

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DEC 11 '89

WELL API NO.	30-015-26209
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	V-1576
7. Lease Name or Unit Agreement Name	Parkway 36 State
8. Well No.	9
9. Pool name or Wildcat	Und. Parkway Delaware

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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. Well Location Unit Letter <u>I</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>19S</u> Range <u>29E</u> NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3326.6' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12-1-89: Depth 4660'. RU and ran 109 jts 4-1/2" J-55 10.5# casing and set at 4660'. FC at 4617'. Cemented casing w/ 380 sx Cl. "C" + 5% fluid loss additive + 5% salt. Plug down at 4:30 p.m. Cut off casing and set slips. Nipple down stack and release rig at 6:00 p.m. CDST. WOCU.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Terry McCullough TITLE Sr. Production Clerk DATE 12-8-89
TYPE OR PRINT NAME Terry McCullough TELEPHONE NO. 915/ 687-3551

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ DATE DEC 13 1989

CONDITIONS OF APPROVAL, IF ANY: