

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

CSF
RB

FORM APPROVED
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 - 38464
2. Name of Operator Kaiser-Francis Oil Company	6. If Indian, Allottee or Tribe Name -
3. Address and Telephone No. P. O. Box 21468, Tulsa, OK 74121-1468 918-491-4314	7. If Unit or CA, Agreement Designation -
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface: 10' FSL & 280' FWL of Sec. 16-23S-31E BHL: 480' FNL & 480' FWL of Sec. 21-23S-31E	8. Well Name and No. Pure Gold A Federal #9
	9. API Well No. n/a
	10. Field and Pool, or Exploratory Area W. Sand Dunes (Delaware)
	11. County or Parish, State Eddy, NM

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

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

Proposal to change the intermediate casing program as follows:

Run and set 8 5/8", 32# casing @ 4600' with a stage tool @ 3000'. Cement to surface with 1300 sxs cmt.

Exp
2-1-99

RECEIVED
OIL & GAS
FEB 10 1999

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

Signed Charlotte Van Valkenburg Title Technical Coordinator Date 1/10/95

(This space for Federal or State office use)

Approved by Shannon J. Shaw Title PETROLEUM ENGINEER Date 2/8/95

Conditions of approval, if any: