

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved. *dsf*  
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.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED FEB 15 1991 O.C.D. ARTESIA OFFICE 79701	5. LEASE DESIGNATION AND SERIAL NO. NM-81953
2. NAME OF OPERATOR Santa Fe Energy Operating Partners, L.P.			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 550 W. Texas, Suite 1330, Midland, Texas			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 900' FNL and 1980' FWL, Sec. 9, T-23S, R-31E			8. FARM OR LEASE NAME P. G. 4 Federal
14. PERMIT NO. API #30-015-26509		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3346.4' GR	9. WELL NO. 1
			10. FIELD AND POOL, OR WILDCAT West Sand Dunes Morrow
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 9, T-23S, R-31E
			12. COUNTY OR PARISH Eddy
			13. STATE NM

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"/>	BUILD OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRAC TURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRAC TURE 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) <u>Ran liner</u>	<input checked="" type="checkbox"/>

17. DESCRIBE COMPLETED OR COMPLETED OPERATIONS. Briefly 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.\*

2-3-91: Depth 15,175' (TD). Ran 79 jts 4-1/2" S-95 13.5# liner. Set liner from 11,715' to 15,174'. FC at 15,084'. Cemented w/ 490 sx C1 H + .4% TF4, .6% CF9, .6% Flo-Lok 1, and 5 pps KCl. Plug down at 4:05 a.m. CST. WOC.

2-4-91: Drilled hard cement from 11,031'-11,715' (top of liner). Check for flow. LD drill pipe and drill collars. ND BOP.

2-5-91: Jet clean all pits. Release rig at 10:00 a.m. WOCU.

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

SIGNED <u>[Signature]</u>	TITLE <u>Sr. Production Clerk</u>	DATE <u>Feb. 6, 1991</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

SJS