

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION
Drainage SUBMIT IN TRIBAL COURT
Other instructions on re-
verse side)
Alameda, NM 88210

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. 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 & 660' FEL, Sec. 28, T-24S, R-28E

14. PERMIT NO. API #
30-015-26142

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2986.2' GR

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AUG 07 '89

O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-36975

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Salt Draw 28 Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Und. Malaga Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28, T-24S, R-28E

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)	<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) Set casing string	<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.) *

7-25-89: Drilled 17 1/2" hole to 2540'. Ran 59 jts 13 3/8" 54.5# K-55 ST&C casing and set at 2540'. Cemented w/3000 sx Howco lite w/12# salt/sk and 1/4# flocele; followed by 600 sx "C" w/2% CaCl₂. PD at 3:30 AM. WOC.

7-26-89: Tagged TOC at 570'. Pumped 428 sx Premium Plus w/2% CaCl. Circ 10 BBL cmt. WOC 35 1/2 hrs. Resume drilling.

ALLOTTED FOR RECORD

AUG 11 1989

CAPASAD, NEW MEXICO

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

SIGNED Terry McCullough TITLE Terry McCullough

DATE 7-28-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side