

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 7068
SANTA FE, NEW MEXICO 87501

RECEIVED BY
AUG 12 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-77
API 30-015-25191

4a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK INTO DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - "A" FORM C-101 FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Santa Fe Energy Company ✓	8. Farm or Lease Name Skeen
3. Address of Operator 500 W. Illinois, Suite 500, Midland, TX 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>K</u> <u>1750</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>28</u> TOWNSHIP <u>22S</u> RANGE <u>27E</u> NMPM.	10. Field and Pool, or Wildcat Undes S Carlsbad Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3130.0' GL	12. County Eddy

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
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.

7-23-85: Set 7 5/8" 33.7# & 29.7# S-95 @ 9076'. Cmt w/800 sx C1 H w/0.3% CFR3 & 0.3% Halad 22A. Slurry wt. 16.4, Volume 151 bbls. WOC 15 1/4 hrs. Test to 5000 psi.

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 8-8-85

Original Signed By
Mike Williams

APPROVED BY Oil & Gas Inspector TITLE Oil & Gas Inspector DATE AUG 16 1985

CONDITIONS OF APPROVAL, IF ANY: