

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM 87003

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

STATE COMMISSION

RECEIVED  
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. **SEP 08 '87**  
WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**S. C. D. Santa Fe Energy Operating Partners, L.P.**

3. ADDRESS OF OPERATOR  
**Artesia Office**  
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 & 660' FWL of Sec. 34, T-23S, R-31E

5. LEASE DESIGNATION AND SERIAL NO.  
NM 43744

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Sterling Silver 34 Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Undes. West Sand Dune Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34, T23S, R31E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3423.7' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud & set casing <input checked="" 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.)\*

8-12-87 Spud @ 10:30 a.m. Hole size 17 1/2".

Ran 13 3/8" 54.5 K55 ST&C csg & set @ 651'. Cmt w/500 sx Cl C 4% gel, 1/4# flocele, 250 sx Cl C 2% CaCl<sub>2</sub>. Circulated 185 sx good cmt. BLM witnessed. WOC 16 hrs. Test csg to 600 psi. Resumed drilling - hole size 12 1/4".

8-18-87 Ran 57 jts 9 5/8" 40# N80 LT&C & 51 jts 9 5/8" 40# K55 ST&C csg & set @ 4320'. Cmt w/1700 sx Howco Lite 15#/sx salt, 1/4#/sk flocele, tailing in w/200 sx Cl C, 2% CaCl<sub>2</sub>. BLM witnessed. Ran temp survey. TOC @ 560'. Ran 1" pipe. Top 64' w/50 sx Cl C 2% CaCl<sub>2</sub>. BLM witnessed. WOC 31 hrs. Test to 1500 psi, ok. Resumed drilling.

ACCEPTED FOR RECORD

SJS

AUG 31 1987

CARLSBAD, NEW MEXICO

CARLSBAD RESOURCE  
AREA HEADQUARTERS  
AUG 21 1 12 PM '87

RECEIVED

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

SIGNED Billie Hood

TITLE Sr. Production Clerk

DATE 8-19-87

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side