

AMENDED

NM OIL CONS COMMISSION

Drawer DD

Artesia, NM 88210

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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	2. Name of Operator Kaiser-Francis Oil Company	3. Address and Telephone No. P. O. Box 21468, Tulsa, OK 74121-1468 918-491-4314	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 530' FSL & 1650' FWL of Sec. 21-23S-31E	5. Lease Designation and Serial No. NM - 38464	6. If Indian, Allottee or Tribe Name -	7. If Unit or CA, Agreement Designation -	8. Well Name and No. Pure Gold A Federal #3	9. API Well No. n/a	10. Field and Pool, or Exploratory Area W. Sand Dunes (Delaware)	11. County or Parish, State Eddy, NM
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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 <u>Run casing</u>	<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.)*

Casing & Cementing Detail

Ran 5½", 17#, J-55 casing to 8120'. Ran DV tool to 6192'. Cemented 1st stage w/625 sxs 'H'. Cemented 2nd stage w/570 sxs 'C' Lite + 100 sxs 'C' Neat. Tested casing to 1000#. Held okay. TOC @ 4840'.

11/16/93 & 11/17/93. Perf'd 5½" casing w/4 holes at 4840'. Set cmt retainer @ 4767' and pumped thru perms w/230 sxs 'C' Lite + 50 sxs 'C' w/2% CaCl2. Squeezed perms to 1400#. Drilled out retainer. Tested casing to 900#. Held okay. TOC @ 3825'.

14. I hereby certify that the foregoing is true and correct		Charlotte Van Valkenburg	
Signed <u>C. Van Valkenburg</u>	Title <u>Technical Coordinator</u>	Date <u>12/3/93</u>	
(This space for Federal or State office use)			
Approved by _____	Title _____	Date _____	
Conditions of approval, if any:			