

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-69578
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 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 (I) 1980' FSL and 660' FEL		8. FARM OR LEASE NAME Sheep Dip 20 Fed Com
14. PERMIT NO. API #30-015-26530		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3367.7' GR		10. FIELD AND POOL, OR WILDCAT Und. Morrow
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-23S, R-26E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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) <u>Ran casing string</u>	<input checked="" type="checkbox"/>
(Other) _____			

(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.)

11-29-90: Depth 2660'. RU casing crew. Ran 61 jts 9-5/8" 36# J-55 ST&C casing and set at 2660'. Cemented w/ 1160 sx lite followed by 300 sx C1 C + 2% CaCl₂. Plug down at 11:40 a.m. Circulated 153 sx to surface. WOC.

11-30-90: WOC total of 27 hours. Test casing to 1500 psi - okay. Resume drilling operations.

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

SIGNED

Jimmy J. McCullough

TITLE Sr. Production Clerk

DATE 12-4-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side