

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

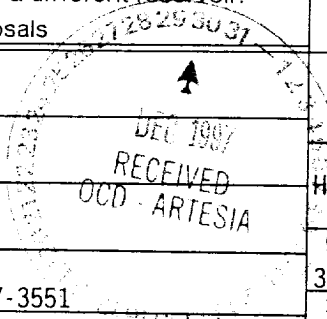
FORM APPROVED
Budget Bureau No. 1004-0195
Expires: March 31, 1993

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-81616
2. Name of Operator Santa Fe Energy Resources, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 550 W. Texas, Suite 1330, Midland, TX 79701 915/687-3551	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (P), 660' FSL and 400' FEL, Sec. 10, T-24S, R-29E	8. Well Name and No. H. B. "10-A" Fed No. 8
	9. API Well No. 30-015-29915
	10. Field and Pool, or exploratory Area Cedar Canyon (Bone Spring)
	11. County or Parish, State Eddy NM



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

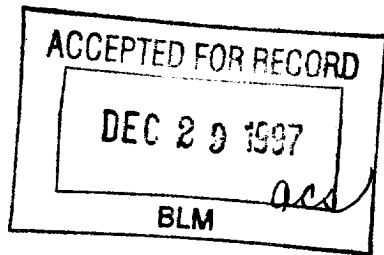
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Ran casing</u>
	<input 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.)*

12/08/97: Depth 2933'. RU casing crew and ran total of 71 jts 32# & 24# K-55 casing and set at 2933'. RU BJ and cemented w/ 800 sx C1 C 50/50 Poz containing 5% salt, 10% gel, & 1/4 pps Celloflake. Tail w/ 200 sx C1 C + 2% CaCl2. PD at 11:15 p.m. Circulated 100 sx to pit. WOC.

12/09/97: WOC. Cut casing off and weld on head. Nipple up BOP & choke. Tested BOP to 1500 psi, ok. PU BHA and TIH. Test casing to 1500 psi, ok. WOC total of 23 hours. Resume drilling operations.



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

Signed *James McCullough* Title Sr. Production Clerk Date Dec. 18, 1997

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED
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COMMUNICATIONS SECTION
ROSWELL OFFICE