

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

**RECEIVED**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		2. Name of Operator Santa Fe Energy Operating Partners, L.P.	3. Address and Telephone No. 550 W. Texas, Suite 1330, Midland, Texas 79701	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) (F)m 1600' FNL and 1400' FWL, Sec. 7, T-22S, R-24E	5. Lease Designation and Serial No. NM-81219-7-2	6. If Indian, Allottee or Tribe Name	7. If Unit or CA, Agreement Designation	8. Well Name and No. Old Ranch Canyon 7 Fed	9. API Well No. 30-015-28075	10. Field and Pool, or Exploratory Area Indian Basin U. Penn Ass	11. County or Parish, State Eddy Co., NM
--	--	---	--	--	---	--------------------------------------	---	--	---------------------------------	---	---

**CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Ran casing</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

9/10/94: Depth 2472'. RU and ran 57 jts 9-5/8" 36# K-55 casing and set @ 2472'. Cemented w/ 300 sx Thixotropic, 1000 sx Lite and 300 sx C1 C +2% CaCl2. Cement did not circulate. WOC. Ran temp survey. TOC @ 494'. Cut csg off. Pick up 1". RIH w/ 1" to 490'. Cemented w/ 150 sx C1 C + 3% CaCl2. Brought cement to surface. Weld on head. NU BOP and test to 3000 psi, ok.

9/11/94: PU BHA and TIH. Tested casing to 1500 psi, ok. WOC total of 24 hours. Resume drilling operations.

RECEIVED  
SEP 28 12 56 PM '94  
CARBONATE  
AREA

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

Signed <u>Sergey McCallough</u>	Title <u>Sr. Production Clerk</u>	Date <u>9-26-94</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		