

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-015-25031                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |

|                                                                                                                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMITS RECEIVED" (FORM C-101) FOR SUCH PROPOSALS.) |                                                        |
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <u>31 '89</u>                                                                         | 7. Lease Name or Unit Agreement Name<br>Lovelace       |
| 2. Name of Operator<br>Santa Fe Energy Operating Partners, L.P. <u>O.C.D.</u>                                                                                                                                           | 8. Well No.<br>1                                       |
| 3. Address of Operator<br>500 W. Illinois, Suite 500, Midland, TX <u>79701</u> <u>ARTESIA OFFICE</u>                                                                                                                    | 9. Pool name or Wildcat Und. Cass<br>Draw Wolfcamp Gas |
| 4. Well Location<br>Unit Letter <u>L</u> : <u>1090</u> Feet From The <u>West</u> Line and <u>1439</u> Feet From The <u>South</u> Line<br>Section <u>27</u> Township <u>22S</u> Range <u>27E</u> NMPM <u>Eddy</u> County |                                                        |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br><u>3115.3' GR</u>                                                                                                                                                 |                                                        |

|                                                                               |                                                                             |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                                                             |
| NOTICE OF INTENTION TO:                                                       | SUBSEQUENT REPORT OF:                                                       |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>                                      |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/>                                    |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                            |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                               |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>                         |
|                                                                               | OTHER: Plug back Morrow & test Wolfcamp <input checked="" type="checkbox"/> |

12. 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.

07-25-89

Start workover to P&A Morrow @ 11,795-11,802' & recomplete in Wolfcamp @ 9462-10,010'. MIRU PU. Contact NMOCD. SITP 750 psi. Bled tbg down & load tbg w/51 BBL 2% KCl. SICP 50 psi. Bled down csg. ND tree. NU BOP. Unset pkr & POH w/tbg, pkr, & Vann Gun Ass'y. Fill hole w/56 BBL 2% KCl wtr. Shut well in & SDFN.

07-26-89

SITP 0 psi. RU Schlumberger. Set CIBP @ 11,700' & dump bail 35' cmt on top. PBTD @ 11,665'. TIH w/Guiberson Uni-VI pkr, on/off tool, & 2 3/8" tbg to 10,010'. SI & SDFN.

Continued on attached page.

Post ID-2  
8-11-89  
P&A mor

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

SIGNATURE Terry McCullough TITLE Sr. Production Clerk DATE 7-28-89  
TYPE OR PRINT NAME Terry McCullough TELEPHONE NO. 915/ 687-3551

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: Pending NSL Approval For  
Cass Draw WC

DATE

AUG 4 1989