

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

JUL - 2 1986

O. C. D.

ARTESIA OFFICE

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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☒ well ☐ 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. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) NAME CHANGE FROM SANTA FE ENERGY COMPANY

5. LEASE

NM 16102

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

NE Loving 34 Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Dublin Ranch Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 34, 22S, 28E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

30-015-24718

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. 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.)*

This is to advise you of the change in operator ^{name} from Santa Fe Energy Company to Santa Fe Energy Operating Partners, L.P.

The New Mexico Energy and Minerals Department, Oil Conservation Division, has been advised of the name change via State Form C-104.

ACCEPTED FOR RECORD

JUN 30 1986

CARLSBAD, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Billie Hood TITLE Sr. Prod. Clerk DATE 6/23/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

C/SF

Post ID-3
7-11-86

Chg Op. Name