

Form 3160-5
(November 1983)
(Formerly 9-331)

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 formation.
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Santa Fe Energy Operating Partners, L.P.

3. ADDRESS OF OPERATOR
550 W. Texas, Suite 1330, Midland, Texas 79701

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

14. PERMIT NO.
API #30-015-26530

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3367.7' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-69578

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Sheep Dip 20 Fed Com

9. WELL NO.
1

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

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) <input checked="" type="checkbox"/> Ran casing 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.)

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

James 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:

RECEIVED
DEC 6 11 21 AM '90
GAS AREA