

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 87508

MAR - 4 1991

WELL API NO.	30-015-26593
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	East Burton Flat 36 State
8. Well No.	1
9. Pool name or Wildcat	East Burton Flat Strawn Gas

SUNDY 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 ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator
Santa Fe Energy Operating Partners, L.P.

3. Address of Operator
550 W. Texas, Suite 1330, Midland, Texas 79701

4. Well Location
Unit Letter I : 2240 Feet From The South Line and 660 Feet From The East Line

Section 36 Township 19S Range 29E NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3330' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

See Attached

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 3-1-91
TYPE OR PRINT NAME Terry McCullough TELEPHONE NO. 687-3551

(This space for State Use) ORIGINAL SIGNED BY

APPROVED BY MIKE WILLIAMS TITLE SUPERVISOR, DISTRICT II DATE MAR 6 1991

CONDITIONS OF APPROVAL, IF ANY: