Submit 3 Copies to Appropriate District Office

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

| Santa Fe File BLM Land Office | V | 1 | Form C-103 Revised 1-1-89 | |
|----------------------------------------|-------|-------|------------------------------|-------|
| Pot M Operator WELL API NO. | 1/ | K | | |
| 30-015-2 | 503 | 1 | | |
| 5. Indicate Type | of Le | | TATE [| FEE X |
| 6. State Oil & C | as Le | ase l | No. | |

| IN COURT IVER THE | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | 6. State Oil & Gas Lease No. | |
| SUNDRY NOTICES AND REPORTS ON WELL | s //////////////////////////////////// | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN C DIFFERENT RESERVOIR. USE "APPLICATION FOR PERI (FORM C-101) FOR SUCH PROPOSALS.) | OR PLUG BACK TO A 7 Legge Name of Unit Agreement Name | |
| 1. Type of Well: | | |
| OIL GAS WELL X OTHER | JII 11 '89 Lovelace | |
| 2. Name of Operator | 8. Weil No. | |
| Santa Fe Energy Operating Partners, L.P. | O. C. D. 1 9. Pool name or Wildcat Und. Cass | |
| 3. Address of Operator | 9. Pool name or Wildcat Und. Cass 701 Draw Wolfcamp Gas | |
| 500 W. Illinois, Suite 500, Midland, TX 797 | 701 Diaw Wollcamp Gas | |
| Unit Letter L: 1090 Feet From The West | Line and 1439 Feet From The South Line | |
| | ge 27E NMPM Eddy County_ | |
| 10. Elevation (Show whether D | F, RKB, RT, GR, etc.) | |
| 3115.3' GR | <u> </u> | |
| | ature 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 CASING TEST AND CEMENT JOB | | |
| OTHER: Plug back MOrrow, test Wolfcamp X | OTHER: | |
| 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and work) SEE RULE 1103. | give pertinent dates, including estimated date of starting any proposed | |
| The following work is expected to begin July | y 24, 1989: | |
| Objective: Plug back Morrow, test Wolfcamp | , P&A well if Wolfcamp is non-commercial. | |
| Current Status: Morrow perfs 11,795-802'. | | |
| Proposed Procedure: | | |
| | ollowing intervals: 9947' 10,000-10,010' | |
| I hereby certify that the information above is true and complete to the best of my knowledge and b | eliaf. | |
| Marine Marine Marine | Cr. Production Clark 7-7-89 | |

| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| SIONATURE Serry Mc Cullough TIME Sr. Production Clerk | DATE |
| TYPE OR PRINT NAME TORY McCullough | 915/ TELEPHONE NO. 687-3551 |
| | |
| (This space for State Use) ORIGINAL SIGNED BY | |
| Mark 1981 113 | JUL 1 2 1989 |
| APPROVED BY STATE | DATE |