION

2. AVG WATER PRODUCTION IS 90 BBL/DAY.

3. ATTACHED IS WATER ANALYSIS

4. WATER IS STORED IN 500 BBL FIBERGLASS TANK ON LEASE

5. WATER TO BE TRUCKED BY SONNY'S OF CARLSBAD, N.M. TO PRIMARY DISPOSAL AT

SALTY BILL SEC 36, T22S, R26E K6290 SWD 118

ALTERNATE DISPOSAL BIG EDDY FED #100 SE, SW SECC, T21S, R22E SWD-461 IN EDDY CO, N.M.

6. ORIGINAL & FIVE COPIES TO BLM CARLSBAD, EDDY COUNTY N.M.

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

SIGNED

**R.L. Fite**

TITLE

**AREA SUPT.**

DATE

**6-1-93**

(This space for Federal or State Approval)

APPROVED BY

**David R. Glass**

TITLE

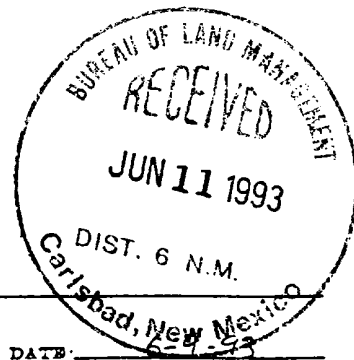
DATE

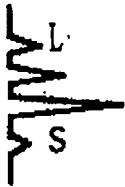
**JUN 24 1993**

CONDITIONS OF APPROVAL, IF ANY:

**SEE ATTACHED**

\*See Instructions on Reverse Side





Laboratory Services  
1331 Tasker Drive  
Hobbs, New Mexico 88240  
(505) 397-3713

# WATER ANALYSIS

COMPANY Santa Fe Energy

SAMPLE North Pure Gold 9-1

SAMPLED BY Mark Sanderson-Pro Well

DATE TAKEN \_\_\_\_\_

REMARKS \_\_\_\_\_

Nitrate	2.5	
Barium as Ba	5.0	
Carbonate alkalinity PPM	0	
Bicarbonate alkalinity PPM	64	
pH At Lab	5.92	
Specific Gravity @ 60 F	1.200	
Magnesium as Mg	38.134	
Total Hardness as CaCO <sub>3</sub>	62.300	
Chlorides as CL	163.086	
Sulfate as SO <sub>4</sub>	225	
Iron as Fe	21.5	
Potassium	31.875	
Hydrogen Sulfide	0	
Resistivity Ohms	0.050	@23.0C
Total Dissolved Solids	226.500	
Carbonate as CO <sub>3</sub> G/L	3.726	
Calcium as CA	26.166	

Results reported as Parts Per Million Unless Stated.

Langelier Saturation Index - 0.07

Analysis By Roland Perry  
Date: 6/8/93

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

RECEIVED

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

C/SF  
IT  
GT  
OP

## OIL CONSERVATION DIVISION

JUN 23 1993

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Aranea, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Santa Fe Energy Operating Partners, L.P. ✓	Well API No. 30-015-27178
Address 550 W. Texas, Suite 1330, Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Change effective June 23, 1993
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name North Pure Gold 9 Federal	Well No. 1	Pool Name, Including Formation Los Medanos (Delaware)	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. NM-77046
Location Unit Letter <u>N</u> : <u>330</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>9</u> Township <u>23S</u> Range <u>31E</u> , NMPM, Eddy County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil EOTT Energy Corp.	or Condensate <input type="checkbox"/> Effective 4-1-94	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4666, Houston, Texas 77210-4666				
Name of Authorized Transporter of Casinghead Gas Llano, Inc.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1320, Hobbs, New Mexico 88240				
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 9	Twp. 23S	Rge. 31E	Is gas actually connected? Yes	When? May 26, 1993

If this production is commingled with that from any other lease or pool, give commingling order number.

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature  
Terry McCullough, Sr. Production Clerk  
Printed Name  
June 22, 1993  
Date  
915/687-3551  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JUL 02 1993

By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR, DISTRICT II

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.