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APR 28 1986
O. C. D.
Dec. 1973 ARTESIA, OFFICE

NM OIL COM. COMMISSION
Drawer 10
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other
2. NAME OF OPERATOR
Santa Fe Energy Company
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: 330 FNL & 660 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Place well on TA Status

5. LEASE
NM 44594
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Lusk 22 Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Lusk West Yates
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22, T-19S, R-31E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
N/A
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3517.2 GL

(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.)*

Potential test 1/2 bbl oil per day - request to place well on TA status for further study. Well uneconomical to produce.

APPROVED FOR 12 MONTH PERIOD
ENDING 4/23/87

Post FD-2
5-9-86
Temp. Abund.
comp + BK

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Billie Hood Billie Hood TITLE Sr. Prod. Clerk DATE 4-20-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-23-86
CONDITIONS OF APPROVAL, IF ANY: