RP* tive	UBY		- IST
JUL -2	1986 Diamon DD MF Cliv CONS	COMMISSION	
Form 9-221	Artesia, NM	88210	
Dec. 1973 O. C.	0.	Form Ap	proved. Sureau No. 42–R1424
DEPARTMENT OF		5. LEASE	
GEOLOGICAL		NM 44594	
		6. IF INDIAN, ALLOTTEE OF	R TRIBE NAME
SUNDRY NOTICES AND (Do not use this form for proposals to drill or reservoir. Use Form 9-331-C for such proposa	REPORTS ON WELLS to deepen or plug back to a different ls.)	7. UNIT AGREEMENT NAM	E
1. oil gas		8. FARM OR LEASE NAME Lusk 22 Federal	
well well other Temporarily Abandoned 2. NAME OF OPERATOR		9. WELL NO.	
SANTA FE ENERGY OPERATING PARTNERS, L.P.			
3. ADDRESS OF OPERATOR		10. FIELD OR WILDCAT NAM Lusk West Yates	E (a) A B (1) (1 co)
500 W. ILLINOIS, SUITE 4. LOCATION OF WELL (REPORT LOC below.)	CATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AREA	AND SURVEY OR
AT SURFACE: 330' FNL & 660' FWL AT TOP PROD. INTERVAL: Same		Sec. 22-19S-31E 12. COUNTY OR PARISH 13	
AT TOTAL DEPTH: Same	2	Eddy	NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		14. API NO.	
		30-015-25506 15. ELEVATIONS (SHOW DF	
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	-3519 GR 35	7, 2
TEST WATER SHUT-OFF			
SHOOT OR ACIDIZE			
REPAIR WELL		(NOTE: Report results of multiple	Completion or zone
MULTIPLE COMPLETE		change on Form 9-330.)	
ABANDON*			
(other) NAME CHANGE FROM SANT	<u>A FE EN</u> ERGY COMPANY	: : : : : : : : : : : : : : : : : : :	
17. DESCRIBE PROPOSED OR COMPLE including estimated date of starting measured and true vertical depths for	TED OPERATIONS (Clearly state any proposed work. If well is di r all markers and zones pertinent	all pertinent details, and give rectionally drilled, give subsurfate	pertinent dates, ace locations and
	and attended pertinent	to this work.	
This is to advise you o to Santa Fe Energy Oper	ating Partners, L.P.	or from Santa Fe Ene	rgy Company
•			
The New Mexico Energy an has been advised of the	nd Minerals Department	, Oil Conservation D	ivision,
	name enange via State	rorm C-104. 유호함 아이트	
	ACCEPTED F		
	Au Au	Q (a)	Port ID-3
		0 1986	- 7-11-86
	JUN J		Chy Dp Name
	CARISBAD, N		
Subsurface Safety Valve: Manu, and Type		Set @	20
18. I hereby certify that the foregoing is the	rue and correct		
SIGNED Billie Hood		CK_ DATE _ 6/23/86	
	(This space for Federal or State office		
APPROVED BY	TITLE	· · · · · · · · · · · · · · · · · · ·	
CONDITIONS OF APPROVAL, IF ANY:			1 1034

.