

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

615F

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Santa Fe Energy Operating Partners, L.P. ✓

3. ADDRESS OF OPERATOR  
500 W. Illinois, Suite 500, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1980' FNL & 810' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
KB 3406.7', 25' AGL 3381.7' GR

MAR 02 '88  
O. C. D.  
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.  
NM 45236

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Sterling Silver 33 Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
West Sand Dunes Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 33, 23S-31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>

(Other) Place add'l zone on prod.

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

(Other) \_\_\_\_\_  
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Estimated date of proposed work is March 4, 1988.

Present Status:

- A. Producing from Morrow @ 14,206-211' & 14,215-228'
- B. CIBP w/10' cmt @ 14,730'
- C. Morrow zone @ 14,758-772'. Shot & tested November 1988-1986.

Procedure:

- 1. Drill out CIBP w/10' cmt cap @ 14,730'.
- 2. Set pkr @ 14,133'±.
- 3. Swab well in & produce well from Morrow zones 14,206-211', 14,215-228', & 14,758-772'.

18. I hereby certify that the foregoing is true and correct

SIGNED Patricia J. Adams

TITLE Sr. Production Engineer

DATE March 1, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side