

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY
JUL - 2 1986
ARTESIAN OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to alter an existing well or to alter the reservoir. Use Form 9-331-C 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, TX 79701

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) NAME CHANGE FROM SANTA FE ENERGY COMPANY

5. LEASE
NM 63362
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Lusk 20 Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
N. Hackberry Yates - SR
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20-19S-31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM.
14. API NO.
30-015-25505
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3462' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

This is to advise you of the change in operator ^{name} from Santa Fe Energy Company to Santa Fe Energy Operating Partners, L.P.

The New Mexico Energy and Minerals Department, Oil Conservation Division has been advised of the name change via State Form C-104.

ACCEPTED FOR RECORD

JUN 30 1986

Subsurface Safety Valve: Manu. and Type CARISBAD, NEW MEXICO

Set @ _____ Ft.

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

SIGNED Billie Hood TITLE Sr. Prod. Clerk DATE 6/23/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: