

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED	
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.		DEC 11 '87	
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 79707		D.C.D. APRIL 11, 1987	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL, Sec. 3, T-24S, R-29E		5. LEASE DESIGNATION AND SERIAL NO. NM-49385	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME S	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3052.2' GL		7. UNIT AGREEMENT NAME	
12. COUNTY OR PARISH Eddy		8. FARM OR LEASE NAME H. B. 3 Federal	
13. STATE NM		9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Cedar Canyon MORADO		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3, 24S, 29E	

16. 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)	<input type="checkbox"/>		

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)	<input type="checkbox"/>		

(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.) *

9-17-87: Ran 4 1/2" liner from 9690-13,933', 58 jts 13.5# P110 & 42 jts D-9511, 60# LT&C cmt w/600 sx C1 H w/1% Flolock. Tag cmt @ 9585'. Released rig @ 2:00 PM 9-19-87.

SJS

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

SIGNED Billie Hood

TITLE Sr. Production Clerk

DATE 11-30-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side