

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2068
SANTA FE, NEW MEXICO 87501
AUG 28 1985
O. C. D.
ARTESIA OFFICE

Form C-103
Revised 10-1-77

3a. Indicate Type of Lease
State ☐ Fee ☒
3. 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 TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL 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 Whedat Undes S Carlsbad Morrow
11. 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 ☐	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 <u>run & cmt 5" liner</u>	

17. Descriptive Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

8-18-85: Set 5", 18#, N-80, liner @ 12,018'. Top of liner 8693'. Cmt w/375 sx Cl H w/35% silica flour, .6% Halad 22-A, .1% HR-7, .17% CFR-3, & 1/2#/sk gas check injected. Slurry wt 16.1, volume 98 bbls. Rig released 8-19-85 @ 12:00 midnight.

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 8-23-85

Original Signed By
Les A. Clements

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY, Supervisor District II

TITLE _____ DATE AUG 29 1985