

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO. **ckf**

NM 45236

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Triple S 33 Federal

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 33 T23S R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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. OIL WELL ☒ GAS WELL ☐ OTHER

RECEIVED

2. NAME OF OPERATOR

SANTA FE ENERGY OPERATING PARTNERS, L.P.

3. ADDRESS OF OPERATOR

P. O. Box 2327, Carlsbad, New Mexico 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

SWSE

1980'FNL & 2310'FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

(Other) **Casing Integrity Test**

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

17. DESCRIBE IN DETAIL OR COMPLETED OPERATION. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
production work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)

1. Rig up Kill Truck to test casing integrity by Sonny's Oilfield Service
2. Pressure casing with 2% KCL water--Had 2 leaking valves.
3. Repair valves & plug 2" opening
4. Pressure casing to 550# for 35 minutes
5. Release pressure to zero
6. Gene Hunt with BLM unable to witness: will acknowledge witness sign off on chart.
7. Test witnessed by R. L. "Pete" Stull, SFER, INC. & Gary Williams of NMOCD
8. Attached is the chart for test.
9. Request a 5 year temporary abandonment status.

APPROVED FOR 12 MONTH PERIOD

ENDING 9/23/93

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

SIGNED

R.L. "Pete" Stull

TITLE **Area Superintendent**

DATE **September 29, 1992**

(This space for Federal or State office use)

APPROVED BY

Adam Salas

TITLE **PETROLEUM ENGINEER**

DATE **10/13/92**

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

PRINTED IN U.S.A.

DAY

NIGHT

TEJAS
SANTA FS Operating
Triple "S" 33 Feb 71

TIME PUT IN	TIME TAKEN OFF
TIME PUT IN	TIME TAKEN OFF
TIME PUT IN	TIME TAKEN OFF

9/28/92 BR-2221
D-1000-8

33-23-31

DEED