

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other Instructions on reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back an oil or gas reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		3. ADDRESS OF OPERATOR 550 W. Texas, Suite 1330, Midland, Texas 79701	5. LEASE DESIGNATION AND SERIAL NO. NM-69578
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface (I) 1980' FSL and 660' FEL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
14. PERMIT NO. API #30-015-26530		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3367.7' GR	7. UNIT AGREEMENT NAME
			8. FARM OR LEASE NAME Sheep Dip "20" Fed Com
			9. WELL NO. 1
			10. FIELD AND POOL, OR WILDCAT Und. Morrow
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-23S, R-26E
			12. COUNTY OR PARISH Eddy
			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) Ran liner and RR	X
(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.\*

1-2-91: Depth 11,840' TD. RU casing crew and PU machine.

1-3-91: Ran 73 jts. 4-1/2" 13.5# N-80 LT&C casing and liner hanger. Set liner from 8865' to 11,836'. Cemented w/ 450 sx C1 H + .4 gal/sk D600, .1 gal/sk D604, .2 gal/sk M45, .2% D13. Displace hole. Monitor well for flow.

1-4-91: LD drill pipe and drill collars. ND and jet pits. Rig released at 6:00 p.m. WOCU.

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

SIGNED Larry McCullough TITLE Sr. Production Clerk

DATE Jan. 10, 1991

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side