

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

Form O-103
Revised 10-1

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DISTRIBUTION	
SANTA FE	☒
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DEPT. SEC.	
LAND OFFICE	
OPERATOR	☒

5a. Indicate Type of Lease
State ☒ Free ☐

5b. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-ENTER OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE INDICATED FOR PERMIT (FORM O-103) FOR SUCH PROPOSAL.)

1. OIL ☐ GAS ☒ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Santa Fe Energy Company ☒	8. Farmer Lease Name Neeley
3. Address of Operator 500 W. Ohio, Midland, Texas 79601	9. Well No. 1
4. Location of well UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>N</u> LINE AND <u>990</u> FEET FROM THE <u>E</u> LINE, SECTION <u>28</u> TOWNSHIP <u>22S</u> RANGE <u>27E</u> N.M.P.M.	10. Well and Pool or Wellcat Undesignated South Carlsbad Morrow
11. Elevation (Show whether DF, RT, GR, etc.) 3116.7 GR	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1109.

10-15-83 Casing: 9-5/8" set @ 5437' 36# ST & C
Cement: First Stage: 1835 sx Pacesetter Lite + 8 # splt/sx + 1-1/4# Celloflake. Circulate 600 sx to pit.
Second Stage: 600 sx Pacesetter Lite + 2% CaCl₂ + 6#/sx salt, followed by 200 sx Class "C" + 2% CaCl₂ WOC 54° 1/4 hr.
10-17-83 Tested to 1500 psi.
Length of test 30 min.

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

SIGNED Billie Hood TITLE Sr. Production Clerk DATE 10-18-83
APPROVED BY W. L. Hylton TITLE OIL AND GAS INSPECTOR DATE NOV 14 1983
CONDITIONS OF APPROVAL, IF ANY: