

C/S H

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well well
2. NAME OF OPERATOR
Santa Fe Exploration Company (505-623-2733)
3. ADDRESS OF OPERATOR
P.O. Box 1136/Roswell, NM 88201
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 990' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

- | | | |
|----------------------|-------------------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |

(other) Change BOP to annular and change total depth to 5800'.

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.)*

Change casing:

Size of Hole	Size of Casing	Weight per foot	Setting Depth	Quantity of Cement
17 1/2"	13-3/8"	48.0#	400'	Sufficient to circulate
11"	8-5/8"	24# & 32#	2600'	350 sacks
7-7/8"	4-1/2"	9.5# & 10.5#	5800'	200 sacks

Change BOP to annular only.
Change Total Depth to 5800'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Steve L. Simmons TITLE Agent DATE 2/18/83

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
(Orig. Sgd.) GEORGE H. STEWART

FEB 18 1983

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

5. LEASE
NM-15302
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Newyear Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat - Del Norte
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 3-25S-29E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30-015-24389
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2993' G.L.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
FEB 18 1983

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWEEL, NEW MEXICO