

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION
Drawer DD
Artesia
SUBMIT IN TR. CATE*
(Other instructions on re-
verse side 88210

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

C/SF

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"/> | 5. LEASE DESIGNATION AND SERIAL NO. NM-19442 |
| 2. NAME OF OPERATOR Santa Fe Exploration Company (505/623-2733) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 1136, Roswell, NM 88202-1136 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL of Section | 8. FARM OR LEASE NAME Mason Federal |
| 14. PERMIT NO. | 9. WELL NO. #1 |
| 15. ELEVATIONS (Show whether of, RT, GR, etc.) 3459.1 G | 10. FIELD AND POOL, OR WILDCAT N. Hackberry (Y SR) Est. |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T19S, R31E |
| | 12. COUNTY OR PARISH Eddy |
| | 13. STATE NM |

RECEIVED BY
JAN 3 1986
O. C. D.
ARTESIA, OFFICE

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"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> Perforating & Acidizing | |
| (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.)*

- 1-16-85 Ran CBL, found TOC @ 1100' outside 5½" casing.
- 2-16-85 Perfed 2318-2328' (6 holes); acidize w/500 gal NeFe, no show of oil or gas.
- 2-20-85 Perf 2336, 40, 51, 68, 70, 75, 80, 83, 89 (9 holes); acidize w/1000 gal 7½% NeFe, no show of oil or gas.
- 2-22-85 Perf 2153, 54, 58, 64, 81, 83, 98, 2201, 02 & 03 (10 holes); acidize w/1000 gal 15% NeFe, no show of oil or gas.

~~Temporarily Abandoned~~

ACCEPTED FOR RECORD

[Signature]
JAN 2 1986

CARLSBAD, NEW MEXICO

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

SIGNED *[Signature]*

TITLE Agent

DATE 12/16/85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side