

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM 10-10 PROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-77046
2. Name of Operator Santa Fe Energy Operating Partners, L.P.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 550 W. Texas, Suite 1330, Midland, Texas 79701	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (O), 330' FSL and 1980' FEL, Sec. 9, T-23S, R-31E	8. Well Name and No. North Pure Gold 9 Fed #9
	9. API Well No. 30-015-27517
	10. Field and Pool, or Exploratory Area Los Medanos (Delaware)
	11. County or Parish, State Eddy Co., NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Spud & set casing	<input type="checkbox"/> Dispose Water

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

13. 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.)*

1/21/94: Spud 17-1/2" hole at 1:30 p.m. MST. Drilling.

1/22/94: Depth 583'. RU and ran 13 jts 13-3/8" 48# H-40 ST&C casing and set at 583'. Cemented w/ 350 sx Cl "C" containing 4% gel and 2% CaCl₂. Plug down at 8:15 a.m. Circulated 160 sx to pit. WOC. Cut off and weld on head, test w/ 500 psi. NU Hydril and rotating head.

1/23/94: Finish NU hydril and head. PU BHA and TIH. Test casing to 700 psi (ok). WOC total of 24 hours. Resume drilling operations.

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

Signed

Title

Sr. Production Clerk

Date

1/24/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: