

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-36975
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 500 W. Illinois, Suite 500, Midland, TX 79701	7. UNIT AGREEMENT NAME
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	8. FARM OR LEASE NAME Salt Draw 28 Federal
14. PERMIT NO. API #30-015-26142	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2986.2' GR	10. FIELD AND POOL, OR WILDCAT Und. Malaga Morrow
	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA 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 PLANE	<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 checked="" type="checkbox"/>
(Other) Set csg string			

(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.)

8-10-89: Drilled to 9800'. Ran 9 5/8" csg as follows:  
58 jts 43.5# N-80; 33 jts 43.5# S-95; and 140 jts 53.5# P-110.

8-11-89: Cemented w/525 sx Howco lite w/4% salt & 1/4# flocele, 1050 sx premium 50/50 Poz w/10% Halad 9 & 0.6% gas stop. WOC 16 hrs. Ran temp survey. TOC @ 5730'. WOC additional 11 1/2 hrs. Resume drilling operations.

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

SIGNED Jerry McCullough TITLE Sr. Production Clerk

DATE 8-15-89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

CONDITIONS OF APPROVAL IF ANY

TITLE

DATE

CARD 100-400-0000 \*See Instructions on Reverse Side