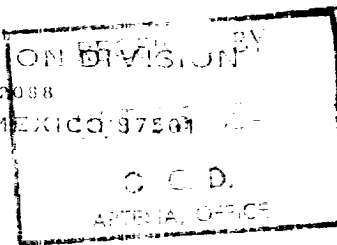
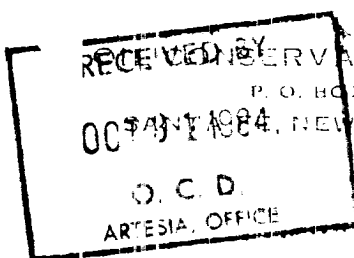


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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Form C-103
Revised 10-1-

1a. Indicate Type of Lease
State ☐ Fee ☒
9. State Oil & Gas Lease No.
30-015-24945

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO GRAB OR PLUG WELLS IN DIFFERENT RESERVOIR.
SEE REGISTRATION FOR PERMITS, LATE FEE, CLOSURE FOR ABANDONMENT, ETC.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. Unit Agreement Date
2. Name of Operator Santa Fe Energy Company ✓	8. Name of Lease Owner Burkham Fed Com.
3. Address of Operator 500 W. Illinois, Midland, TX 79701	9. Well No. 1
4. Location of well UNIT LETTER M 660 FEET FROM THE S LINE AND 990 FEET FROM THE W LINE, SECTION 12 TOWNSHIP 24S RANGE 28E N.M.P.M.	10. Field and Pool, or Wildcat Und. Malaga Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 2971.7 GL	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 JOBS ☒	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 1103.

10-5-84 Set 13 3/8" casing @ 2600' - 61#, K55 - 17 1/2" hole

Cmt: ~~1st Stage~~ - 1700 sx Pace setter lite 3#/sk salt & 1/4#/sk cello-seal
12.8 slurry weight - 599.4 slurry volume

Followed By

~~2nd Stage~~ - 300 sx Cl C 1% CaCl₂ 14.8 slurry weight, 70.5 slurry volume
Circulated 280 sx to surface.

WOC 24 3/4 hrs, test casing to 1000 psi, 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 Billie Hood TITLE Sr. Production Clerk DATE 10-23-84

Original Signed By
Leslie A. Clements
Supervisor District II

DATE **NOV 5 1984**

CONDITIONS OF APPROVAL, IF ANY: