

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
NM-22085

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
DEC 31 8 54 AM '90

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.		8. FARM OR LEASE NAME Corrienta 12 Federal	
3. ADDRESS OF OPERATOR 550 W. Texas, Suite 1330, Midland, Texas 79701		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL and 660' FWL, Sec. 12, T-18S, R-32E		10. FIELD AND POOL, OR WILDCAT Und. West Corbin Delaware	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-18S, R-32E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3847' GR		12. COUNTY OR PARISH Lea	
		13. STATE NM	

16. 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) <u>Ran casing and released rig</u> <input checked="" type="checkbox"/>	
(Other) _____			

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.)\*

12-22-90: TD 7-7/8" hole at 5:45 p.m. MST. Depth 5125'.

12-23-90: Running logs.

12-24-90: RU and ran 121 jts 5-1/2" 15.5# K-55 LT&C casing and set at 5125'. FC @ 5079'. Cemented w/ 1000 sx 65/35 Cl C POZ w/ 6% gel, 5% salt. Tail w/ 200 sx Cl C w/ 1% FL20 and 3% KCl. Plug down at 11:00 a.m. Cement did not circulate. WOC. ND BOP. Set csg slip w/ all wt. Cut off 5-1/2" csg. Jet and clean pits. Released rig at 7:00 p.m. Ran temp survey. TOC at 1490'. WOCU.

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

SIGNED

*Jerry McCullough*

TITLE Sr. Production Clerk

DATE Dec. 27, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: