

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. C. SUBMIT IN TRI. SECTION
Draw Other Instructions on re-verse side
Artesia, NM 88210

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

457

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.)

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 BLE. AND SURVEY OR ARMA
28, T-24S, R-28E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

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

RECEIVED
AUG 07 '89
O. C. D.
ARTESIA, OFFICE

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 csg. <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.)

7-19-89: RU and spud 26" hole at 10:30 AM.

7-20-89: Drilled to 626'. Ran 14 jts 20", 106.5# K-55 ST&C csg and set at 600'. Cmt'd w/100 sx Thickset followed by 925 sx C1 C 2% CaCl2 & 1/4# flocele. PD at 4:45 PM. No returns during cmt job. WOC. Ran temp survey. TOC 360'. TIH w/1" tbg to 384'. Pump 100 sx C1 C 3% CaCl2. WOC. Test csg to 600 psi, ok. TIH w/1" tbg to 384'. Pump 200 sx C1 C 2% CaCl2. WOC. TIH w/1" to 214'. Pump 200 sx. WOC.

7-21-89: Ran 1" to 130'. Cmt'd w/150 sx C1 C w/3% CaCl2. WOC. Ran 1" to 90'. Cmt'd w/150 sx C1 C w/3% CaCl2. WOC. Ran 1" to 110'. Cmt'd w/200 sx C1 C w/3% CaCl2. WOC. WO Halliburton. Ran 1" to 85'. Cmt'd w/150 sx C1 C w/3% CaCl2. TOC was @ 110'. WOC. Ran 1" to 85'. Cmt'd w/230 sx C1 C w/3%. Poured 7 yds pea gravel in hole while cmt. WOC. Resume drilling operations.

ARTESIA OFFICE RECORD
AUG 11 1989
EB
CARRIZO, NM & MEXICO

RECEIVED

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

SIGNED Jerry McCullough TITLE Sr. Production Clerk DATE 7-27-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 3 1989

**OCD
HOBBS OFFICE**