

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO  
**NM 0392867**

**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 "APPLICATION FOR PERMIT..." for such proposals.)

1.  OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**Santa Fe Energy Operating Partners, L.P.**

3. ADDRESS OF OPERATOR  
**500 W. Illinois, Suite 500, Midland, Texas 79701**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below)  
At surface  
**990' FNL & 1980' FEL, Sec. 13, T-18S, R-32E**

14. PERMIT NO  
**API #30-025-30732**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3848.6' GR**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Uncle Sam 13 Federal**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**West Corben Delaware**

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA  
**13, 18S, 32E**

12. COUNTY OR PARISH  
**Lea**

13. STATE  
**NM**

**Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

|  |   |   |  |
|--|---|---|--|
| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:   |  |
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                             | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                         | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                      | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <b>Spud and set csg</b> <input checked="" type="checkbox"/> |  |
| (Other) <input type="checkbox"/>             |   |   |  |

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

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.)

11-26-89: Spud 12-1/4" hole at 1:00 p.m. Drilled to 422'. RU and ran 11 jts 8-5/8" 24# K-55 ST&C R-3 casing and set at 418'. Cemented w/ 475 sx C1 "C" w/2% CaCl<sub>2</sub>. Plug down at 11:00 p.m. Circ. 55 sx to pit. WOC (Witnessed by Bill McManus of the BLM).

11-27-89: WOC a total of 19 hrs. Pressure test BOP and hydril w/ 600 psi - okay. PU drill collars and TIH. Resume drilling operations.

RECEIVED  
NOV 27 1989  
CARUBBAC, NM

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

SIGNED [Signature] TITLE Sr. Production Clerk DATE 12/1/89

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

**RECEIVED**

**DEC 14 1989**

**OCD  
HOBBS OFFICE**